



south ayrshire
health & social care
partnership

Integration Joint Board Strategic Plan 2021 - 2031



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Foreword

South Ayrshire Health and Social Care Partnership (HSCP) delivers a broad range of health, care and social work services across South Ayrshire. The HSCP is accountable to the Integration Joint Board (IJB) (comprising members of the council and the health board with input from carers, the people we support and our third and independent sector partners). Ultimately the HSCP is answerable to the community of South Ayrshire.



Despite the challenges and uncertainty brought by the pandemic, we have a bold ten-year ambition for South Ayrshire to improve outcomes and tackle health inequalities in the area. This strategy sets out our ambitions and the actions we will take to deliver them which we are only able to deliver on thanks to our committed and highly-skilled workforce who have shown their dedication throughout the COVID-19 pandemic.

Of course, the measures put in place to keep us safe during the COVID-19 pandemic over the last year has meant we have not been able to engage as fully as we would like with our partners and the community, and setting strategic objectives in such

uncertain times is difficult. Nevertheless, we will continue this conversation and ensure this is an ongoing process.

The HSCP depends on collaboration with the community and a range of partner organisations in the third and independent sector to deliver its objectives. Throughout this document, we

reflect national policy and the ambitions of the council and health board, mindful of the need to take a whole system approach to service delivery with the specific interests of local communities and individual families and citizens at our heart.

We have also incorporated learning from the experience of the pandemic into our plan, recognising the long-term impacts of COVID-19 on our physical and mental health, implications for the future of service delivery (e.g. ensuring digital inclusion) and to be honest about the financial and demographic challenges we face in the years to come.

Our vision for a 'Wellbeing Pledge' between the HSCP and the community is something we intend to develop further and we hope that this is just the beginning of an ongoing collaboration to improve outcomes for all.

Cllr Julie Dettbarn

Chair of Integration Joint Board

Director's Introduction

I welcome this third Strategic Plan for Integration Joint Board and look forward to leading its implementation. Whilst building on the foundations established over the first 6 years of the Partnership, this Plan is forward thinking and ambitious about the future for Health and Social Care in South Ayrshire.



To deliver on our objectives we will build further on the integrated working of our health and social care teams while strengthening our partnership working with South Ayrshire Council, NHS Ayrshire & Arran, wider Community Planning Partners and our vital third and independent sector. We aim to make the best collective use of our resources for the wellbeing of our communities.

The Plan sets out our vision for a new partnership with communities and individuals so we can work together to achieve the best possible outcomes for the people of South Ayrshire.

This Plan was developed within the particular constraints and challenges of the COVID-19 pandemic. There was much to learn from this period and much to build into our future working. Of critical importance has been collaborative working between all agencies underpinned by the way local people have supported each other in compassionate and practical ways.

It is clear though that our most valuable asset is our staff and the ongoing pandemic response demonstrated just how committed, resilient and skilled the South Ayrshire health and care workforce is. We want our staff to work in an organisation that has clear vision, principles and values; affirming and positive leadership and an optimistic culture that rewards creativity and initiative at individual, team and department level.

One consequence of the COVID-19 restrictions has been the increasing deployment of digital technology; both for providing flexible services to those we support and in enabling HSCP staff to operate in a dynamic way using a range of remote access technologies. We will want to ensure our future way of working embraces the opportunities that digital platforms provide.

Our collective ambition is for a Partnership that is founded upon strong engagement with service users and carers, driven by quality data and information and committed to continuous service improvement.


I look forward to working with you all in realising these ambitions over the new few years.

Tim Eltringham

Director of the Health and Social Care Partnership

Plan on a Page

Our Vision
Empowering communities to start well, live well and age well.



Our Values

We will be:

Empowering Compassionate Respectful Open

We will demonstrate:

Integrity Equality Ambition

Our Strategic Priorities

We focus on prevention and tackling inequality	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 help to build communities where people are safe	We are an ambitious and effective Partnership	We make a positive impact beyond the services we deliver.
	We are transparent and listen to you	

Background

South Ayrshire HSCP brings together a wide range of **community-based health, social care and social work services** in South Ayrshire. Services are provided by the HSCP or commissioned by us from another provider.

