



south ayrshire
health & social care
partnership

Strategic Plan 2021-2031: Engagement and Consultation

17 June 2021



Table of Contents

Summary	3
Methodology.....	4
Early Engagement	6
Online Surveys: Public and Communities Survey	6
Online Surveys: Third and Independent Sector Survey	10
Online Surveys: Children and Young People Survey	14
VASA Telephone Calls	18
VASA Workshops.....	20
Formal Consultation.....	28
Staff Engagement.....	28
Vision.....	28
Values.....	30
Principles	31
Strategic Objectives	33
Online Survey.....	35
Considerations, Challenges and Opportunities	37
Communication and Engagement	38
Vision, Values and Principles	39
The 'Deal' and Strategic Priorities	41
Finances and Resources	43
Assessing Progress	43
Workshops.....	44
VASA Workshop.....	44
ADP Recovery Group.....	48

Summary

This report is a summary of the engagement process carried out (30 June 2020 – 5 March 2021) across South Ayrshire to develop the Health and Social Care Partnership's (HSCP) new Strategic Plan for 2021-2031 involving HSCP staff, public/communities, third sector/provider organisations, children and young people.

There are several common themes that appear throughout all of the engagement that took place from 30 June 2020 – 5 March 2021. The majority of responses refer to what is needed in communities, with a strong desire for communities to be supported and empowered to improve health and wellbeing outcomes. There were also several responses throughout that wanted to see more resources and facilities available in communities, with joined-up working by organisations and HSCP practitioners highlighted as key to success.

In addition to joined-up working in communities, there were also several mentions of the need for more integration and a desire for improved communication across the workforce. Respondents in both the VASA workshops and Staff Engagement survey mentioned building relationships and trust as a priority.

One of the main critiques of the draft plan, highlighted throughout the consultation period, was the language and terminology used, with several respondents requesting that the plan uses simpler language that would be easy for everyone to understand. Some respondents also brought attention to the layout and how long the document was, suggesting that different versions be made available (e.g. Easy Read, summary plan) when the plan is published.

Feedback on the vision statement for the Strategic Plan showed that all groups preferred "Grow Well, Live Well, Age Well", which later evolved to "Supporting our community to grow well, live well, age well" (as seen in the final VASA workshop) based on early consultation feedback. Several comments made in sections across the formal engagement survey showed that individuals also identify with "Right Care, Right Place", referring to this in their answers to questions asked. The preferred values were also similar across all areas, with 'respectful' the most popular choice in Staff Engagement, Formal Consultation Survey and VASA workshop. 'Compassionate' and 'Empowering' were also chosen by all groups, and 'Caring' chosen by both participants of the formal consultation and the VASA workshop.

Principles chosen in the staff survey and the formal consultation survey had some commonalities: "Putting individuals, their carers and families at the centre of their own wellbeing and care" and "Providing timely access to services, based on assessed need and best use of available resources", but differed on the remaining three principles. Feedback from the workforce opted for principles focusing on developing the workforce; reablement, rehabilitation and recovery through promoting independence, and treating people as equals – building on assets and strengths. Respondents in the formal consultation survey preferred principles focused on the provision of joined-up services; minimising bureaucracy and the rights and dignity of service users being respected.

The proposed strategic objectives were also met with a generally positive response across all areas, however, some called for specific addiction, learning disabilities and mental health objectives. Overall, the proposed objectives were viewed as "ambitious" with many respondents keen to see how services would deliver and measure on these.

Feedback from the consultation and engagement will be used to inform the final version of the Strategic Plan. However, the HSCP want to continue to build on the positive engagement we have had with communities and the third sector with a keen focus on listening to people who use HSCP services, families and carers.

Methodology

A number of methods were used to engage with stakeholders to inform the development of the new Strategic Plan 2021. These included:

- Online surveys 'What Matters to You?'
- Online workshops
- Telephone conversations with targeted individuals (through VASA and South Ayrshire Carers Centre)
- Staff survey 'Vision, Values, Principles and Strategic Objectives'
- Formal Consultation

Three surveys were developed as part of the early engagement process (public / communities survey, third sector/provider organisations survey and children and young people survey) with both closed and open-ended questions.

The surveys were hosted on the HSCP website and shared with:

- Members of the public (with access to online device)
- Third and Independent sector networks
- NHS A&A and SAC Communications Teams
- Involving People Network
- South Ayrshire 1000
- Locality networks (with an ask to cascade within available networks)
- All HSCP staff (with an ask to cascade within available networks)
- Various internal groups (including Communities Reference Group, Youth Strategy Partnership Group, Adult and Young Carers Strategy Groups – with an ask to cascade within available networks).

A variety of methods were used to promote these surveys, including:

- Promoting on HSCP and SAC website
- Social media
- Sharing the engagement website link (with links to surveys) via email
- Promotion through the HSCP and SAC newsletters

VASA coordinated three online workshops (via Zoom) to inform the new Plan. The first session took place on Wednesday 7 October 2020 (for third sector organisation and community groups providing services for children and young people), the second session took place on Wednesday 28 October 2020 (for third sector organisation and community groups providing services across South Ayrshire) and the third session took place on Monday 1 March 2021 during the formal consultation stage of the plan (for third sector organisation and community groups providing services across South Ayrshire).

VASA call handlers also contacted individuals via telephone to provide an opportunity for people to share their views and opinions to inform the new Strategic Plan.

The formal consultation on the Strategic Plan took place from 29 January to 5 March 2021. This included:

- An online survey
- Engagement with staff
- An online workshop with third sector and provider organisations
- Presentations to Locality Planning Partnership's
- Engagement with the Alcohol and Drugs Partnership (ADP)
- Engagement with Community Planning Partners

The formal consultation survey was targeted at all stakeholders and included a mix of open-ended and multiple-choice questions centred around what the vision, values, principles and strategic objectives of what the Plan should be. This survey was developed based on the information gathered in the early engagement stage.

An online survey was developed for the workforce to give their views on what they felt the vision, values, principles and strategic objectives should be for the Partnership. The survey ran from 30 November 2020 – 10 January 2021 and was shared with the workforce via email. Staff members were asked to rate the current Plan's vision, values, principles and strategic priorities and share their views on what these should be in the new plan.

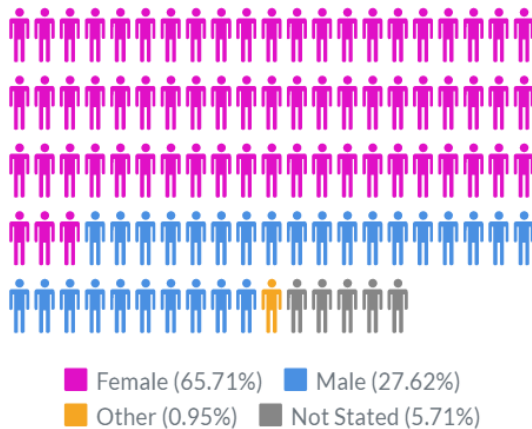
The Alcohol and Drugs Partnership (ADP) arranged a focus group that took place on Friday 5 March 2021 with people in recovery to discuss priorities identified in relation to Alcohol and Drug services as well as the full plan overall.

Early Engagement

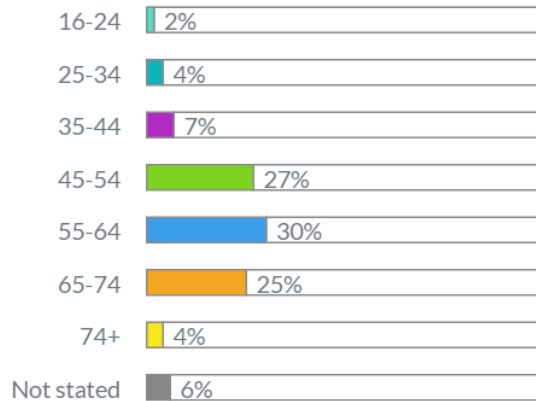
Online Surveys: Public and Communities Survey

105 individuals took part in the **public and communities survey**, the demographics of respondents were as follows:

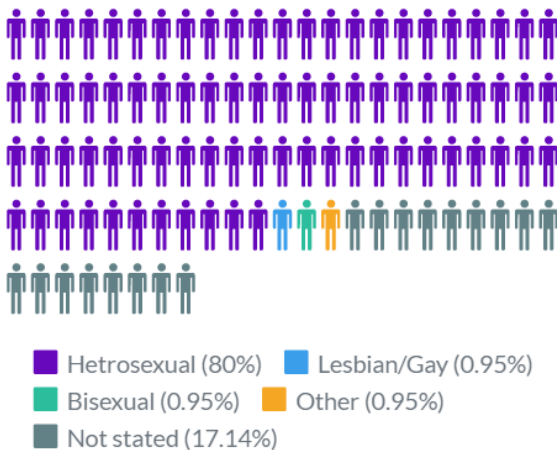
Gender



Age



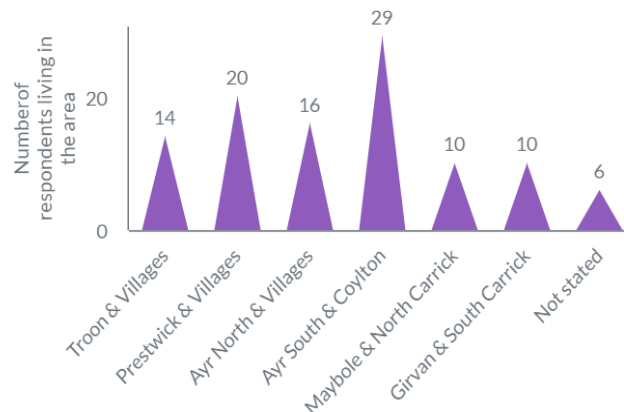
Sexual Orientation



Ethnicity



Locality



The majority of participants in the survey were female (65.71%) and most were between the age of 45 and 74 years. Those aged 16-24 years engaged the least with this survey with only 2% of participants being in this age category. Most of the participants stated they were White Scottish (77.14%) and identified as heterosexual (80%). The Ayr South & Coylton area had the most representation (27.61%), however there were a good number of responses from people living in each locality area.

The public and communities survey asked participants four open-ended questions:

Question 1 asked: What matters to you in supporting you and your family's health and social care needs?

The majority of respondents felt services should be joined up and accessible to all and many felt that there are some barriers to this at present which need to be addressed. Person-centred and holistic care was also seen to be significant as well as the right support being given at the right time. Feeling listened to and being involved in decisions about their own health, care and wellbeing and that of their loved ones also of importance. There were several unpaid carers who felt that good support is essential for both the carer and cared-for, including adequate access to respite. Localised community support, such as access to groups and activities was seen as vital. Availability of relevant information, advice and resources, in a variety of clear and accessible formats was recognised as being important. There were also some concerns in relation to services being adapted due to the COVID-19 pandemic.



Question 2 asked: Have you had a good experience of health and social care services you'd like to tell us about?

92 respondents answered this question with 54% saying yes and 46% saying no.



62 respondents shared their personal experiences with many highlighting positive experiences with a variety of services including; primary care, physiotherapy, social work, community justice and mental health services. There were several responses in this question that raised ongoing concerns relating to waiting times and accessibility of services.



Question 3 asked: Have you had a bad experience of health and social care services you'd like to tell us about?

90 respondents answered this question with 57% saying yes and 43% saying no.



57 respondents shared their personal experiences with inadequate referral routes, poor communication and delays in the decision-making process being mentioned by several. Some examples related to a feeling that care and support is fragmented and that often service users feel their views and concerns are not being listened to.



