

Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board	
Held on:	10th December 2025	
Agenda Item:	8	
Title:	Improvement and Innovation Projects Update	
Summary:		
To provide a progress update on the Improvement and Innovation Projects approved to date.		
Author:	Lisa Duncan, Chief Finance Officer	
Recommendations:		
It is recommended that the Integration Joint Board		
<ul style="list-style-type: none"> i. Note the investment made to date with the Improvement and Innovation Fund, for ease of reference abbreviated highlights included in Appendix one ii. Note the investment in line with the IJB Strategic Priorities iii. Note the progress updates to projects included within the report. 		
Route to meeting:		
N/A		
Directions:		Implications:
1. No Directions Required <input type="checkbox"/>		Financial <input type="checkbox"/>
2. Directions to NHS Ayrshire & Arran <input type="checkbox"/>		HR <input type="checkbox"/>
3. Directions to South Ayrshire Council <input type="checkbox"/>		Legal <input type="checkbox"/>
4. Directions to both SAC & NHS <input type="checkbox"/>		Equalities <input type="checkbox"/>
		Sustainability <input type="checkbox"/>
		Policy <input type="checkbox"/>
		ICT <input type="checkbox"/>

IMPROVEMENT AND INNOVATION PROJECTS UPDATE

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide a progress update on the Improvement and Innovation Projects approved to date.

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board

- i. Note the investment made to date with the Improvement and Innovation Fund, for ease of reference abbreviated highlights included in Appendix one**
- ii. Note the investment in line with the IJB Strategic Priorities.**
- iii. Note the progress updates to projects included within the report.**

3. BACKGROUND INFORMATION

- 3.1 On the 14th of June 2023, the IJB approved investment of £4m from reserves to create an Improvement and Innovation Fund for services to invest in specific projects aimed at improving services to meet current demand pressures and / or reduce future demand pressure through innovation and changes to ways of working. From a financial perspective improvement in services should ensure future financial sustainability.
- 3.2 The IJB approved further investment of £2m into the fund on the 12th of June 2024. The £6m investment into the Improvement and Innovation fund represents 2.4% of the total IJB Budget for 2025-26 £248.422m.
- 3.3 Guidance was distributed to staff on the purpose and governance arrangements for the fund, including how to measure quality improvement from the Ayrshire and Arran Improvement Foundation Skills training.
- 3.4 To date there is £4.592m (77%) of the fund committed to various projects.
- 3.5 [The Audit Scotland Finance Bulletin 2023-24](#) presented to Performance and Audit Committee on the 1st of April 2025, noted in their key messages that investment in prevention and early intervention is needed to help slow the ever-increasing demand for services, the cost of more complex care and improve the experience and outcomes for people.
- 3.6 The improvement and innovation fund provides an opportunity to invest in early intervention to improve outcomes for people in South Ayrshire.