Services for all stages of life

In South Ayrshire, the HSCP delivers and commissions a broad range of services, meaning the HSCP is in contact with citizens at all stages of life. Services delegated by South Ayrshire Council and the NHS cover:

- ❖ Adults and Older People's Community Health and Care Services;
- ❖ Allied Health Professions;
- ❖ Children's Health and Care Services;
- ❖ Community Nursing; and
- ❖ Justice Services.

In practice, this means that our services work more closely together to deliver streamlined and effective support to people that need it, bringing together a range of professionals including social work, nursing and our allied health professionals.

All services are strategically driven by local and national priorities and full service details are provided within the South Ayrshire [Integration Scheme](#).

The Integration Joint Board

The Public Bodies (Joint Working) (Scotland) Act, establishing integrated health and social care partnerships on a legal footing, came into effect on 2 April 2014 and this is the third Strategic Plan of the IJB.

The HSCP is governed by the **Integration Joint Board (IJB)** – a separate legal entity in its own right which is responsible for planning and overseeing the delivery of community health, social work and social care services. The IJB is responsible for allocating the integrated revenue budget for health and social care in accordance with the objectives set out in its Strategic Plan.

The IJB includes members from NHS Ayrshire & Arran, South Ayrshire Council, representatives of the 3rd Sector, Independent Sector, staff representatives and others representing the interests of patients, service users and carers.

A ten-year vision

Our Plan aims to provide a **ten-year vision** for integrated health and social care services which sets out objectives for the HSCP and how it will use its resources to integrate services in pursuit of national and local outcomes. Given the timing of publication, many of the immediate actions and operational plans underpinning the strategy are interlinked with COVID-19 recovery and renewal and have an 18-month time frame. These are set out in the attached **Bridging Operational Plan**. Per the

legislation, the Strategic Plan will receive a statutory refresh within three years.

Continuous development of the Plan

We will revisit operational plans on an iterative in response to our changing population (and the uncertain impact of COVID-19) and to various national policy developments we anticipate over the coming year including the Scottish Government's response to the **Independent Review of Adult Social Care**.

In developing this draft Strategic Plan, we reviewed our [performance against our previous priorities](#), developed a [strategic needs assessment](#) and [locality profiles](#), considered the emerging risks and consulted with people who use our services, our partners and our staff. This helped us to clarify our vision, values and strategic objectives that are detailed in this plan.

Partnerships

The overarching aim of the HSCP is to work together with the citizens of South Ayrshire to improve health and wellbeing and support communities to be resourceful and supportive of family, friends and neighbours.

We cannot achieve this alone. We need to work with partner organisations (including the third and independent sector) to enable citizens to take control and take responsibility for their own health and wellbeing – understanding that ultimately, most people do not want to have to reach for our services. The long-term health and wellbeing of citizens will only be improved if

communities, organisations and individuals work together to take charge of the health and care needs of its citizens in South Ayrshire. *The Partnership will support you to lead healthier lifestyles while you take charge of, and responsibility, for your own physical and mental health and wellbeing.*

We are looking building a system which looks at 'care' not just as 'healthcare' and formal support services but one that encompasses and supports informal care, communities and their citizens as crucial parts of the system. We have seen how supportive and resilient communities have been during the COVID-19 pandemic and we know they are the experts of what their community needs. Our **South Ayrshire Wellbeing Pledge** sets out this ambition.

Planning in South Ayrshire

Our direct engagement and relationship with South Ayrshire communities is supported by our six Locality Planning Groups, enabling us to deliver supports and services in keeping with local need

To facilitate this, **Locality Planning arrangements are established in six areas of South Ayrshire** and these feed into our Strategic Planning Advisory Group (SPAG).

Where specialist services are managed by a 'Lead Partnership' on behalf of all three Ayrshire based Health and Social Care Partnerships, this Plan will include reference to the vision and priorities for those services. Local priorities agreed between this

Partnership and the Lead Partnership will be reflected in the respective strategic plans of both bodies (more detail on our lead partnership arrangements are provided at **Appendix 1**).