Question 4 asked: What do you think of the Strategic Plan 2018-21?

69 respondents provided comments and there were both positive and negative of the current Strategic Plan. Several viewed the current plan positively and recognised the value of the current objectives. However, many respondents were unclear as to what objectives have been achieved to date and how this progress has been communicated to the public. Many found the current Plan a complex and lengthy document, which is not easy for the public to understand. Several people were unaware that there had been a summary version and questioned why an easy-read version had not been developed.

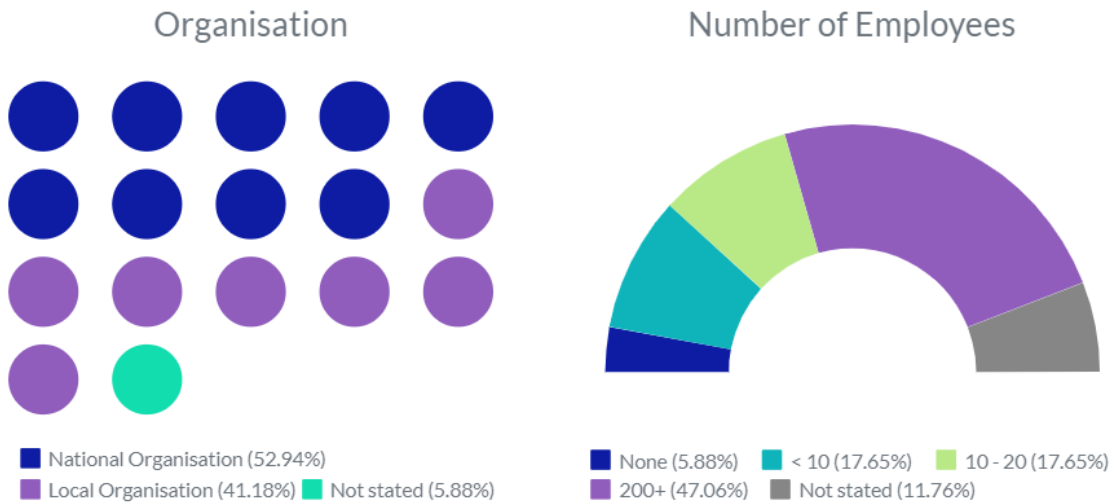
"Whilst it eloquently plots out the idea of integrated services to approach patient's health and social care needs, I'm wary that it will be realistic given the current situation"

"Don't know - don't want to read 46 pages, would be better to post an 'easy read' version"

"Some of the plan has been in the background for a decade so it is good to see that there are finally timescales attached. I do not agree that Ayrshire is divided into three council areas and consider that this is a barrier to true integration and more efficient working"

Online Surveys: Third and Independent Sector Survey

17 individuals / organisations took part in the **third and independent sector survey**, the demographics of respondents were as follows:



Work Area



More than half of respondents indicated that they represented a national organisation (52.94%) and most indicated that their organisation employed 200+ individuals (47.06%). The majority of responses indicated that they worked across Ayrshire (70%), with very few individuals indicating that they worked in specific South Ayrshire localities.

Organisations who responded provide the following range of services:


- Dementia support
- Family support
- Social work
- Housing
- Children and young people services
- Justice and social justice services

- Inclusion
- Prevention and early intervention
- Recovery services
- Women's support
- Support products
- Mental health support
- Suicide awareness
- Food support
- CLP service
- British Sign Language classes
- Policing


The third and independent sector survey asked participants four open-ended questions:

Question 1 asked: What matters to your organisation and the people you work with in supporting health and wellbeing in South Ayrshire?


There were varied responses from the 15 organisations who answered this question. Common themes included inclusion, collaboration and co-production both with services, communities and service users. Several organisations raised adequate budgets and resources as being an important factor to be able to deliver future provision:



"What matters is being a sustainable and valued organisation able to provide high quality support to individuals with dementia and their families and carers... based on empathy, kindness and a desire to provide a stimulating and positive experience"



"Clarity, direction, leadership, and a commitment to co-production in line with pan-Ayrshire policies such as Caring for Ayrshire"




"That services are accessible, affordable and available for everybody, not just Ayr but they reach into the rural less populated areas like Carrick"

Question 2 asked: Can you tell us about any good experiences your organisation has had in working with the HSCP? What can we build on?


13 respondents shared their experiences with several highlighting the benefits of new integrated approaches to working and some good examples which have been delivered during the COVID-19 pandemic, which could be built on. Some examples were specific to service area and teams:



"Recent opportunities to develop services in partnership with HSCP. This open dialogue and ability to have genuinely curious and constructively challenging conversations has not been our experience previously in South Ayrshire, and has been very welcomed. This should continue"



"In recent times, particularly since the beginning of the pandemic senior staff at the Partnership have been extremely supportive... The Partnership has embarked on a more inclusive and consultative approach that has made communication much easier"



"Team Around the Family - where the voluntary sector is able to work with children's and adult services to build a team around vulnerable families. When we understand and value each other's roles and it important the roles, responsibilities and needs of the parent is part of this"

Question 3 asked: Can you tell us about any bad experiences your organisation has had in working with the HSCP? What can we build on?

14 respondents shared their experiences with some common themes including lack of understanding, limited vision, feeling undervalued and not feeling part of the integrated working process. Many agreed that the HSCP needs to have a better understanding and empathy to the challenges organisations face:

"A feeling that a culture has existed of being answerable to the Partnership, communication being limited and a sense of 'we are giving you money, what are you doing with it?' with little sense of understanding about the difficulties faced by a small organisation faced with shrinking reserves"

"Culture of commissioner/provider relationships - very unequal power balance in favour of "commissioner" - services viewed as "providers" rather than delivery partners - language is important and can influence attitudes and behaviours"

"We do not have a dual diagnosis joined up approach for those experiencing mental illness and addiction... we need to develop this further within the Partnership"

Question 4 asked: What do you think of the Strategic Plan 2018-21?

14 respondents shared their views of the current Strategic Plan. Some views were positive seeing the Plan as a comprehensive and ambitious document however some were unclear if implementation of the Plan has been successful. There were comments relating to the Plan not being an inclusive document and that the format of the document is too complex and hard to understand. A selection of direct responses below:

"This is good and is moving in the right direction, however, it is still work in progress and sadly COVID has pushed things back"

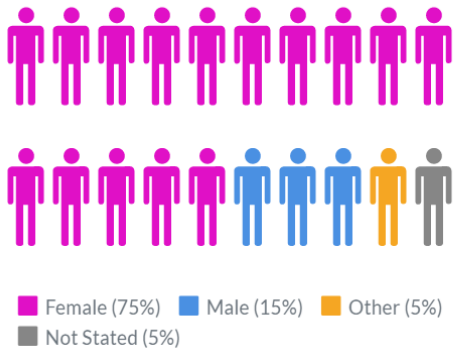
"From a purely stylistic point of view the document is not accessible or easily understood and contains references to other documents and strategies... remote from the concerns of those the Plan is meant to be intended to support. In short, a professional document for and by professionals."

"I think the plan is great on paper but when it comes to be implemented it falls short of expectation. I sometimes think these plans are put together to be able to tick a box that says they have been done"

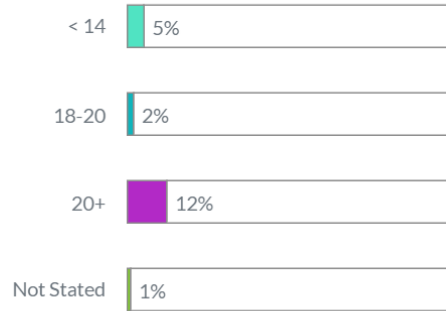
Online Surveys: Children and Young People Survey

20 individuals took part in the **children and young people survey**, the demographics of respondents were as follows:

Gender



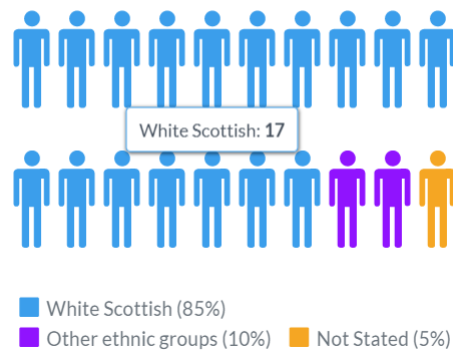
Age



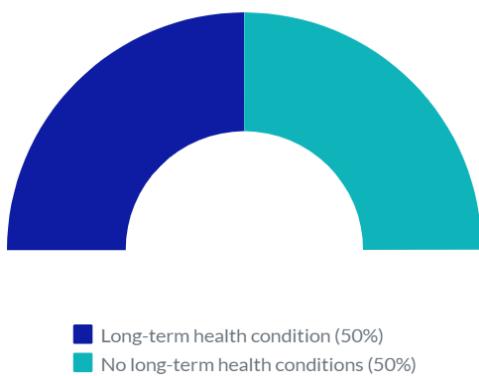
Sexual Orientation



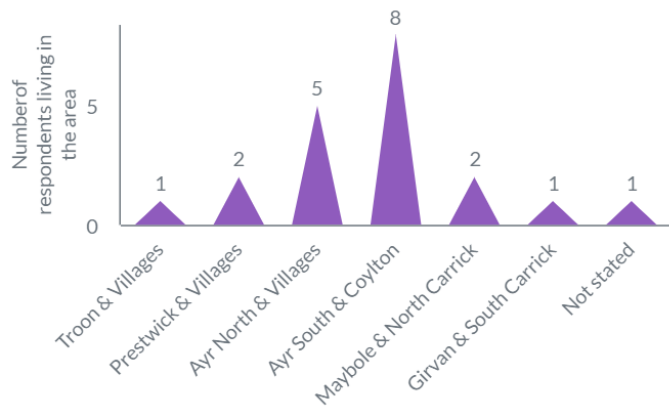
Ethnicity



Current Health



Locality



The majority of participants in the children and young people’s survey were female (75%) and over the age of 20 years (12%), very few participants under the age of 18 participated, with only 5% of responses being from those aged under 14 years. Participants in this survey mainly identified as White Scottish (85%) and heterosexual (85%), comparative to other surveys carried out during the consultation period, and half of those who took part advised that they had a long-term health condition or disability lasting (or expected to last) at least 12 months. Most of those who took part in the survey resided in the Ayr South & Coylton locality (40%), with Girvan & South Carrick and Troon & Villages receiving the least representation (1 participant responding for each area).

The children and young people survey asked participants five open-ended questions. A summary of responses is provided below:

Question 1 asked: What matters most to you in getting support for you and your family (in particular to your health and social care needs?)

19 respondents answered this question and there were some recurrent themes around the importance of timely support and availability of localised support. Many felt that good communication, consistency, collaborative working between services and feeling listened to were all important factors:



Question 2 asked: Have you had a good experience of health and social care services in South Ayrshire?

19 respondents answered this question with 53% saying yes and 47% saying no.



10 respondents shared their experiences, while some noted good experiences they also highlighted concerns around waiting times and the fact that there needs to be more service provision:



Question 3 asked: Have you had a bad experience of health and social care services you'd like to tell us about?

20 respondents answered this question with 60% saying yes and 40% saying no.



12 respondents shared their experiences with several concerns raised to support delivered within children's mental health services. Many respondents felt that this service and some others are under resourced and that this has a significant effect on support which is provided. Some respondents also shared experiences of not being listened to, inconsistent support and not getting adequate meetings with the staff members supporting them:

"Constantly not listening, having meetings, making promises that are not kept and being lied to"

"Waiting times for mental health and children services are a joke... There needs to be more community support for children and families"

"Hardly met my worker, didn't want to help me. Phoned to see if I wanted food and that was it. Only help I ever get is from my worker at housing aid. They do it all because no one else does"

Question 4 asked: What two things (try and think about health or social care) do you think we could do to improve the way we support young people in South Ayrshire?