4. REPORT

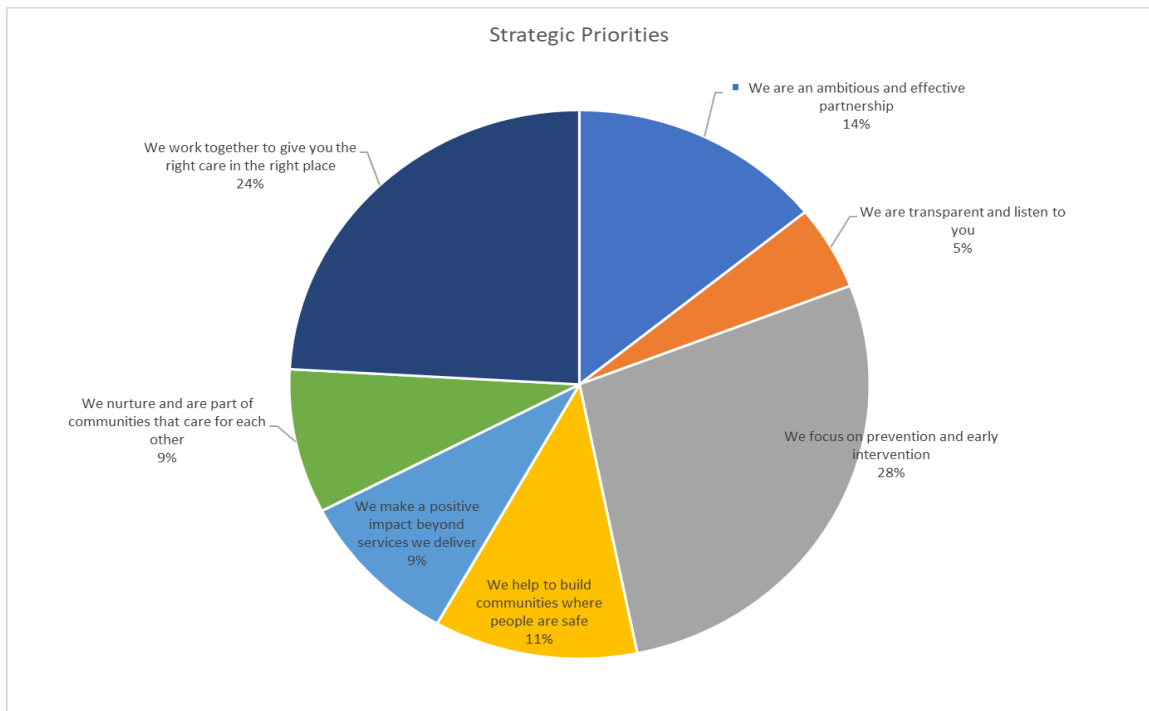
- 4.1 The report will provide an overview of projects and how they fit with IJB Strategic Priorities with progress updates provided at service level.
- 4.2 Prior to scrutiny and approval an improvement and innovation fund template is completed by the relevant service manager, this includes detail on what strategic

objectives the investment aligns to and captures information on the expected outcome and key performance indicators to be achieved with the investment.

4.3 SAHSCP Strategic Plan 2021-31 sets out seven strategic priorities. These priorities will drive the services commissioned by the HSCP and are based on the engagement and conversations with partners and the community. Strategic Priorities are: -

- We make a positive impact beyond the services we deliver.
- We focus on prevention and early intervention.
- We nurture and are part of communities that care for each other.
- We work together to give you the right care in the right place.
- We are transparent and listen to you.
- We help build communities where people are safe.
- We are an ambitious and effective partnership.

4.4 Each project aligns to one of more of the above priorities. Analysis of the projects, shown in chart below, shows the most prominent priorities that the fund is supporting are “We focus on prevention and early intervention” at 28% and “We work together to give you the right care in the right place”.



4.5 Prevention and early intervention projects are embedding a culture of approaches to promote quality of life and wellbeing in the community to prevent or delay the need for more intensive and higher cost care. Main outcomes for individuals include increased independence, use of community services and self-management of care needs, improved quality of life and wellbeing for people in receipt care including reduced social isolation and loneliness and delay or reduced need for care and support.

4.6 From a financial perspective, the benefits of prevention and early intervention will be realised through reduced demand and need for services in the medium to longer term. Investing in prevention and early intervention is essential to assisting financial

sustainability when less financial resources are available at a time when population is ageing.

- 4.7 Providing the right care in the right place ensures people can access the most appropriate health and social care in the right place dependent on their needs.
- 4.8 Appendix one provides the quarterly highlight report including financial position, new projects approved, completed, cancelled.
- 4.9 The next section of the report will provide more detail of specific projects within services reviewing progress to date and any early improvements that have been identified.