Our plan for 2031

Our Strategic Plan 2021-31 sets out **seven strategic objectives for 2031** and a **12-18 month bridging operational plan (appendix 5)** to guide the HSCP out of the pandemic. This document explains how we arrived at these objectives and how we will achieve them.



Context

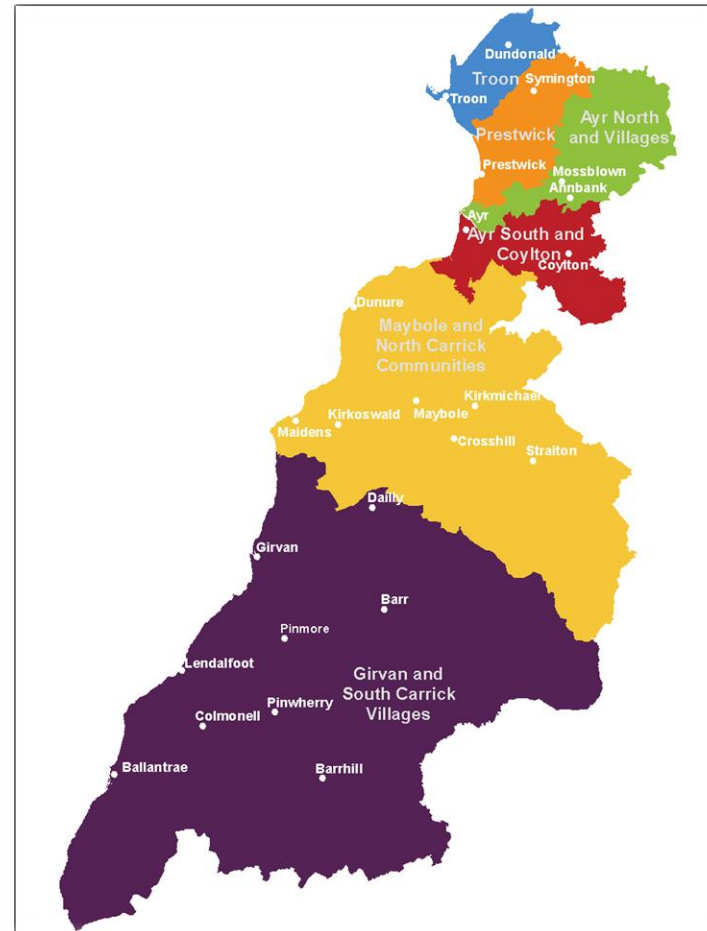
To make informed decisions about our strategic planning and commissioning, we need to fully understand our community which can be done using a range of population data as well as our own local intelligence. **From the data, it is clear that South Ayrshire faces particular challenges of inequality and community [vulnerability](#)** and we are determined to target our services at these challenges using the resources we have at our disposal.

Locality planning

South Ayrshire is split into six localities:

- Ayr North and Former Coalfield Communities
- Ayr South and Coylton
- Girvan and South Carrick Villages
- Maybole and North Carrick Villages
- Prestwick
- Troon

The purpose of planning by locality is to ensure that services are delivered in local communities according to their specific need. Locality Planning Partnerships are established in each locality with their own priorities for the local area. To support the assessment of need and decision making on local services, [profiles](#) of each locality area have been produced.



Inequalities

Each locality has its own unique strengths and assets, as well as its own challenges.

Severe deprivation continues to be concentrated around the Wallacetown, Ayr North, Lochside, Whitletts and Dalmillig areas with Girvan, Barassie, Craigie, Kincaidston, Ayr Town Centre and Maybole also suffering deprivation.

In March 2020, 6.7% of the over-16 population in Ayr North were unemployed compared to only 1.7% in Prestwick.

17.1% (19,257 people) of South Ayrshire's population live in the 20% most overall deprived datazones.

23% of South Ayrshire's children live in poverty (after housing costs)

The average life expectancy for males in Ayr North is 73.6 years compared to 80 years for males who live in Troon.