19 respondents answered this question with better support within schools, wider referral criteria and shorter waiting times being seen by many as needing improved upon. Other improvements suggested were for the provision of more community support and additional resources for a variety of services including those for young adults with learning disabilities, young carers, young adults, transitions and more services for the wider family. Many felt that there needed to be significant improvements to services for mental health and wellbeing support:

"Community base for young adults with learning disabilities - transition from school is jarring for those whom college is not an appropriate path"

"Support groups in own area"

"Help at school"

Question 5 asked: What do you think of the Strategic Plan 2018-21?

16 respondents provided comments with some saying it was an ok document. However, many did not understand the document and found it very long:

"It doesn't cover the criteria that I am highlighting... the amount of professionals' meetings that achieve nothing, therefore wasting money, that could be better spent on resources that are missing"

"I don't understand it, there is a lot of words and feels like I'm at a Children's panel again"

"Doesn't appear to have any specific targets in terms of meeting mental health care needs of children"

VASA Telephone Calls

VASA call handlers also contacted 85 members of the public via telephone and 35 of them chose to share their views and opinions to inform the new Strategic Plan.

Question 1 asked: What matters to you in supporting you and your family's health and social care needs? What can we do to improve your experiences?

Common themes included receiving personalised and holistic care and support; feeling listened to, understanding the care package and the language used by professionals and having a good relationship with the staff that support you. Early intervention, preventative and accessible community services to support health and wellbeing was also viewed as important. Some also noted that they would like to be more involved in decisions about their own care and of services as a whole, and what they might look like in the future:

"Plan my care with me not for me"

"To be able to contact the service direct and have the contact details of who the service is that we are being referred to... trying to make contact is like looking at a needle in a haystack"

"That I don't become a burden to my family and my health is looked after early on before crisis point"

Question 2 asked: Have you had a good experience of health and social care services in the area you'd like to tell us about?

There were a variety of good experiences shared, with several people having had a positive experience to how the flu immunisation programme was delivered and good experiences of home care support. There were also some other examples of good work in social work, primary care, physiotherapy, telecare, cardio service and occupational therapy:


"Good support from carers, so grateful they were able to still come in to me during the lockdown"

Physiotherapy: "Quick response and exercises provided, walking aids quickly provided. What the department didn't have to hand they went back to access and provide the following week. Physio staff, very encouraging and approachable, have phoned during lockdown... Felt there was very much joined up thinking"


"Within a couple of weeks all adaptations that were needed were fitted in the house. Initial contact was a few times a week then gradually decreased as was coping well. Was happy with how well we were supported"

Question 3 asked: Have you had a bad experience of health and social care services you'd like to tell us about?


There were several negative experiences of the flu immunisation programme, pharmacies and shielding support during Covid-19. Several people raised concerns in relation to delays and having to chase up their own support. Support for carers was also highlighted and some experiences of not being listened to by services:



"I have had to chase up my own support and make contact myself to Council to look after my wife who has dementia"




"Mental health care - feel it's at a crisis point when you ask for help but you're only put on a list and asked to wait"




"As an unpaid carer I struggle with the lack of support for respite and more needs to be done"

Question 4 asked: Are you aware of the current Strategic Plan 2018 -2021 and what do you think of it?

No respondents to this question were aware of the current Strategic Plan or where to find it:



"Is this a public plan? Had no knowledge of it"



"Haven't read the plan, wasn't aware there was one"



"Is this a council plan?"

VASA Workshops

25 individuals attended the VASA Workshop on the 7 October 2020. Attendees for this session came from third sector organisations and community groups providing services for children, young people in South Ayrshire. 47 individuals attended the VASA Workshop on the 28 October 2020 representing the wider third sector.

Attendees on 7th October were from the following organisations:



Question 1 asked: What matters to your organisation and the people you work with in supporting health and wellbeing in South Ayrshire?

There were a variety of common themes shared including providing accessible services, reducing the barriers for access to support, providing equal opportunities, feeling valued as experts in care and delivering services which provide local opportunities to support the health and wellbeing of service users.

Respondents also noted that relationships, collaboration, and partnership working were all important factors. There were also several comments in relation to the importance of funding, early intervention, the referral process and having a broad range of commissioned services available.

"The value of the knowledge that third sector have should be viewed as important information"

"Treat people the same regardless of their environment - treat people for who they are and the future they can have"

"Every child and family has the best start in life - information to make people have the best choice"

Question 2 asked: What do you think of the Strategic Plan 2018-21?

Several respondents felt that the current Strategic Plan is both informative and ambitious, although many found the document far too long and did not realise there was a summary version. There were several shared views that the third sector achieves many of the objectives of the Plan.

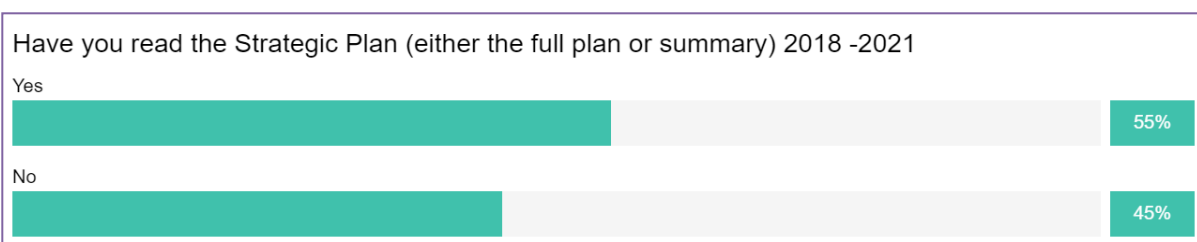
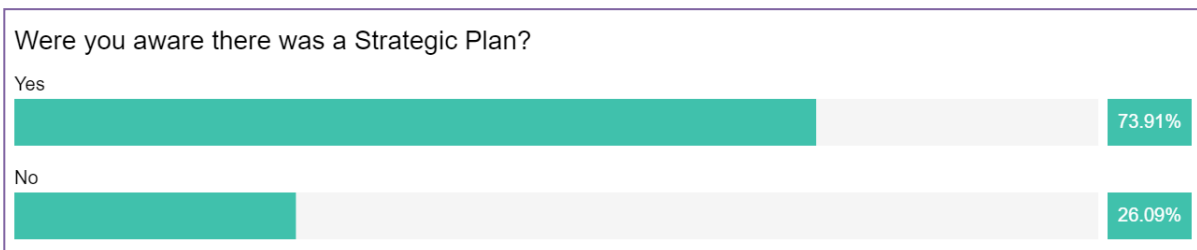
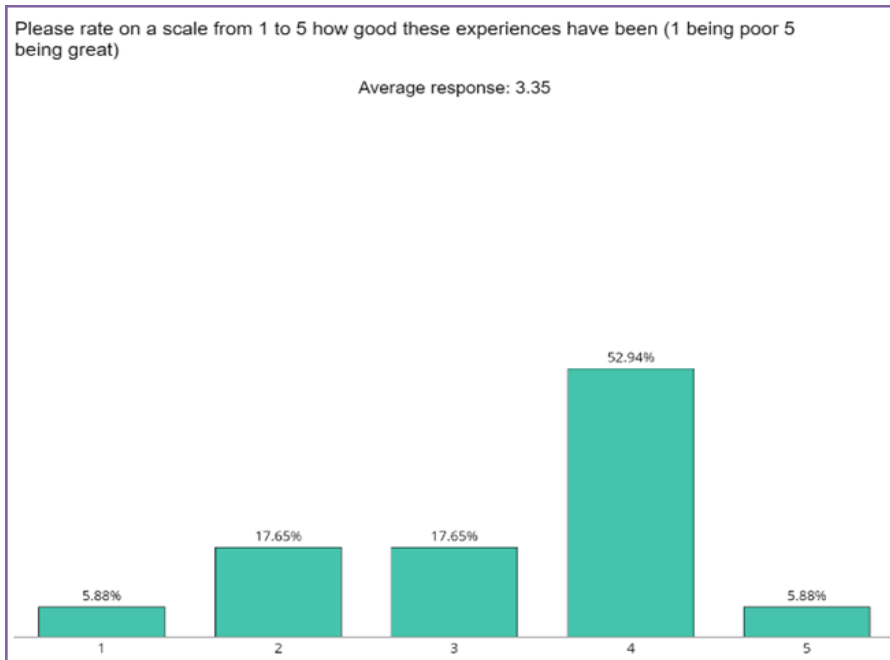
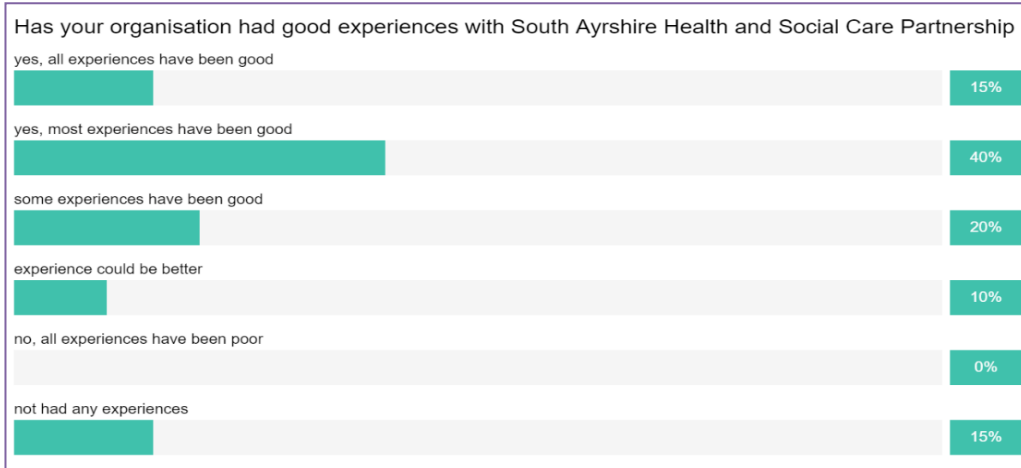


Question 3 asked: What two things do you think we could do to improve the way we support children, young people and families in South Ayrshire.

Common themes were improved communication and trust, more opportunities for joined up working and collaborative working.



VASA asked the workshop four questions via an online poll - responses are shown in the images below.



Question 4a asked: Can you tell us about any good experiences your organisation has had in working with the partnership?

Individuals shared positive experiences including examples of engagement and collaboration:



Question 4b asked: What can we build on?

Individuals suggested that communication and involvement has recently improved and this could be built on:



Question 5a asked: Can you tell us about bad experiences your organisation has had in working with the partnership?

Individuals gave examples of not being made to feel like equal partners in care, poor information sharing and barriers to funding:



Question 5b asked: What do we need to change?

Shared comments including breaking down some of the current structures and barriers to progression, how we collaborate and how decisions are made:



47 individuals attended the VASA Workshop on the 28 October 2020. Attendees for this session came from third sector organisations and community groups providing services across South Ayrshire.

Attendees on 28th October were from the following organisations:



Question 1 asked: What matters to your organisation and the people you work with in supporting health and wellbeing in South Ayrshire?

There were a variety of common themes shared including providing local accessible services, joined up working practices, greater awareness of available resources, feeling valued as experts in care and a need to nurture the passion that services have to make a difference.