COMMUNITY CARE AND HEALTH

- 4.10 Community Care and Health have 31 projects approved a total investment of £1.890m. Twelve projects have now been completed and nineteen projects are on track to be delivered on time.
- 4.11 Three projects have reached completion during the period May 25 to November 25.
- 4.12 MHO Training funding of £0.100m was intended to be used to backfill posts to allow trainees on the MHO course to move to the statutory MHO team whilst training and their substantive post filled with the funding available. One MHO is fully trained and is now working in the statutory MHO team providing additional capacity in the team.
- 4.13 Currently there are three MHO's being trained they have remained in their substantive posts whilst completing the training therefore backfill not required. The trainees are being supported by MHO team employees who are all practice assessors, this means they can train up to six MHO's a year. An MHO within the community can provide one day on duty and two statutory MHO assessments per month. On average the MHO's in the community do 36% of MHO statutory work with 64% completed by the Statutory MHO team. This additional capacity is invaluable to supporting delayed transfers of care.
- 4.14 Due to the trainee MHO's remaining in their services, the full investment of £0.100m is no longer required and a balance of £0.075m remaining within this budget that will now be repurposed for another project.
- 4.15 Gadget Match Cards investment of £0.010m was approved to create cards that can be used as a facilitation tool to explore different technologies that can support identifying technology available to aid diverse and common challenges in older age. Improving early intervention and prevention and reducing need for mainstream care at home services. The cards are now in operation and used to assist in recognising the use of technology to provide support. These have been promoted at wellbeing events and within connect hubs.
- 4.16 Getting It Right For Ayr North (GIRFAN) is now in the early stages through an integrated neighbourhood team (INT) approach. Initial investment of £0.016m was allocated to provide capacity for preparatory work for the development of the INT. This included focussing on refreshing the homeless nursing team within the HSCP and defining referral pathways and developing paperwork and reporting mechanisms.
- 4.17 Investment of £0.085m was approved to provide additional reablement supervisor capacity over a two-year period to improve team's performance. The post commenced

in June 2024 and had a positive impact on the services, the postholder left in September 2025, and recruitment is in process with the remaining funding. This last quarter has seen a high absence level of 4 out of 8 posts on long term sick, the post has helped to manage this and lessen the impact on the service. Overtime spend has reduced, statutory and mandatory training levels are sitting at 94% (core) and 98% (role specific) and PDR's at 72% completion. Quality assurance visits have increased from 19 per month to 42 per month (121% increase).

- 4.18 Girvan Hospital investment of £0.127m for a two-year period to enhance clinical leadership at Girvan hospital delivering on training and development in the minor injury unit (MIU) and reduce locality use of acute sites. This additional capacity has allowed sustainability of service provision within the MIU, with only one day closure this financial year an improvement on previous years. Point of Care testing for D Dimer has been implemented with 17 presentations, eleven of which did not have to attend an acute site where previously they would have.
- 4.19 Investment in additional capacity within the care home review team, has reduced outstanding care home reviews, with all reviews now completed within the 28 days of set review date, providing additional capacity to social workers to focus on statutory work with no outstanding supervisory visits for guardianships, overall the capacity has benefitted the team to meet demands, this will continue to be monitored.
- 4.20 The MAT Standards Pilot investment of £0.040m was due to commence in August 24, however due to recruitment challenges, this was delayed and a member of the team has been appointed to run the test of change from January 2025. The project is going really well and showing really positive outcomes in relation to MAT 7 and also having a positive effect on alcohol support. Service users are reporting benefits from this model and this can be evidenced in the engagement with treatment. Given this is innovative and sector leading across Scotland will look to provide report to DMT later in 2026 evaluation of improvements will be provided in due course.
- 4.21 The Ageing Well Strategy was launched on the 10th of September this included an Ageing Well Action Plan for 2024-25, this is now complete with good progress made within 5 of the 6 Focus on Frailty workstreams. An updated year 2 Ageing Well Action Plan for 2025-26 action plan has been finalised in November 2025. Investment of £0.080m was approved for a Programme Manager for two years to focus on Ageing Well and Frailty to lead on this work. The Ageing Well Strategy received a silver award in the Transformation in HSCP category at the iESE (Improvement and Efficiency Social Enterprise) public sector transformation awards ceremony in March 2025.
- 4.22 Learning Disabilities Senior Nurse investment of £0.060m was approved to fund a Pan Ayrshire nurse to improve services within learning disabilities by increasing leadership to the same level as Mental Health nursing team. The post was filled in September 2024, improvements to service delivery to be evaluated in due course.
- 4.23 Within the hospital social work team investment of £0.044m to increase community care assistant capacity to improve performance. The CCA has completed 170 care home reviews. All hospital Discharges to care homes are now receiving an initial review, a reduction of 63% in number of cases awaiting allocation due to the additional capacity provided. Work is ongoing to ensure early referrals are processed and allocated, whole system approach continues with social workers attending ward reviews to support early intervention.
- 4.24 Microenterprise project continues with regular monthly meetings with AILN, SAHSCP and Council's economic development team. Funding from economic development has

