

Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board	
Held on:	11th February 2026	
Agenda Item:	11	
Title:	Winter Planning	
Summary:		
The report provides a summary of winter planning and actions that have taken place across SAHSCP.		
Author:	Stewart Marshall, Head of Community Health and Care	
Action required:		
The Board are asked to recognise the work that has taken place to prepare for winter pressures and ensure ongoing focus on the delivery of safe, effective person-centred care in line with national drivers and local priorities.		
Route to meeting:		
Directions:		
1. No Directions Required	<input type="checkbox"/>	
2. Directions to NHS Ayrshire & Arran	<input type="checkbox"/>	
3. Directions to South Ayrshire Council	<input type="checkbox"/>	
4. Directions to both SAC & NHS	<input type="checkbox"/>	
Implications:		
		Financial <input type="checkbox"/>
		HR <input type="checkbox"/>
		Legal <input type="checkbox"/>
		Equalities <input type="checkbox"/>
		Sustainability <input type="checkbox"/>
		Policy <input type="checkbox"/>
		ICT <input type="checkbox"/>

WINTER PLANNING

1. PURPOSE OF REPORT

- 1.1 The purpose of the report is to provide an update to IJB board members on the progress and execution of Winter Plans for 2025/2026.
- 1.2 The IJB Board are asked to recognise the work that has taken place over the winter period.

2. RECOMMENDATION

- 2.1 **IJB board members are asked to recognise the work that has taken place over the winter period by South Ayrshire Health and Social Care Partnership.**

3. BACKGROUND INFORMATION

- 3.1 The Winter Plan is the Health and Social Care response to unscheduled care over the winter to supplement existing year-round plans. It is a whole system plan developed in collaboration between NHS Ayrshire & Arran, the three HSCPs and key partners from the community planning sector.
- 3.2 Winter Plans evolve from learning in previous years, in addition to a focus on key national drivers and local priorities.
- 3.3 For 2025/2026 there has been a particular focus on delivery of the NHS Operational Improvement Plan to enhance performance around the Discharge without Delay Programme, as well as ensuring continued flex in the system to meet urgent and unscheduled care demand.
- 3.4 The impact of urgent and unscheduled care and delayed transfers of care has been present throughout 2025 leading into the winter season. As such it has been imperative that robust winter plans are in place.
- 3.5 In preparation for winter pressures, there was a focused “Fire Break” at the start of December 2025 to ensure Boards and Partnerships were working together as a whole system to improve the flow out of acute and prevent admissions where possible. This approach targeted a reduction in overall occupancy on acute sites.
- 3.6 The early outbreak of seasonal flu was a challenge and impacted on Fire Break plans to improve hospital flow, due to an increase in hospital presentations and admissions.
- 3.7 In November, SAHSCP were informed of a South Ayrshire Care Home closing, this meant 32 residents requiring alternative care home placements as well as impacting on care home capacity across South Ayrshire.

- 3.8 In addition, there has been a voluntary moratorium in place for a small external Care at Home provider related to an increase in service user's complaint and identified areas for improvement.
- 3.9 The Scottish Government laid out key areas for Surge and Winter Preparedness (November 2026) highlighting three overarching principles; **person centred led care, strong leadership and partnership working and implementation of local and national actions that we know work.**
- 3.10 In supporting the three principles, five priorities were identified to aid winter preparedness; prioritise care for all people in our communities who need it the most, utilise effective prevention, ensure people have the right care in the right place at the right time, maximise system capacity and capability and support the mental health and wellbeing of the workforce.
- 3.11 The Surge and Winter Preparedness Framework complements direction set out in the Health and Social Care Renewal Framework and the Population Health Framework.

4. REPORT

- 4.1 Person centred and person led care is embodied through the Getting it Right for Everyone (GIRFE) Principles, to support a personalised way to access care and ensure that people are at the centre of decisions that affect them. This approach is common in South Ayrshire and is a central component of the Focus on Frailty Programme currently live in partnership with Healthcare Improvement Scotland. This work is currently being tested in 3 locality sites, with a view to wider implementation, and focused on identification of individuals who are severely frail and ensuring comprehensive assessment and care coordination to facilitate care closer to home. Throughout the winter period there has been focus on this area.
- 4.2 Strong leadership and partnership working across the whole Health and Social Care system has been provided through the Discharge without Delay Delivery Board. This collaborative, whole system, approach has provided real drive and rigour around patient pathways and care delivery. In addition to this, at peak pressure times, there has been daily huddles between senior leaders to ensure consistent and cohesive approaches to alleviate acute site pressures and provide care closer to home
- 4.3 SAHSCP have implemented local actions to improve outcomes for individuals. Examples of this has been the development of additional capacity in intermediate care beds, and provision of additional capacity within Biggart Hospital.
- 4.4 Throughout the winter period SAHSCP teams have continued to prioritise care for all people in the community who need it the most, this has been delivered through close partnership working. The social work model: Response and Practice Teams have helped to ensure there has been no long waits for social work assessment in the community. Health and Social Care professionals,

alongside community-based services, have played a vital role in supporting people to stay well.