Respondents also noted that relationships, collaboration, and partnership working were all important factors. There were also several comments in relation to the importance of funding, early intervention, the referral process and having a review of the commissioning process.



Question 2a asked: Can you tell us about any good experiences your organisation has had in working with the partnership?

Individuals shared positive experiences including examples of engagement and collaboration.




Question 2b asked: What can we build on or improve?

Individuals shared suggestions on what we could build on including examples of awareness raising of Self-Directed Support, improved joint working between the third sector and the Partnership.




Question 3a asked: Can you tell us about bad experiences your organisation has had in working with the partnership?

Individuals shared negative experiences including examples of lack of communication and lack of referral pathways:




"People being told they are not 'critical' when trying to access support services. As a result, they then become critical at a later stage which may have been prevented"




"Communication with the Partnership can be very patchy"

Question 3b asked: What do we need to change?

Individuals shared suggestions on what needs to change including examples more focused meetings with the third sector, improved joint working and valuing each other's roles.



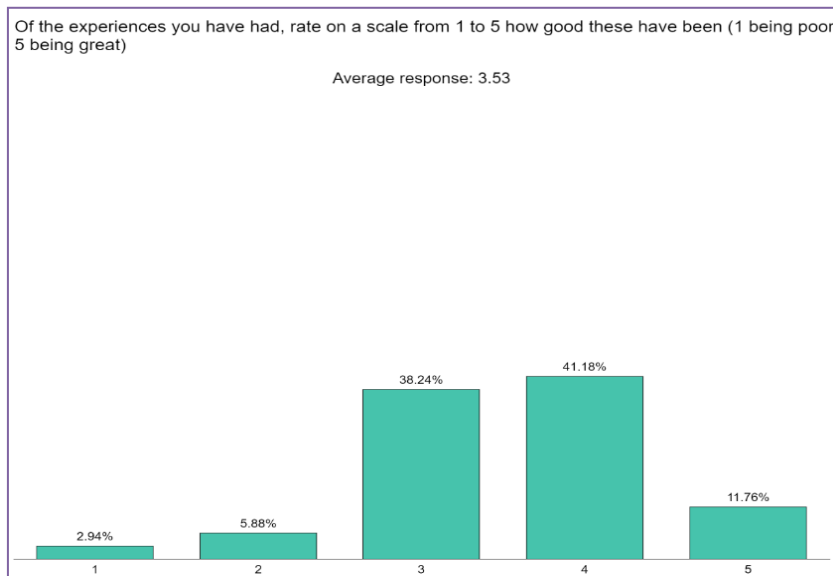
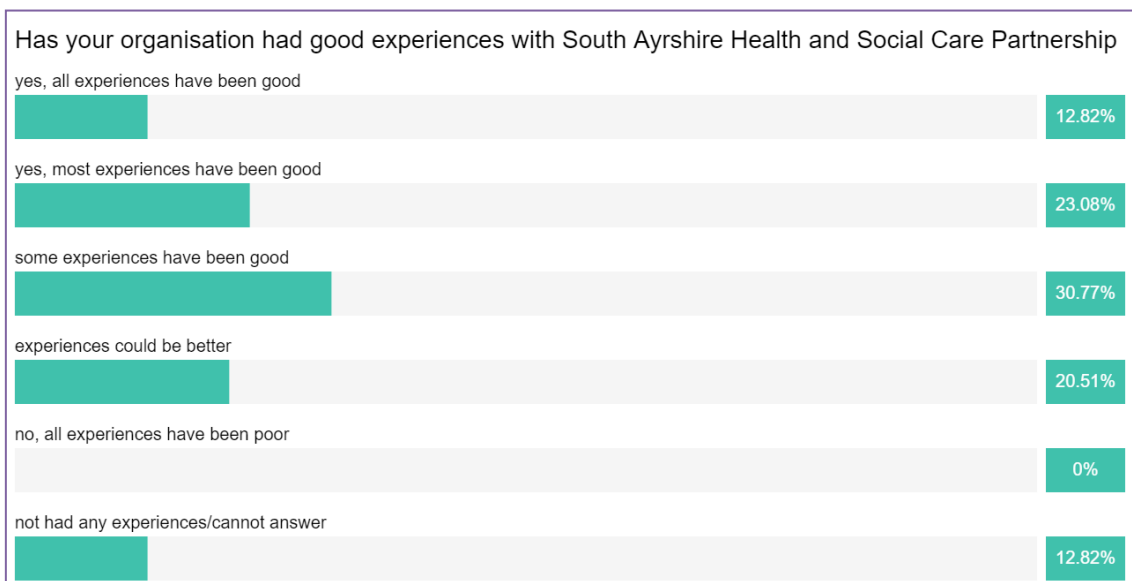
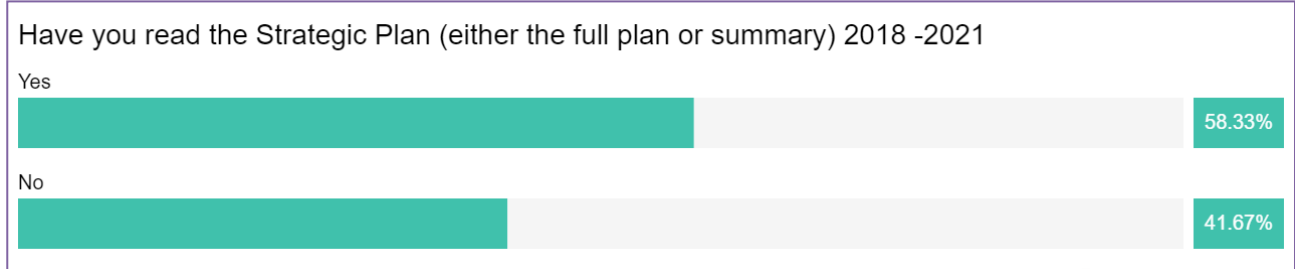
"The Partnership talks about focusing on preventative measures for people and providing people with help before things become critical. But how can this happen if the focus is on critical only?"



"Giving people a stronger voice in terms of the support that will help them"

VASA asked the workshop 4 questions via an online poll - responses are shown in the images below:

Question 4 asked: What do you think of the Strategic Plan 2018-21?



Formal Consultation

Staff Engagement

141 individuals took part in the **Staff Survey**, representing the following services areas:

Service Areas



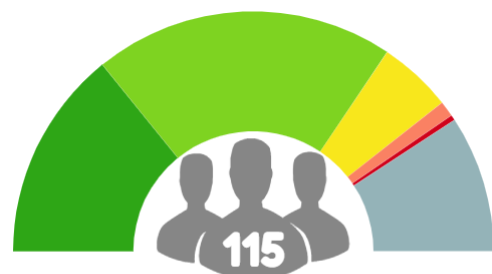
- Community Health & Care Services (31.91%)
- Allied Health Professions (28.37%)
- Children's Health & Care Services (14.89%)
- Mental Health Services (8.51%)
- Justice Services (7.09%)
- Corporate/Support Services (5.67%)
- Learning Disability Services (1.42%)
- Other (2.13%)

The survey asked participants to complete 14 questions split into four sections: **vision, values, principles and strategic objectives.**

Vision

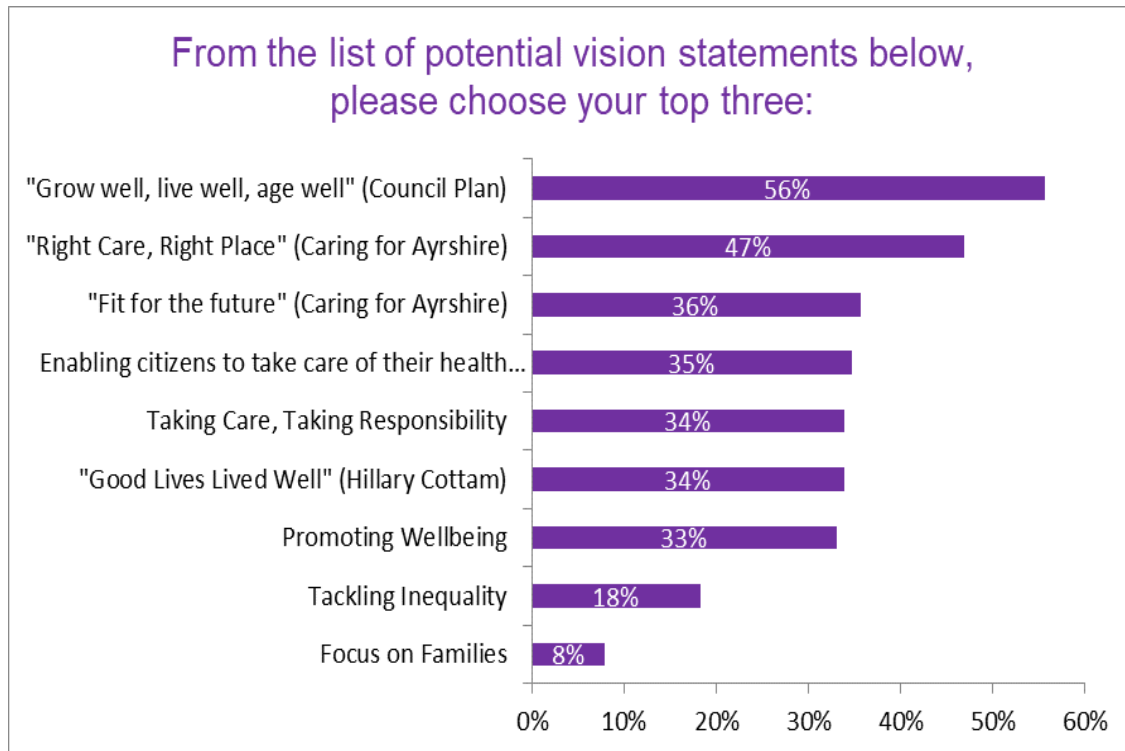
Participants were asked: **What do you think of the Partnership's current vision?**

115 respondents answered this question (26 chose to skip), with most (69%) holding a positive view on the current vision.



- Really Like (28.37%)
- Okay (40.43%)
- Don't mind (9.93%)
- Not Keen (2.13%)
- Don't like (0.71%)
- Not Stated (18.44%)

Participants were then asked to select their top three vision statements with 64 preferring the Council Plan's 'Grow well, live well, age well' statement. Caring For Ayrshire's 'Right Care, Right Place' (selected by 54) and 'Fit for the Future' (selected by 41) statements were also favourable options. A full breakdown of responses is shown below:



Participants were asked: Do you have any other ideas on what the Partnership's vision should be?