created a post providing advice and support on setting up businesses. As at December 2025 forty two micro-enterprises are included on the directory providing care and support to service users with assessed needs funded through a direct payment and services provided to privately funded clients.

- 4.25 Getting It Right For Ayr North (GIRFAN) have just recruited two nurses in March, they will work to support the integrated neighbourhood team for a 12 month period.
- 4.26 Project Implementation Officer to work alongside South Ayrshire Council Occupational Health Team to document and streamline existing processes and identify areas for improvement, this post has now been filled and initial priorities identified including referral processes mapping, web presence, integrated and collaborated working and workforce development. Detailed report to be provided in March 2026.
- 4.27 The fund invested in a Project Officer to implement the Team Around the Locality model this role has led on the launch and implementation of Connect South Ayrshire on the 1st of November. Connect South Ayrshire is a collaboration between South Ayrshire Health and Social Care Partnership (HSCP) and Voluntary Action South Ayrshire (VASA) providing communities with easier access to information, advice, and support. Connects continues to be implemented through physical spaces in Ayr, Prestwick and Maybole and Connects South Ayrshire website.
- 4.28 Ageing Well Development Fund £0.050m has been approved to support innovative approaches in the community to enable healthy and active ageing in line with the Ageing Well Strategy. Guidance has been established and published with applications received and signed off by the Ageing Well Oversight Group. To date a total of £0.034m has been allocated to a variety of projects including intergenerational, older people's wellbeing, social isolation, arts and sports-based work.
- 4.29 To support hospital discharge an increase in reablement supervisory capacity at Ayr Hospital was approved to support ongoing demand and ensure timely assessments and appropriate discharge planning to improve patient flow and timely intervention aimed at reducing length of stay. Two post holders were recruited and in post by end April 2025. One post holder has now left following a period of extended absence which has impacted level of improvements. However to date, positive feedback from front door NHS staff regarding benefits of post and development of relationships. Limited data currently available to measure improvements, this will be presented in due course.
- 4.30 Power of attorney fund of £0.010m was created to financially assist people who may be at risk of losing capacity to make a POA. The criteria to access this fund is based on health condition that will likely affect future cognition, priority is given to people who are at risk of repeated hospital admissions to help prevent an Adults with incapacity delayed discharge in hospital. The average adults with incapacity delay in hospital is 23 weeks and there is considerable cost and resources to compile a guardianship report in order to facilitate discharge. To date £0.005m has been spent, with 9 people supported to have a POA.
- 4.31 South locality initial response team community care assistant resource allocation of £0.088m to support community led support within the rural villages of the South Locality. The employee will start on the 1st of December with update on progress to be provided in due course.
- 4.32 Improving continuity of care at Barns Medical Practice investment of £0.004m was made to Barns medical practice who have completed a deep dive into patients

frequently attending the practice. The patients selected were from the Ayr North area and who have been coded with a mental health illness within the past 6 months. They identified 42 individuals and found that 39 of these individuals had reason to attend. They identified that continuous care was beneficial for these patients and that the practices' open access appointment system was beneficial. It was also noted that these individuals were signposted to other external services for further support.

- 4.33 Supported Decision Making Community Resource investment of £0.043m in an early intervention approach to ensure that appropriate supports are in place should the person ever require formal care in the future, this includes anticipatory care planning and power of attorney.
- 4.34 Connects Physical Hubs investment of £0.150m as a one off to fund the creation of hubs in each of the five localities to promote wellbeing and access to social opportunities, to reduce demand on health and social care services in the longer term. To date hubs have been set up in Ayr, Prestwick and Maybole.

