

Meeting of South Ayrshire Health and Social Care Partnership		Integration Joint Board	
Held on:		10th December 2025	
Agenda Item:		9	
Title:		Whole System Investment Approach	
Summary:			
<p>This report is to provide an update and oversight on the progress of investment plans related to the recent allocation of resource via the NHS Renewal – Urgent and Unscheduled Care Funding.</p>			
Author:		Lisa McAlpine, Senior Manager	
Action required:			
<p>It is recommended the Integration Joint Board:</p> <ul style="list-style-type: none"> • Note the financial investment in respect of SAHSCP • Note the areas of priority to support a whole system approach • Note the strategic vision in relation to strengthening locality approaches, focus on prevention and reduce delayed transferred of care within our hospital sites. • Note progress made to date 			
Route to meeting:			
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"/>

WHOLE SYSTEM INVESTMENT APPROACH

1. PURPOSE OF REPORT

- 1.1 This report is to provide an update and oversight on the progress of investment plans related to the recent allocation of resource via the NHS Renewal – Urgent and Unscheduled Care Funding

2. RECOMMENDATION

2.1 It is recommended the Integration Joint Board:

- **Note the financial investment in respect of SAHSCP**
- **Note the areas of priority to support a whole system approach**
- **Note the strategic vision in relation to strengthening locality approaches, focus on prevention and reduce delayed transferred of care within our hospital sites.**
- **Note progress made to date**

3. BACKGROUND INFORMATION

- 3.1 On the 27 January 2025, the First Minister launched the NHS Scotland Renewal Framework. This was followed in June 2025 by the publishing of the Framework, which outlines a long-term vision for health and social care reform in Scotland. The framework is built on 5 key principles: prevention, people-centred care, community-based care, population planning and digital integration and set out 3 key products as follows:

- Operational Improvement Plan
- Population Health Framework
- Publish the medium term (2025-30) approach to health and social care service reform before summer recess

- 3.2 The Scottish Government set out priorities for NHS renewal funding in early 2025, and this included reducing hospital stays, improving flow and expanding community-based care. Health Boards, in collaboration with Health and Social Care Partnerships, were asked to evidence how they would deliver whole system and sustainable improvement through the existing Unscheduled Care core funding of £33 million, with potential additionality through the £100 million available nationally to deliver the Operational Improvement Plan. The funding aims to enhance patient flow, reduce hospital occupancy and delays, and shift care closer to home through initiatives like Hospital @ Home, Discharge without Delay, and expanded frailty services. Expected outcomes include reduced hospital admissions and lengths of stay, improved access to timely care, strengthened community-based services, and the establishment of 7-day front door frailty services at all core emergency departments. Delivery of these outcomes is, considered to be, essential for continued and future funding.

- 3.3 Health Boards received confirmation on 25 June 2025 of additional Urgent and Unscheduled Care Funding for 2025/26. Additional funding of up to £10.080 million was, considered to be, provided to NHS Ayrshire and Arran as part of NHS Renewal funding for the 2025/26 financial year. This includes allocations for Hospital at Home (H@H), Discharge without Delay (DwD), Frailty Services, Mental Health Officer (MHO) capacity alongside core Unscheduled Care funding.
- 3.4 The level of funding confirmed was around £9m less than the resource requested via the Ayrshire and Arran Whole System submission of £17.474m to meet priorities for NHS renewal and improvements to system flow.
- 3.5 It is the expectation of the Scottish Government that NHS boards consider how they can use the additional funding to redesign services and realign existing budgets to fully deliver on whole system plans in a more sustainable way, ensuring reduced delays and improved patient care, allowing for a more resilient service for the future.

4. REPORT

- 4.1 Ayrshire and Arran submitted a whole system plan in early 2025, with revised plans of priority basis submitted thereafter.
- 4.2 The Ayrshire and Arran plan included an ask for the South HSCP totalling £6.1m in funding requirements to deliver the desired whole system change and transformation. SAHSCP received £1.463 million, this funding has been provided on a non-recurring basis at present with a commitment from Scottish Government that recurring funding will be available based on performance delivery. A similar plan was submitted to COSLA in June 2024, detailing the areas of investment that would be required to deliver performance improvement linked to delayed transfers of care. However, to date no funding has been received.
- 4.3 Performance associated with Delayed Transfers of Care continue to be the key indicator against which HSCP's are measured, and it is the expectation that additional Urgent and Unscheduled Care funding is utilized to deliver improvement on the number of people who are delayed in their discharge from hospital. Further measures include A&E performance, Length of Stay and Acute Occupancy levels.
- 4.4 Summary of Challenges within South Ayrshire
- Care at Home capacity
 - Complexity of need and overall hospital and community Care at Home demand
 - Assessment capacity (social work)
 - Reduction in provision for complex needs
 - Inability to place complex adults who require nursing provision
 - Placements for adults under 65

- Reduction in funding for Care Home placements
- Adult framework for community social care
- Demographic demand challenges
- Supporting individuals complex care needs in the community

4.5 The HSCP's areas of priority for the funding are as follows:

4.6 **Discharge to Assess (D2A)** pathways are a model for hospital discharge that prioritizes getting patients home as soon as their acute medical care is complete, with assessments for longer-term needs completed in the community. This is often called a "home first" approach and involves different pathways based on the patient's needs, such as returning home with support or to a short-term community setting for further recovery and assessment (Pathway 2 or 3). The goal is to support recovery in a more appropriate environment and ensure long-term needs are accurately assessed once the patient is stable.