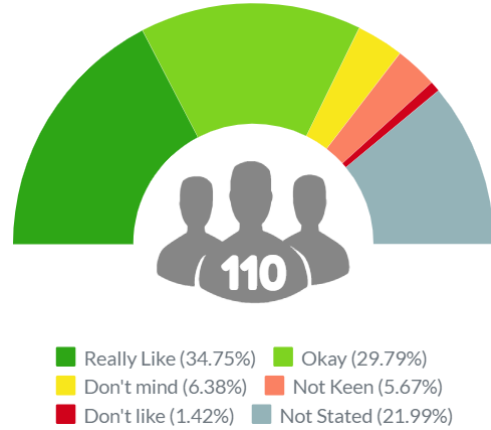
41 participants provided further ideas on what the Partnership's vision should include. Several responses to this question referred to ideas of community and empowerment being part of the vision statement, other responses also related to collaboration, joined-up services, tackling inequalities, prevention and support for carers:



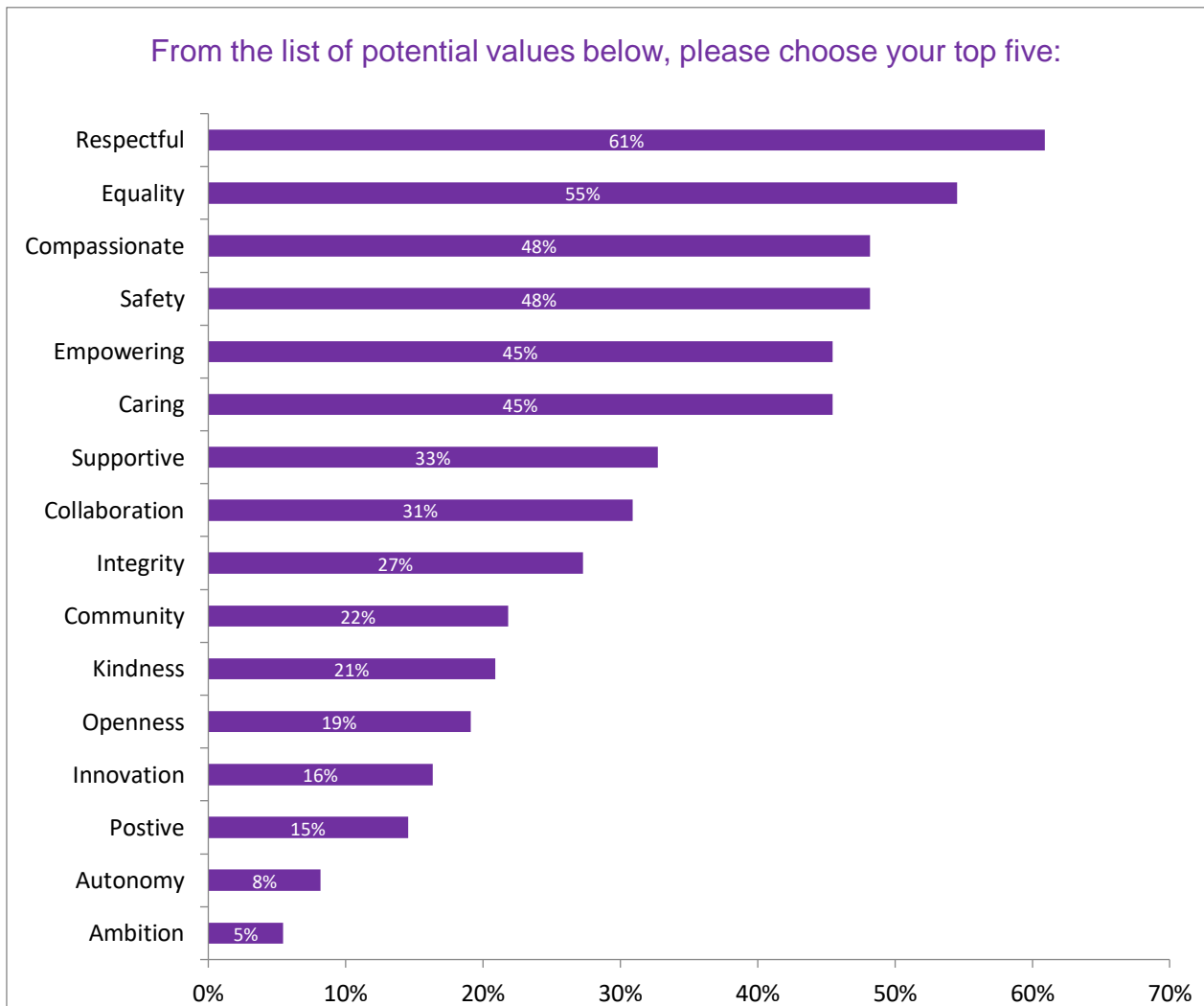
Values

Participants were asked: **What do you think of the Partnership's current values?**

110 respondents answered this question (31 chose to skip), with most (65%) holding a positive view of the Partnership's current values.



Participants were then asked to select their top five values, with 67 respondents choosing Respectful as their top value, followed by Equality (chosen by 60), Compassionate (chosen by 53), Safety (chosen by 53) and Empowering (chosen by 50). A full breakdown of responses is included below:



Participants were asked: Do you have any other ideas on what the Partnership's values should be?

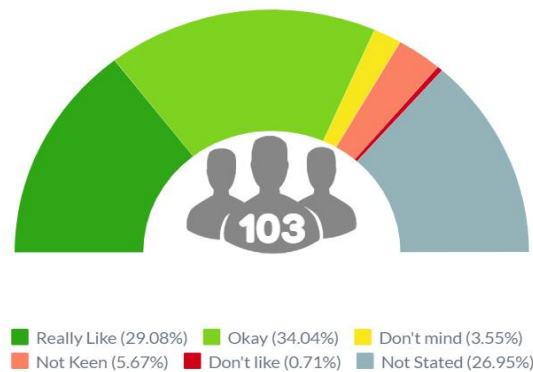
38 participants provided further ideas on what the Partnership's values should include. Many responses mentioned honesty as a value they would like to see included as well as understanding or nurturing. Other responses mentioned integration, inspiring, equity and accountability as values that the Partnership should include:



Principles

Participants were asked: What do you think of the Partnership's current principles?

103 respondents answered this question (38 chose to skip), with most holding a positive view of the Partnership's current principles (63%).



Participants were then asked to select their top 5 principles with 64 respondents selecting 'Putting individuals, their carers and families at the centre of their own wellbeing and care', followed by 50 selecting 'Recognising the importance of encouraging independence by focusing on reablement, rehabilitation and recovery'. 45 chose 'People will be treated as equals and assets and strengths built upon', 44 chose 'Encouraging continuous improvement by supporting and developing our workforce' and 43 opted for 'Providing timely access to services, based on assessed need and best use of available resources' as their top principles. A full breakdown of responses is included below:

From the list of potential principles below, please choose your top five:



Participants were asked: Do you have any other ideas on what the Partnership's principles should be?

24 participants provided further ideas on what the Partnership's principles should include. Responses mentioned supporting and protecting vulnerable people, promoting inclusion, valuing professionals and ensuring services are accessible. Other responses also mentioned a community-led focus and visibility within the community.

"To be visible within the community, everyone should know how and when to contact each service and what that service provides. "

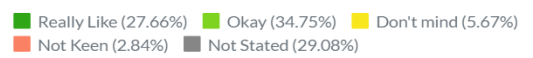
"Services will be clearly sign-posted for easy access to all service users, they will be ready to help when needed. Good health will be promoted from birth, with all life events and needs taken care of in a practical way with sensible solutions for all people living good lives within our communities."

"potentially something about protecting and supporting the most vulnerable in our society to ensure they feel included and listened to"

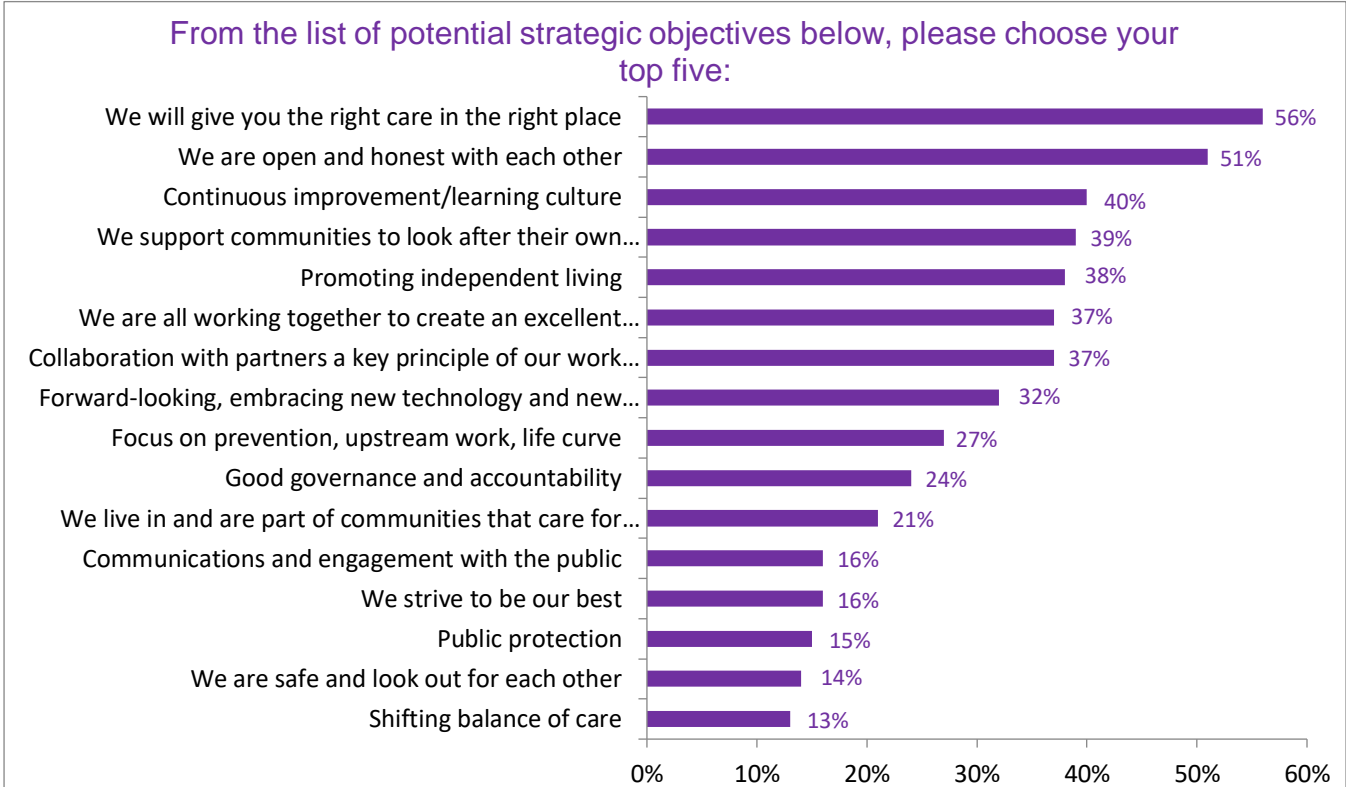
Strategic Objectives

Participants were asked: **What do you think of the Partnership’s current strategic objectives?**

100 respondents answered this question (41 chose to skip), with most holding a positive view of the partnership’s current strategic objectives (62%).



Participants were then asked to select their top five strategic objectives with 56 respondents selecting ‘We will give you the right care in the right place’, followed closely by ‘We are open and honest with each other’ (chosen by 51). 40 opted for ‘Continuous improvement/learning culture’, 39 selected ‘We support communities to look after their own health and wellbeing’ and 38 opted for ‘Promoting independent living’. 37 respondents selected both ‘Collaboration with partners a key principle of our work (i.e. third and independent sector)’ and ‘We are all working together to create an excellent range of care and support’. A full breakdown of responses is included below:



Participants were asked: Do you have any other ideas on what the Partnership's strategic objectives should be?

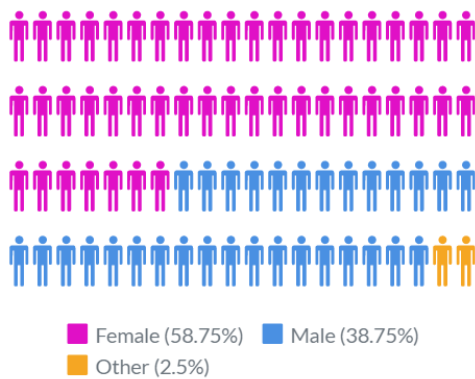
22 participants provided further ideas on what the Partnership's strategic objectives should include. Responses included objectives relating to improved communication, building community-based supports and providing accessible, person-centred care.