ALLIED HEALTH PROFESSIONALS

- 4.35 The Allied Health Professionals (AHP) team have eight projects with a total investment of £1.196m. All projects are on track with anticipated delivery and outcomes.
- 4.36 Speech and Language Therapy (SLT) team investment of £0.075m has provided for implementation of an adult singing intervention “Vibrant Voices” aimed at providing supportive singing for people with acquired neuro communication difficulties. This early intervention approach has proved so successful that the choir in Prestwick had to move location due to high numbers, with around 50 people attending per week. The service has been expanded to Maybole and Girvan and is running 3 times per week. Choral singing group therapy is now offered to 100% of identified patients with acquired neurogenic communication difficulties within the South Ayrshire Adult SLT service. Quality of life (QOL) measurements continue to be captured pre and post group on a weekly basis to identify impact on patient's wellbeing.
- 4.37 Local MSP Sharon Dowey and Glenn Carter, Royal College of Speech and Language Therapists (RCSLT) Scotland visited the Vibrant Voices service in November. Glenn Carter (RCSLT) said “Vibrant Voices is a great example of how speech and language therapists think outside of the box to support adults with communication difficulties. By embedding therapists in the community, we can maximise people's opportunities for connection, prevention, improved mental health and quality of life.”
- 4.38 Speech and Language Therapy (SLT) investment of £0.114m over two years to create children and young people communication friendly environments. Work continues to drive forward at pace. The initial target of having 20 establishments on the South Ayrshire Community Friendly Environment (SACFE) journey was met 17 months early. The target was then updated with the current ambition being “ By June 2026, sixty community settings in South Ayrshire will be on the journey to achieving SACFE, with forty being fully accredited.
- 4.39 As at November, there are now 62 community settings on board with 32 fully accredited. The first two community settings to receive their SACFE plaque and achieve full accreditation in January 2025 were Tempura and The View at Monktonhill.
- 4.40 Communication boards have been installed in local parks, beaches, woodland walks and in all South Ayrshire leisure centres. Positive comments from people include “*My girls recognised the symbols from school and it was great to see them ‘read’ and*

understand the board.” “Seeing things like this while out and about makes me and my family very happy and helps people like me feel more supported and included.”

- 4.41 Speech and Language Therapy (SLT) additional capacity to reduce children and young people’s waiting list with £0.208m of investment over two years. The waiting time has now reduced from 28 weeks to 8 weeks. Work is progressing to reduce the waiting time to targeted 6 weeks and waiting list to nil. Waiting list was 115 now 17 children waiting, a decrease of 85% and an improvement of 62% when 45 children were waiting in March 25.
- 4.42 AHP Front Door Team total investment of £0.433m consists of a Dietician, Occupational Therapist, Speech and Language Therapist and two technical instructors based at combined assessment unit (CAU) at Ayr Hospital. The principle of the team is to assess and intervene in patient care as soon as they enter the emergency department and/or CAU to get them home as quickly as possible either negating an admission to hospital or reducing their hospital stay and lowering risk of repeated admissions. The latest quarterly summary report for period July 25 to Sep 25, there were 304 referrals to physio, with 204 (67% accepted) and 124 (60%) of these accepted referrals completed at front door, with 89 admissions avoided following physio front door intervention. For the same period there were 164 referrals to Occupational Therapy (OT) with 121 (74%) referrals accepted, 57 (47%) of these accepted referrals completed at the front door, 43 (35%) of accepted referrals avoided admission.
- 4.43 Investment in Primary Care Occupational Therapists of £0.312m over two years, has ensured all GP practices in South Ayrshire now have Occupational Therapists (OT) as part of their Multi-Disciplinary Team, offering easier and earlier access to OT, improving people’s health and wellbeing regardless of age and diagnosis. Occupational Therapist’s aim to improve an individual’s ability to carry out everyday tasks and promote independence. For example, supporting people at work or those who require adjustments to return to work or promoting positive self-management advice when experiencing early indicators of frailty.
- 4.44 All GP surgeries now have OT in place using various models of face-to-face clinics, telephone clinics and home visits. Functional fitness MOT’s took place in March to support the Ageing Well Agenda. The Team attended an IJB Briefing in June 25 demonstrating the types of intervention provided from the investment and the impact of improvement to quality of life following an OT intervention.
- 4.45 Total referrals across localities 482 of individuals who are experiencing an impact on their daily lives due to reduced occupational performance. EuroQuol Quality of Life Measure demonstrates a 64% improvement in quality of life and wellbeing following an intervention.
- 4.46 Vocational Rehab has been implemented in two GP surgeries. Since Dec 24 to Nov 25, there has been 41 vocational rehab interventions with 17 fit notes stating not fit for work, this means 22% might be fit for work compared to a national average of 6.4% when completed by a GP. 45% of people receiving OT Vocational Rehab support were sustained or returned to work.
- 4.47 Forty people have attended the Falls Prevention Group, 87.5% of attendees have either improved or maintained their ‘30 second sit to stand’ score. A total number of 215 Frailty OT assessments have been carried out by the postholders. Total of 152 (71%) of the Frailty OT assessments led to a falls prevention intervention, 95 (45%) of these received early intervention Ageing Well / Falls prevention (low level) advice