- 4.5 The introduction of a new Connect Physical Hub in North Carrick in January has also helped to ensure information and advice available at a local level in relation to what matters to an individual and how they can access local support.
- 4.6 SAHSCP and NHS AA have continued to utilise effective prevention such as delivering on the national vaccination programme. Vaccination programmes are in place to protect those most at risk of severe illness, reduce transmission of infection and support the resilience of the health and care system, particularly during the winter. This has been delivered in a number of different ways to support access to vaccine. In South Ayrshire current vaccination uptake for all eligible groups sits at 60.60% against the national average of 55.40%.
- 4.7 Promoting public awareness on self-care and accessing services on the NHS AA Winter Health Hub and SAHSCP social media has been prevalent throughout the winter period.
- 4.8 In addition, winter preparedness sessions were delivered to care providers via Public Health colleagues.
- 4.9 Where an outbreak has occurred within a care home setting there has been clear communication and support for the providers to ensure compliance with infection prevention and control standards. The SAHSCP has in place a Community Services Collaborative Group to oversee the delivery of care provision across South Ayrshire. Throughout winter the group has overseen support provided to care providers where required. Through the winter period (from 1st November 2025) there have been 5 South Ayrshire care homes classified with outbreaks; 3 related to gastro-intestinal cases, 1 related to influenza A and 1 related to RSV.
- 4.10 SAHSP teams and staff have looked to maximise system capacity and capability throughout the winter period. This has been achieved through daily review of capacity across all key services to enhance patient flow and to reduce delayed transfers of care. Where necessary, there has been an increase in bed status on community sites to support patient flow and reduce pressure on acute sites
- 4.11 Wellbeing of the health and social care workforce has remained a priority. Staff wellbeing and support has been promoted through SAHSCP communication channels. Staff continue to receive support where required through occupational health and staff care services. In addition, some services applied for and were successful in relation wellbeing funds to promote staff wellbeing.
- 4.12 In line with the requirements of the Health & Care (Staffing) (Scotland) Act, services have continued to report daily on compliance with the Act. Where there has been staffing concerns, there has been mitigation and escalation in place, with access to an appropriate clinical/professional lead.

4.13 Throughout winter all services have ensured business continuity plans (BCPs) have been reviewed and are up to date. The BCPs have been enacted on several occasions during the winter period in response to adverse weather and are in place to outline how a service continues to operate and maintain essential functions during and after a disruption or significant event.

5. STRATEGIC CONTEXT

5.1 The winter plans, and associated work, aligns with the SAHSCP strategic priority to provide care in the right place, and our approach to locality planning and service delivery.

5.2 Whilst managing winter pressures, focus has still been maintained on the Discharge without Delay Programme and the four key work streams noted below.

- Discharge to Assess
- Planned Date of Discharge/Integrated Discharge Teams
- Community Hospitals
- Frailty

5.3 As discussed at previous IJB Boards and the Strategic Planning and Advisory Group work is ongoing in relation to whole system investment, and this has been maintained throughout the winter pressures.

5.4 Of note, main priorities for the whole system work remains.

- Reablement Step Up/Step Down
- Moving and Handling
- Advanced Nurse Practitioners and Community Nursing.

5.5 Work has also been maintained in relation to use of slippage monies.

- British Red Cross- Discussion and negotiation with BRC to consider an enhanced model to support early hospital discharges and support individuals in their own home.
- Scottish Ambulance Service Advanced Practitioner- Supporting primary care and complimenting Hospital at Home with a view to admission avoidance and preferred place of care.
- DOCCLA Telehealth Approach- Initial discussions with DOCCLA in relation to remote monitoring and virtual care.
- Care Home Placements- available placements to support Discharge to Assess and Care Home stays.
- Community Equipment Store- purchase of equipment (bed, hybrid mattresses). To support hospital flow specifically around palliative/end of life care, as well as hospital avoidance.

- 5.6 Work has also been ongoing to launch Connect Physical Hubs across locales. As aforementioned, a soft launch of the hub in Maybole took place during the winter period. Shortly there will be a launch of the Hub in Prestwick. An area for Girvan has also been identified. The Physical Hubs offer information and advice and access to local supports.
- 5.7 As stated earlier, SAHSCP has continued to deliver on the Focus on Frailty Programme in partnership with Healthcare Improvement Scotland.

6. IMPLICATIONS

6.1 Financial Implications

6.1.1 *N/A*

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 All work continues to align to the quality ambitions of safe, effective person-centred care.

7. CONSULTATION AND PARTNERSHIP WORKING

N/A

8. RISK ASSESSMENT

N/A

APPENDICES

N/A

BACKGROUND PAPERS

N/A

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