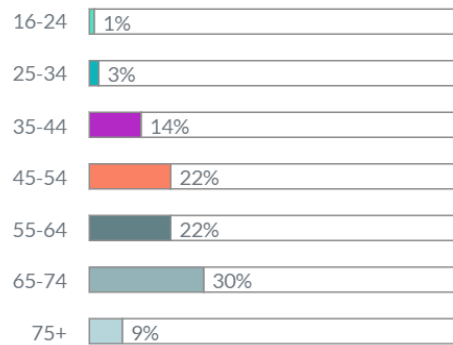
Online Survey

247 individuals took part in the **formal consultation survey**, the demographics of respondents were as follows:

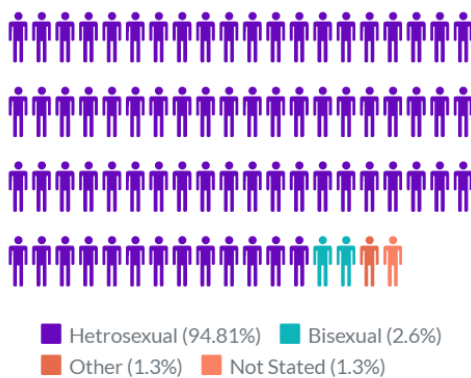
Gender



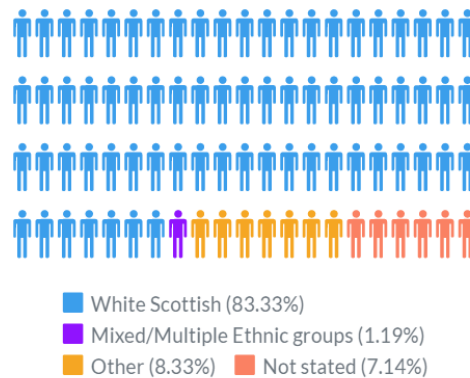
Age



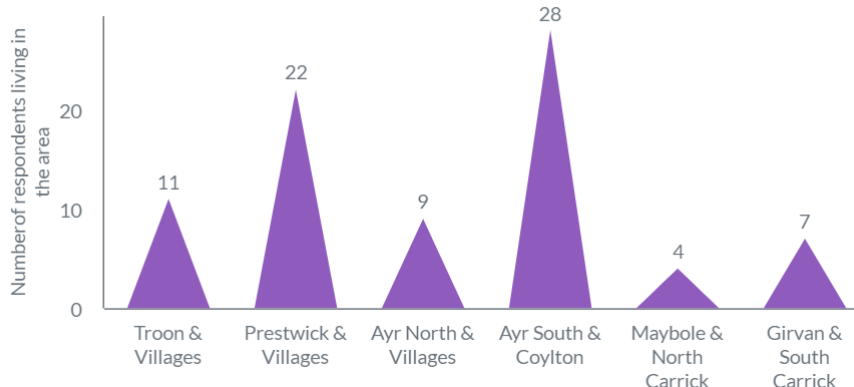
Sexual Orientation



Ethnicity

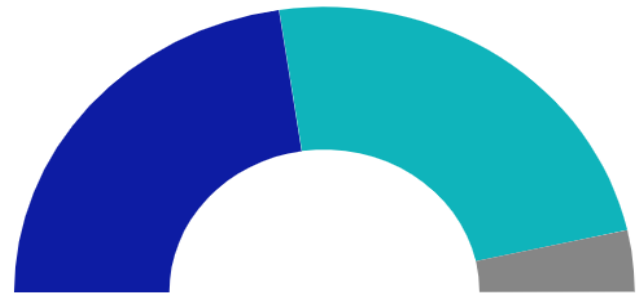


Locality



Of those who answered the demographic questions, the majority were female (59%) and aged between 65-74 years (30%), this reflects similar demographics found in the early engagement surveys with young adults being the least engaged with participating in the survey. Most participants identified themselves as heterosexual (95%) and White Scottish (83%). The majority of respondents resided in the Ayr South & Coylton and Prestwick & Villages localities. Maybole & Carrick was the least represented locality in this survey with only 4 respondents advising they were from this area.

39 participants advised that they had a health problem or disability that has lasted, or is expected to last, at least 12 months. 41 advised they did not and 6 preferred not to answer (161 skipped this question).



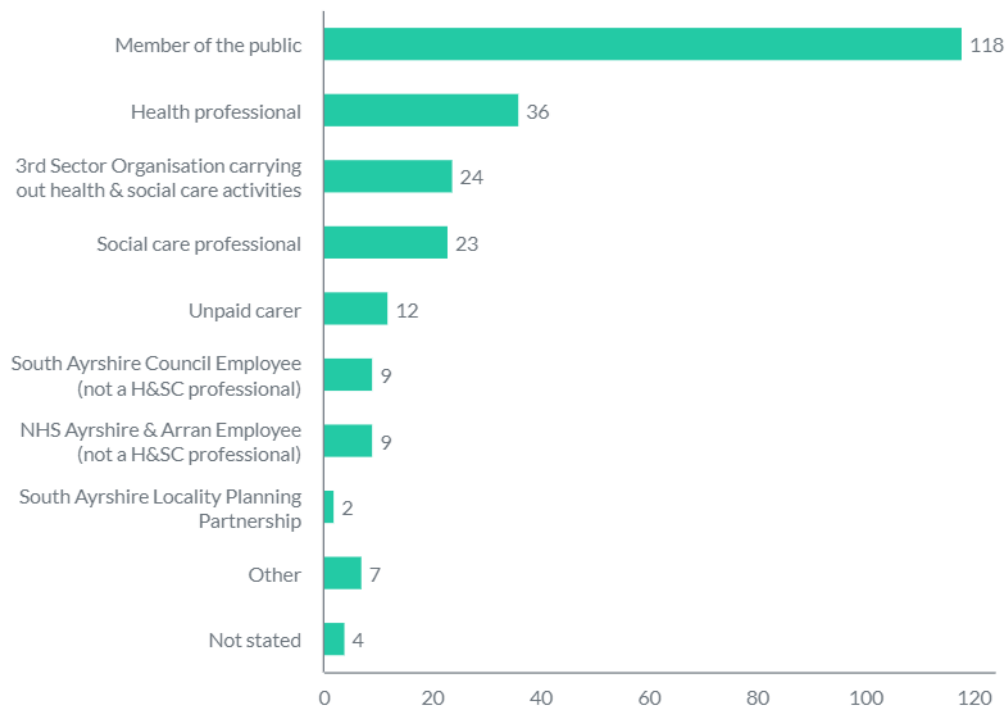
- Long-term health condition (45.35%)
- No long-term health conditions (47.67%)
- Not stated (6.98%)



236 individuals advised whether they used health and social care services in South Ayrshire with 61% saying yes and 39% saying no.

The majority of respondents in this survey were members of the public who use health and social care services in South Ayrshire (48%), with South Ayrshire health and social care professionals also accounting for 24% of participants in total. A full breakdown of survey participant's interest in health and social care in South Ayrshire is available below:

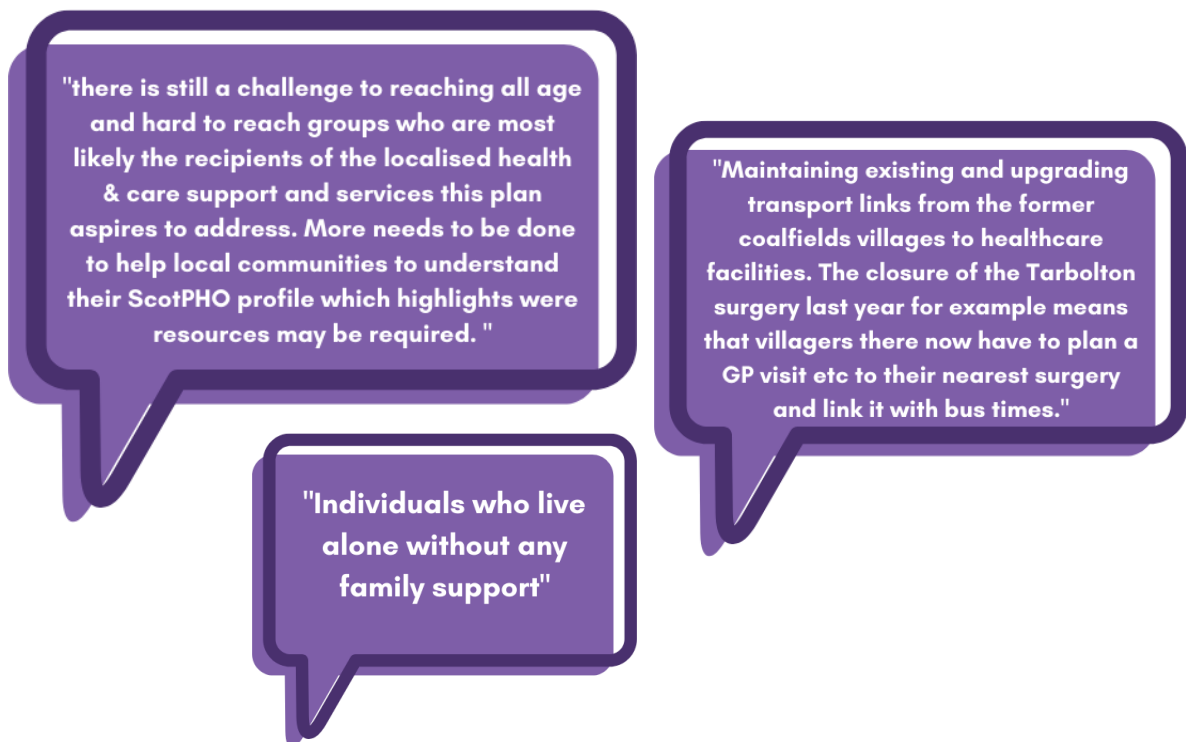
Interest in South Ayrshire Health & Social Care



Considerations, Challenges and Opportunities

Question 3 asked: What other considerations do we need to take account of to inform our Strategic Plan? In particular, is there any local evidence we should base our plans around (e.g. from your locality planning area)?

72 participants provided responses to this question, with many highlighting a need for more community services, particularly in areas where the population is increasing. Other considerations included transport and access to services in rural areas (particularly in the Coalfield Communities), COVID-19 developments over the coming months and mental health demands that will have increase during COVID-19.



Question 4 asked: Do you know of other challenges or opportunities we need to consider in our Strategic Plan?

125 respondents answered this question with 38% answering yes and 62% answering no.



Of those who answered yes, the majority highlighted current challenges in accessing services and the opportunity to build on community resources and increase/improve facilities. Respondents again highlighted mental health and COVID-19 as areas of consideration as well as person centred care, services for the elderly and opportunities for joined-up working.