including the distribution of the Up and About leaflet and supported to develop a wellness personalised plan. 57 (27%) of these required a further multi factorial assessment and have been provided with Falls Prevention (specialist) advice face to face either within their own home or in the GP practice.

- 4.48 Investment of £0.054m was made in Pulmonary Rehabilitation Physiotherapy to reduce the waiting list. A part time post commenced in June 2025, at that time there were 130 patients waiting for assessment, with the longest wait of 34 weeks. At November the 65 patients are waiting for an assessment and the longest wait is 25 weeks.

CHILDREN'S HEALTH CARE AND JUSTICE

- 4.49 Children's Health Care and Justice services have seven projects with a total investment of £0.605m, four projects have been completed, three completed during the period and five projects are on track with anticipated delivery and outcomes.
- 4.50 School nurses and health visitors training investment of £0.017m trained two school nurses to enhance their specialist skills in protection children, assessment and analysis of need and risk and support planning for children. To identify risk and prevention, to lower the number of children and young people who need protection. The ongoing review and audit of children and young people on the risk register will be included in the Children's Health and Care Services performance reporting.
- 4.51 Investment of £0.100m has been approved to provide funding for locality children's groups where multidisciplinary partners work together to support families. The funding has been allocated £12,500 to each of the 8 school locality clusters to support whole family wellbeing. The money is being well used by multi agency locality forums who think of creative ways to support Children, Young People and Families to live well together.
- 4.52 The Pilot for Neurodiversity has made good progress and is working well and consistently with a contract in place with external provider. There are now 102 referrals have been received by the provider, and 100 progressed to a diagnostic service. This will take 100 out of the CAMHS waiting list and enable those children with more complex Neuro conditions to be seen quicker by Neuro CAMHS. This will also prevent a two-tier system, those in the new pathway and those on the CAMHS waiting list.
- 4.53 Youth Justice Diversion investment of £0.050m has been fully spent on resources for working with young people in who are school non-attenders and engaged in anti-social behaviour and offending. The work is delivered through Thriving Communities, and money enables access to diversionary activities and positive experiences, which promote desistance from offending and improved community connection and responsibility. From 1st July 2022 to 30th June 2025, youth-related incidents report to the Police have decreased by 10%.
- 4.54 Funding received was used to enhance youth work, and included weekend activities and school-based engagement, and funding for the annual Bounce Festival for two years. There has had a demonstrable impact on the delivery of targeted diversionary youth work opportunities during key evening and weekend times in Ayr North, providing young people with safe, constructive, and credible alternatives at times of highest need. Activities include attending football matches, participating in sports, creative activities to support mental health and wellbeing.