4.7 SAHSCP Discharge to Assess models are (South Lodge) Racecourse Road Intermediate Care Model, and Reablement.

4.8 **Racecourse Road Intermediate Care Unit** was introduced in December 2022. Intermediate care is a steppingstone between hospital and community (step down) or to prevent a hospital admission (step up) The purpose of the service currently is to provide step down care i.e. discharge individuals from an acute setting for the purpose of regaining their independence, through a short period of intense reablement, thus reducing the impact on the mainstream care at home service.

4.9 The success of the service has seen a reduced need for Care at Home service of over 2241.25 hours a week in traditional care. This has had a significant impact on managing demand, freeing up care for those who have higher care needs, reducing long term stays in acute beds, and supporting patient flow across the whole system.

4.10 This approach will be developed wider to support assessment of those individuals considered for care home placements, reducing delayed transfers of care and ensuring care home placements are appropriate. Creating capacity in the sector.

4.11 **Community Nursing Resource:** To support the development of intermediate care models and ensure a home first approach, investment in community nursing is also required. Additional funding has been provided to support Senior Advanced Nurse Practitioners, Advanced Nurse Practitioners, and Community Nursing Band 6 and Band 5's. This will ensure the localities have a community nursing infrastructure which can support individuals in their own homes, with Primary Care, support care homes and the discharge to assess approach. Meeting key national drivers of reducing hospital admissions and promoting early discharge. This investment is also key to supporting those experiencing end of life and preferred place of care.

- 4.12 **Moving and Handling Resource:** Community Equipment is key to supporting individuals in their own home and ensuring the most appropriate equipment is provided following assessment, risk assessments and care plans. Moving and Handling co-ordinators are key to this, Investment in 2 Moving and Handling co-ordinators and a Senior Moving and Handling Co-ordinator is progressed. These posts will also support the continual training needs across care at home/Reablement and our care homes to ensure compliance and safe practice.
- 4.13 Since the whole system investment approval, a number of months have elapsed, and therefore funding has not been spent. The Scottish Government have therefore asked for projects/tests of change to be considered to utilise the slippage funding.
- 4.14 South Ayrshire HSCP are progressing the following:
- Trusted Assessor post- to support care home assessments and ensure timely discharges from hospital.
 - Integrated Discharge Team Service Manager- to support the operational and strategic approach to Urgent and Unscheduled Care
 - Scottish Ambulance Service Advanced Nurse Practitioner- to support and treat individuals in the community. Supporting Primary Care
 - British Red Cross Enhanced Care at Home Service- to facilitate complex discharges and provide overnight care to the most vulnerable and complex individuals in the community.

5. Strategic context

- 5.1 This work aligns with the SAHSCP strategic priority to provide care in the right place, our approach to locality planning and service delivery, and aligns with our Workforce Development Plans, Digital Strategy and Live Well and Age Well aspirations.
- 5.2 Discharge without Delay – There is no place like Home national programme details for key areas for Health Boards and HSCP's to reform:
- Discharge to Assess
 - Planned Date of Discharge/Integrated Discharge Teams
 - Community Hospitals
 - Frailty
 - Digital
- 5.3 NHS Scotland Renewal Framework, which outlines a long-term vision for health and social care reform in Scotland. The framework is built on 5 key principles: prevention, people-centred care, community-based care, population planning and digital integration.

6. Implications

6.1 Financial Implications

6.1.1 Funding of £1.463m has been provided by the Scottish Government for this financial year 2025-26, currently this is non-recurring. A commitment has been made to fund recurrently based on performance improvements. There is therefore a risk that not all the £1.463m will be recurring. This risk is being minimised where possible by recruiting on a fixed term basis and where recruitment challenges mean this is not possible, financial risk will be minimised through workforce management by realigning future vacant posts.

6.1.2 Funding of £1.463m has been allocated to the following services noted in Section 4.

- Racecourse Road Intermediate Care Unit - £0.479m
- Community Nursing Resource - £0.300m
- Moving and Handling Resource - £0.684m

6.1.3 Due to the timing of the funding allocation the full £10.080m allocated to Ayrshire and Arran for whole system funding, there is a balance of funding to be allocated to support immediate pressures, whilst planning is in place to recruit and develop the services noted above. Within South Ayrshire slippage will be used to fund the Scottish Ambulance Service, British Red Cross and support additional capacity within community equipment store and commission care home beds over winter period to ensure timely discharge from hospital.

6.2 Human Resource Implications

6.2.1 N/A

6.3 Legal Implications

6.3.1 N/A

6.4 Equalities implications

6.4.1 N/A

6.5 Sustainability implications

6.5.1 N/A

6.6 Clinical/professional assessment

6.6.1 N/A

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 The Whole System Investment is in collaboration with Acute and pan-ayrshire colleagues.

8. RISK ASSESSMENT

- 8.1 To not progress with our plans and approach will have a significant detrimental impact on delayed transfers of care. SAHSCP's capacity to progress preventative approaches and strengthen locality resources will be restricted and the whole system will continue to work in a reactive model as opposed to building a proactive, fluid system to support our citizens.

APPENDICES

N/A

BACKGROUND PAPERS

N/A

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3rd December 2025