Communication and Engagement

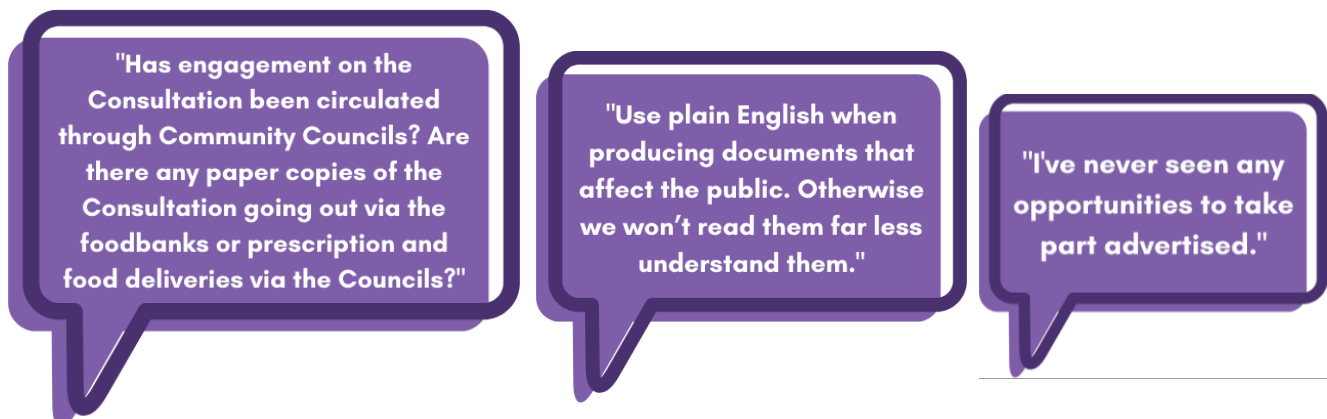
119 respondents answered on how well the HSCP engages with their community and partners, with the majority (57) 'not sure'. Overall, 27% of respondents had a positive view of HSCP engagement with community and partners whereas 25% had a poorer view of engagement.



Very well (3.36%) Quite well (23.53%) Not sure (47.9%)
Quite poorly (21.01%) Very poorly (4.2%)

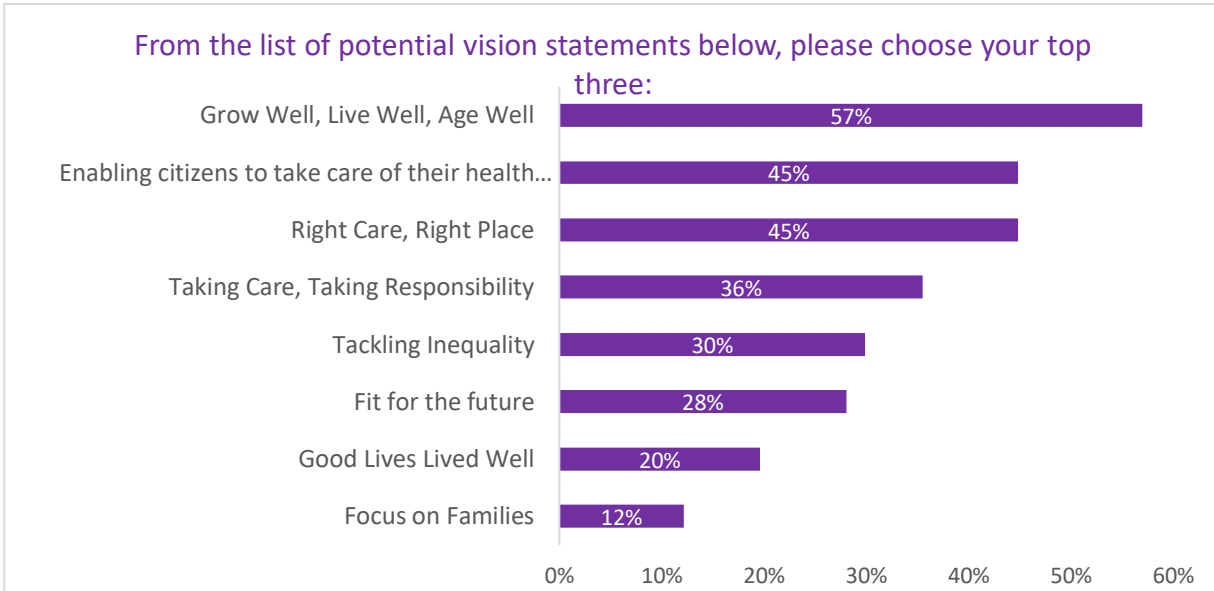
81 participants shared their views on how the HSCP can build on engagement and improve communication with the community and partners. Several respondents suggested a targeted approach towards specific groups is required, such as service users, local community groups, schools and community councils. Other responses emphasised the importance of using online methods to communicate and engage, particularly throughout the pandemic, and were open to engaging and communicating with the HSCP through social media.

Some respondents stated that language used by the HSCP is difficult to understand, limiting engagement and preventing the general public identifying with key messages. Respondents also felt that the HSCP should reach out more to communities and partners when carrying out engagement events.

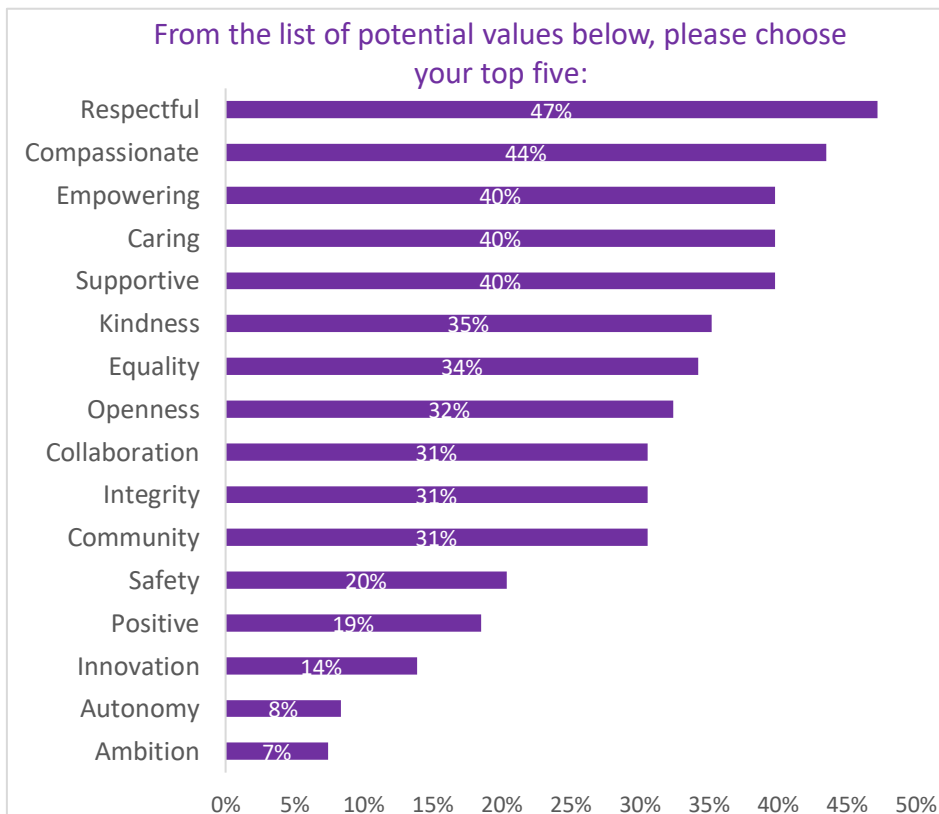


Vision, Values and Principles

107 participants selected their top three vision statements with the majority of respondents preferring Grow Well, Live Well, Age Well (61), Enabling citizens to take care of their health and wellbeing (48) and Right Care, Right Place (48). A full breakdown of choices is provided below:



108 participants selected their top 5 values with 'Respectful' chosen by 51 respondents as the most popular value, followed by 'Compassionate' which was chosen by 47. 'Empowering', 'Caring' and 'Supportive' were also favoured by participants. A full breakdown of choices is provided below:



108 participants selected their top five principles with 'Providing joined up services to improve quality of lives' chosen by 75 respondents as the most popular principle, followed by 'Putting individuals, their carers and families at the centre of their own care' (chosen by 56), 'Providing timely access to service, based on assessed need and best use of available resources' (chosen by 54), 'Bureaucracy will be the minimum it needs to be' (chosen by 54) and 'Services respect the rights of service-users and takes account of their dignity' (chosen by 51). A full breakdown of choices is provided below:



The majority of respondents who provided additional comment in this section wanted to see the vision, values and principles reflect person-centred care, encouraging people's strengths and supporting access to the right care when needed. Participants were positive about the options presented overall and were hopeful that the HSCP would be able to deliver on the chosen vision statement, values and principles.

Several participants felt that the language used in these areas was aimed to HSCP professionals and difficult to understand, calling for less jargon to be used throughout the Plan. Other respondents felt that focus on families would exclude those in South Ayrshire who live alone or do not have any family support.

"Need to ensure the words used are in Plain English and not too 'strategic' - understand 'The system will be outcome focused etc' but is perhaps too much like strategic jargon"

"Emphasis should not be on families as that will exclude older people and those young & middle aged who live alone/with social groups"

"if they are implemented it shall be ambitious."

The 'Deal' and Strategic Priorities

Question 11 asked: What is your view on the 'Deal' and what part can you play in making this a reality? Are there any particular engagement approaches (e.g. a citizens' panel) would you like the HSCP to use to further develop the 'deal'?

The majority of respondents were keen on the idea of a citizens' panel, with many suggesting that this would need to be diverse and representative of different communities and ages groups. Some respondents were aware of the 'Deal'; however, others reported they were unable to access this information to provide comment.

"I like the idea of community engagement through "citizen panels" and feel there could be an array of fixed and transitional panels."

"A panel that comprises of both sides, those that use the service as well as service providers. This may allow for an understanding from both sides of what is required and what is practicable"

"Citizens need to take more responsibility for their own health and wellbeing in any deal so any comms needs to drill that home"

Question 12 asked: We have identified 7 strategic priorities we want to achieve by 2031. Do you think these are the right strategic priorities for South Ayrshire?

81 responded to this question (166 chose to skip), with 75% answering yes and 25% answering no.



Most respondents agreed that the identified strategic priorities were right for South Ayrshire, some commented that the priorities are suitable currently but queried whether these will evolve over the next 10 years, particularly during the COVID-19 recovery period.

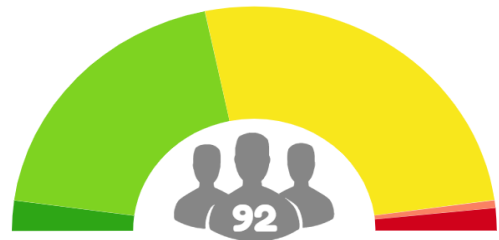
Other priorities respondents wanted to see more focus on addiction services, housing and learning disability services – in particular the use of self-direct support and day services in this area.

13 out of 50 respondents who provided additional comment advised they had been unable to access the strategic priorities.



Question 13 asked: Do you agree that the Delivery Actions will support us to achieve our Strategic Priorities?

92 respondents answered this question (155 chose to skip). Overall 44% of respondents agreed that the Delivery Actions would support the achievement of the Strategic Priorities, and 4% disagreed.



Strongly agree (4.35%) Agree (39.13%)
Neither agree nor disagree (52.17%) Disagree (1.09%)
Strongly disagree (3.26%)

43 participants provided comment on further actions to consider, this included similar feedback to other sections of the consultation such as using simpler language to ensure understanding of action and working collaboratively with communities and other partners.



Finances and Resources

Question 15 asked: Do you have an awareness of how we target our finances?

94 respondents answered this question with the majority (73 participants) advising that they do not have an awareness of how finances are targeted.



Of the 21 who answered 'yes', many commented that they do not feel that finances are spent appropriately and desire a needs / evidence-based approach that is clear and transparent.