- 4.55 Funding was also allocated to the refit of the Domain youth centre, a dedicated environment designed for youth engagement delivering quality programmes, targeted interventions, and positive social opportunities. Activities are determined by the young people including their input to redesign of the centre. Activities include, watching movies, playing games, cooking, and baking.
- 4.56 There is a Youth Justice Oversight group who report to the Children Services Planning Partnership which is a multi-agency group, which will provide some governance and oversight of the strategic approach to youth justice. All young people reported that they had gained new experiences and that they had built positive relationships with peers and youth work staff.
- 4.57 Youth Council – addressing impact of the cost-of-living crisis £0.020m allocated and fully utilised. The Youth Council has now been democratically elected by their peers with the First Youth Council held on the 12th of March. There was a unique session to focus on the funding and how young people believed it could be used to address the cost-of-living crisis. There were some 584 young people who participated in a survey and the Young Council decided how the funding was to be spend and addressed their man priorities. Funding was allocated to provide toiletries for schools and youth projects for young people, allocations to local business to offer young people discounts to help reduce financial stress and worry when out with friends, a fun fairground ride at the Youth Bounce Festival to enable 400 young people to access the ride for free and go on as many times as possible, and funds allocate to promote the “youth voice pledge” to raise awareness and ensure young people’s views are taken seriously.
- 4.58 Investment of £0.098m was approved to create a Pre 5 Young Carers Support Worker to raise awareness, train staff, create and develop teeny carers assessments suitable for age and stage. Early identification enables a supported transition to primary school and access to young carer support at the earliest point, avoiding children and families reaching crisis point before seeking help. Currently we support 36 teeny carers, the post was filled for three months, however, is currently vacant and will be advertised as soon as possible.

POLICY AND PERFORMANCE

- 4.59 Policy and Performance team have six projects with a total investment of £0.772m, of this £0.500m has been invested in Digital Strategy with projects and investment scrutinised and approved by the Digital Board.
- 4.60 A Policy Officer was employed to provide additional capacity to respond to the development of new strategies including engagement with the public, this is now complete. The officer was involved in the development and completion of the Mental Health and Dementia Strategy, the Ageing Well Strategy and Team around the Locality engagement.
- 4.61 A Digital Assistant started in June 24, to update the content within the SAHSCP website, this work is progressing with a number of key areas of the website fully updated and new areas being progressed, the post has been extended to March 26 to complete some key priority areas that have not been fully completed. KPI’s expected to be achieved upon completion.
- 4.62 Quality Improvement assistant commenced in Jan 25, and is providing comprehensive QI support to Frailty work being undertaken in conjunction with Health Improvement Scotland. Case studies have been developed to measure impact and outcomes of QI work within the HSCP and a development session was held with the senior leadership

team in September to share some of these. These case studies will also be included in our annual update report this year to be presented to the IJB in due course.

- 4.63 Work is also being progressed to create a knowledge sharing QI hub intranet page to allow learning from improvement activity to be shared across the Partnership; along with information on how to access training and support for quality improvement.
- 4.64 Within SAHSCP there are now 1,536 (77%) of 2,000 staff trained in Foundation Level of Quality Improvement. Practitioner level training was put on hold by NHS A&A in 2025 while the training was evaluated in line with new QI training pathways being introduced by NHS Education for Scotland (NES). A pilot for new training commenced in Oct and is due to be evaluated in March 26, the team have been heavily involved in the redesign of this training.
- 4.65 We have increased our Lead Level QI staff to 12 against a revised target of 20 (revised to take into account increased workforce headcount from 1800 to 2000), with an additional 4 places secured on national training which commenced in November 2025 which will bring the number of Lead Level QI leaders to 16.
- 4.66 Digital Strategy funding of £0.500m has been approved to meet actions included in the Digital Strategy aimed to enhance accessibility and efficiency through use of digital tools to make health and care services more accessible and improve health and care outcomes. Services can assess this fund through applications to the Digital Project Board.
- 4.67 To date 4 projects have been approved and £0.205m committed, projects are in early stages of development, with outcomes anticipated in improving informed choice over options for telecare and establishing demonstration hubs across community locations to showcase technology solutions. Educate the public and staff on use of tech and benefits in various settings, enhancing accessibility and understanding of digital health and care tools.
- 4.68 Near Me systems support officer £0.040m was approved to extend the post previously funded by Scottish Government Near Me funding. The officer will continue to roll out near me in health and social care teams, increase awareness in teams and access to service users.
- 4.69 A workforce recognition fund of £0.025m was approved as part of the budget for 2025-26, this fund will be used over the years to promote HSCP employee roles in delivering health and social care services. This will include attendance at award ceremonies, delivery of events to celebrate professions.

PUBLIC HEALTH

- 4.70 Two projects have been approved aimed at improving public health, these are being led by the HSCP's Clinical Director.
- 4.71 Spirometry is used for the diagnosis and management of Chronic Obstructive Pulmonary Disease (COPD), asthma, and other respiratory conditions. Spirometry testing is recognised as the gold standard for the diagnosis, assessment, and monitoring of COPD. The number of people hospitalised with COPD in Ayrshire and Arran is above the National average, with higher admission rates recorded within areas of greater socio-economic deprivation.

- 4.72 The Spirometry pilot project is going to focus on people with COPD and will aim to deliver 1000 high quality spirometry investigations over an 18-month period. Spirometry clinics are now up and running in Girvan Community Hospital, Arrol Park in Ayr and Fullarton Practice Ayr. The final clinic to commence will be in Troon at Templehill Surgery, accommodation has been identified and there has been interest from the nurse bank and training will commence soon to allow the clinics to run in Troon.
- 4.73 Diabetes in primary care is investment in training for nurses within GP practices to allow them to initiate long-acting insulin to those in need of this treatment. In Ayrshire and Arran at present there exists an inequitable service between GP surgeries. Only one GP Surgery in South Ayrshire works with the full portfolio of diabetic medications and can initiate long-acting insulin.
- 4.74 A nurse consultant will deliver the training, to Practice Nurses and GPs within Protected Learning Time. The nurse would also provide mentorship and support to practice nurses as they began this work in their practices. Training session took place on Insulin Initiation on 25th February for GPs and nurses and was very well attended, this will link in with the new injectable therapies, with access to 4 group sessions.

5. STRATEGIC CONTEXT

- 5.1 The Improvement and Innovation projects align to the strategy objectives of the IJB as noted within each project's submission. The overall creation of the fund aligns with IJB objective "We are an ambitious and effective partnership".

6. IMPLICATIONS

6.1 Financial Implications

- 6.1.1 Financial investment is noted in the project, any recurring financial commitments will be factored into the annual budget planning process for the IJB.

6.2 Human Resource Implications

- 6.2.1 Investment in human resources is included within the improvement and innovation fund, where employment has been on a permanent basis Team Managers are managing the risk through workforce planning.

6.3 Legal Implications

- 6.3.1 There are no legal implications.

6.4 Equalities implications

- 6.4.1 There are any equality implications arising from the contents or recommendations from this report.

6.5 Sustainability implications

- 6.5.1 There are no environmental sustainability implications arising from the contents and recommendations of the report.

6.6 Clinical/professional assessment

- 6.6.1 The report has been prepared by the Chief Finance Officer.

7. CONSULTATION AND PARTNERSHIP WORKING

- 7.1 This report has been collated with information provided by the various leads for each project.

8. RISK ASSESSMENT

- 8.1 The purpose of the innovation and improvement projects is to reshape services to minimise risk in terms of financial sustainability and meeting increase in demand. All funding for the projects has been identified in the short term, there is risk that where a project is successful, and targets are being achieved that recurring funding may not be available for full implementation. This will be monitored through budget and performance monitoring reports during the duration of the project and where appropriate prioritisation to resource allocation brought forward to the IJB for future approval.
- 8.2 Non-recurring funding also has implications in ability to recruit where specific resource is required to meet projects aims. In some instances, this may be managed through workforce planning and ability to offer permanent posts based on reduction to staffing establishment in the medium term through natural staff turnover. Budget holders are responsible for ensuring they manage within their service budgets this includes managing the staffing establishment in line with budget availability and making necessary changes to staffing establishment when non-recurring funding ends.

APPENDICES

Appendix 1 – Improvement and Innovation Highlight Report

BACKGROUND PAPERS

N/A

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5th December 2025