Question 16 asked: What other resources are available to us? e.g. local or national initiatives, funds, community assets)

Government, National and Project Funding were highlighted as possible resources available to the HSCP, respondents all mentioned Windfarm Funding and Participatory Budgeting events would be of benefit locally. Local initiatives mentioned in this section included: Mary's Wheels, Ayr and Ailsa Hospital's Green Gym and an over 50's walking football group that has been established in South Ayrshire.

Third Sector and Religious organisations were also mentioned as available resources within South Ayrshire.

Assessing Progress

Question 17 asked: Is there other local data or evidence that we should include when assessing our progress?

Most responses to this question supported regular service user feedback being key to assessing progress. Data sharing between services and other agencies was also seen as vital to measuring progress across South Ayrshire with Third Sector agencies and Community Planning Partners specifically mentioned.



Workshops

VASA Workshop

36 individuals attended the VASA Workshop on the 1 March 2021. Attendees for this session came from third sector organisations and community groups providing services across South Ayrshire.


Thoughts on the Strategic Plan Draft:

There were several positive responses to the Strategic Plan Draft with respondents calling the Plan “ambitious” and “hopeful”. Many commented on the increased focus on Third sector engagement and were pleased to see that the Plan acknowledges the role of Third Sector organisations in South Ayrshire.


Some respondents raised questions around delivery of the Plan and how progress will be measured, whilst others felt that the document was too long and used too much jargon that would not be understood by the general public.



"Huge improvement on the previous plan"




"Pleased to see emphasis on engagement with Third Sector."



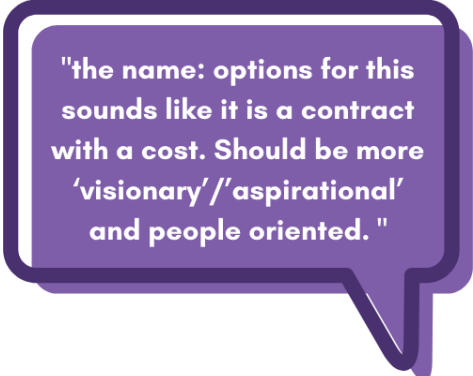
"Very jargony, what's the thinking behind the jargon?"

Question 1 asked: What is your view on the 'Deal'?

Many participants responded positively to the 'Deal', advising it was “ambitious” and “inspirational”, and viewed it as a mechanism for empowering communities. Respondents suggested that the 'Deal' needs to have strong local representation and should be aimed at staff as well as communities. Questions were also raised around measuring success of the 'Deal' and whether 'Deal' was an appropriate name, with some respondents suggesting using a more “people oriented” term.



"should change how we work platform to move from 'doing to' to 'working with' people"



"the name: options for this sounds like it is a contract with a cost. Should be more 'visionary'/'aspirational' and people oriented. "



"Ambitious & aspires to be community led, we just need to ensure we have the local independent community champions (advocates) to amplify local voices in terms of directing implementation"

Question 2 asked: What part can your organisation play in making this a reality?

There was an overall theme in the responses that organisations partner with one another to make the 'Deal' a reality and support local implementation. Respondents advised they would recognise and value good local partnerships, signpost within the community and engage clients as much as possible. A selection of direct responses:



Question 3 asked: Are there any particular engagement approaches (e.g. a citizens' panel) you would like the HSCP to use to further develop the 'deal'?

Respondents advised that a mixed range of approaches would be most effective, including online engagement, staff engagement, group discussions and one to one conversations. Other suggestions were to work with voluntary organisations to reach vulnerable groups and dedicated outreach to those without internet access. Participants responded well to the idea of a diverse Citizens' Panel and suggested creating Learning Disability and Mental Health forums.



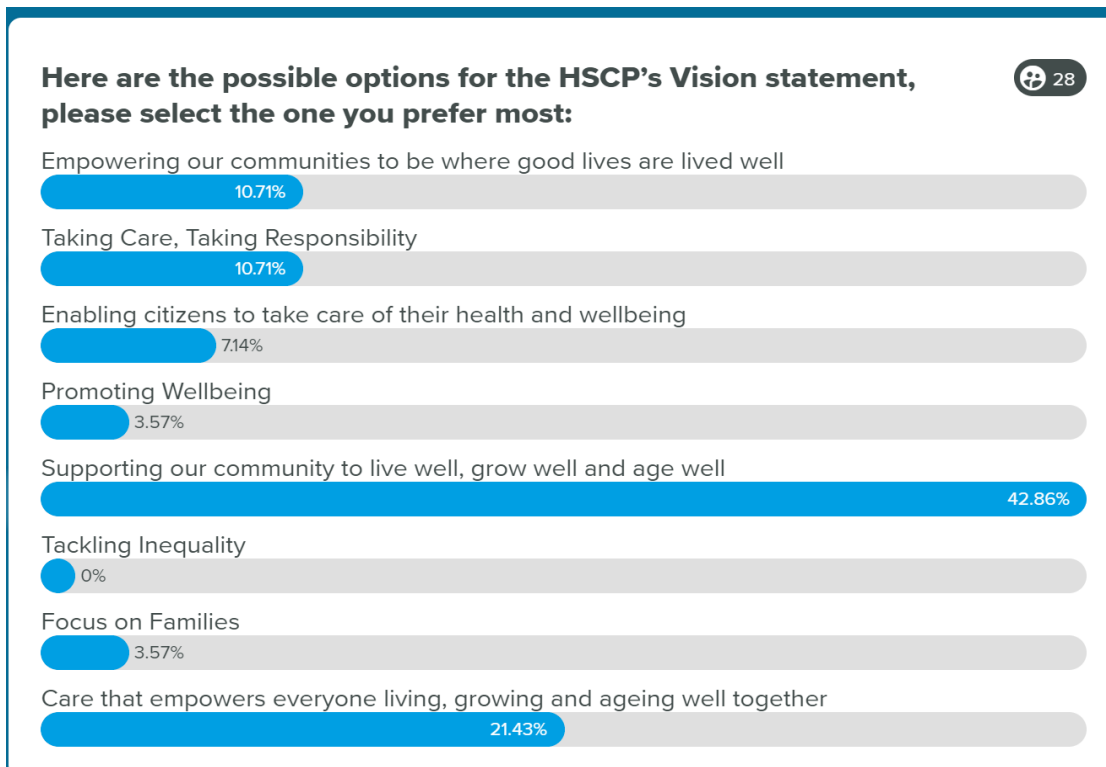
Question 4 asked: What is your view on the draft Concordat between HSCP and VASA?

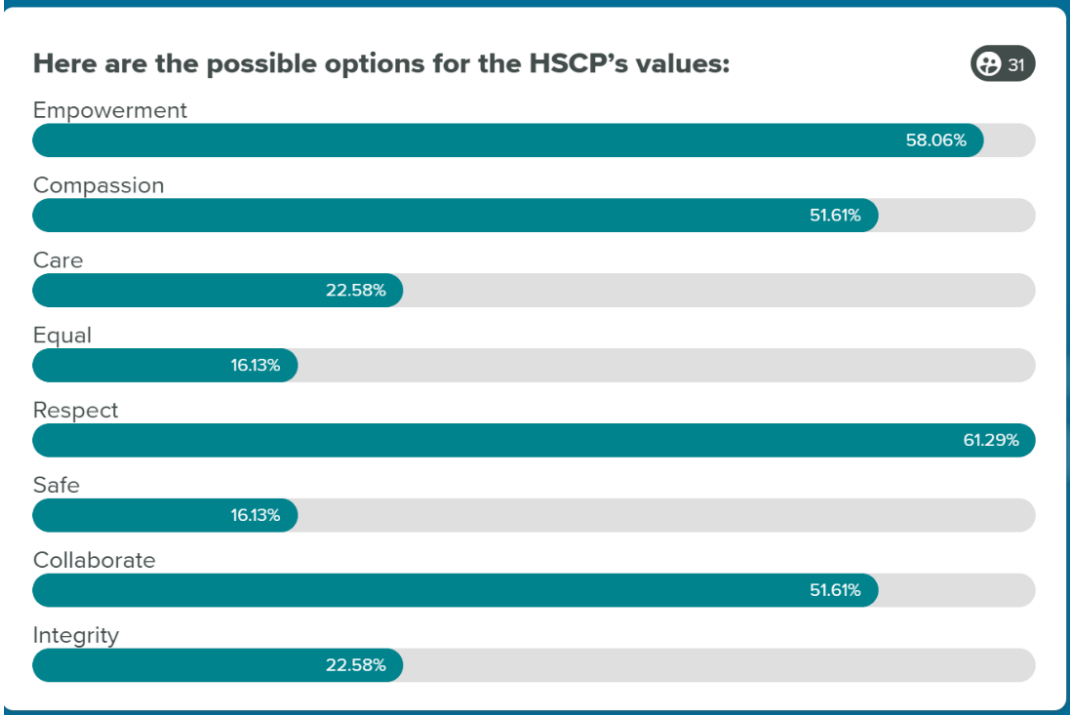
There were several positive responses to the Concordat, with respondents advising that it is a “great start” and a “strong vision” that demonstrates how both VASA and the HSCP can come together to influence change. Others viewed the Concordat as “essential” and made the organisations equal partners, where as some questioned whether South Ayrshire Council should also be included in this.

There were also several respondents who felt that the Concordat was not needed and questioned the terminology, viewing this as “outdated”.



VASA asked participants to select their preferred Vision Statement and Values via poll:





VASA asked participants to sum up the event in one word, represented by the Word Cloud below:



ADP Recovery Group

A Focus Group was held on Friday 5 March 2021 for people in recovery supported by the Alcohol and Drug Partnership (ADP). 12 individuals, including group attendees and support practitioners, participated in the group.

Question 1 asked: What do you think of the Strategic Plan?

There were many responses to this question relating to access to services, with the group looking to see better links between both different services and other local authorities to break down barriers those with addictions face. Participants advised that they would like to see further information on navigating services, social prescribing and for details on progress and lessons learned from the previous Strategy.

"People face difficulties in the first few days following liberation, including having to visit/call several services. This can have a negative impact on their recovery. Are services being linked up to improve this?"

"Would like to see Children & Families working closer with Addiction Services. Families fear asking for support due to consequences"

"Links/communication with other local authorities to be clearer/strengthened."

Question 2 asked: What do you think of the priorities identified by Alcohol and Drug Services?

Members of the group advised that they would like to see Adverse Childhood Experiences (ACEs) and trauma mentioned in these priorities as well as tackling stigma. It was recognised by the group that joint working with housing has been identified as a priority but there was a desire for this to be expanded further to include other services. Recovery support was also identified as a priority by the group, particularly in relation to mental health and methadone programmes, and there was a desire for more focus on drug related deaths and Naloxone delivery.

"No mention of trauma or ACEs"

"Gap in support/service for people on methadone - not reducing enough for rehab but not high enough to be in trouble"

"Support for mental health and counselling... Currently, unable to access mental health services when in addiction services"

Question 3 asked: How well do you feel A&D services link in with other services?

Overall the group felt that Alcohol and Drug services work well with each other and that the ADP links in well with justice services, with peer support services in particular working well. Participants felt that other services required more training and education on addiction and recovery, with Children & Families specifically mentioned by members of the group.

"ADP does a really good job but need to get other services involved and they need to proactively contact ADP"

"Peer support has been amazing. It's really difficult for people in recovery to build relationships - hard to trust, trauma, upbringing. Lived experience helps connection and should be used in other services. Lived experience is very valuable"

"So many different workers and services are involved with families - have to tell stories multiple times and not building relationships. Would be better to have one person leading"