17% of South Ayrshire's mothers exclusively breastfeed compared to 31% in Scotland as a whole. The figure in Troon locality was 27% compared to 12% in Ayr North.

By reducing inequalities, deprivation and the impact of poverty, we can make a long-term improvement to the health of local people.

Ageing Population

Older people are valued members of our community and contribute so much to the care of our children and families.

South Ayrshire has a significantly higher proportion of older people than East and North Ayrshire.

We need to ensure that we are supporting people as they grow older to live as independently and as full a life as they can.

The HSCP needs to consider the population change to ensure health and care services are equipped and able to support our ageing citizens to achieve their personal outcomes as well as supporting our unpaid carers.

The dependency ratio in South Ayrshire (the ratio of people aged 0-15 and 65+ compared to those aged 16-65) was 70% in 2019 which is higher than both East and North Ayrshire (61% and 65% respectively)

In 2019, 11.7% (13,179) of South Ayrshire's population was over 75 and over. This is a higher proportion than both East and North Ayrshire (8.8% and 9.9% respectively)

Life expectancy is expected to increase from 80.4 years in 2018 to 81.2 years in 2030.

At the Scotland Census 2011, 11,709 people in South Ayrshire identified themselves as a carer. This number includes both adult and young carers.

In the 2016 South Ayrshire 1000 Quality of Life Survey, more than one quarter (28%) of respondents said that they provided unpaid care in the last 12 months

Balance of Care

“Shifting the balance of care” is an objective for all of our services and for everyone we support: from childhood to old age.

For older people's services, a key priority that received concerted effort is bringing down delayed discharges. A delayed discharge is defined by NHS Services Scotland as “a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date”.¹

Reducing delays in discharge from hospital matters for many reasons, but most importantly it is almost never an appropriate place for someone to be if they no longer need hospital care. Time spent in hospital when medically fit is an unnecessary risk to health and welfare, involving risks such as hospital acquired infection and loss of mobility.

In children's services “shifting the balance of care” is about our ambition to keep South Ayrshire's children in South Ayrshire and within Families or family-type support where ever possible. This includes reducing the number of children in secure care, reducing Outwith Authority Placements and reducing the number of formally “looked after” children.

¹ NHS National Services Scotland Delayed Discharge Definitions Manual, 2016

In 2018/19, the rate of delayed discharges in South Ayrshire (19,033 per 100,000) was more than double that of Scotland (9,595 per 100,000) as a whole.

In 2018/19, the rate of potentially preventable admissions to hospital was higher in South Ayrshire (2,515 per 100,000) than Scotland (1,689 per 100,000).

21.5% reduction in Children being formally looked after in South Ayrshire

We have shifted gone from 6 in secure care to zero; 30 in external Out With Authority Placements to 17; 40 in external Foster care to 26 between June and December 2020.

There were more emergency readmissions within 28 days per 1,000 discharges in South Ayrshire particularly in the over 75 age group than East and North Ayrshire in 2018/19.

In 2018/19, 90% of people over 75 years spent 90% of their last 6 months of life at home or in a community setting. This is slightly lower than the national figure of 92% and varies across locality areas.

In 2018/19, 22% of people were prescribed medication for anxiety, depression or psychosis (ADP) in South Ayrshire which is higher than the Scottish average of 19%.

In 2018/19, 27% of people in Ayr North and Former Coalfield Locality were prescribed medication for ADP compared with 19% of people in the Troon Locality

In 2018/19, the rate of alcohol-related hospital admissions in Ayr North (1,488 per 100,000) was nearly double that in Ayr South (738 per 100,000)

Mental Health and Wellbeing

Mental wellbeing has close ties with people's lifestyles and behaviours. Financial security, employment and location are influences that often have a bearing on these choices. Issues can develop when alcohol, smoking or drug use shape lives.

The COVID-19 pandemic has impacted on people's mental health and wellbeing. Evidence is increasing that the COVID-19 pandemic has affected the mental health of sections of the population differently, depending on their circumstances. The pandemic seems to have widened mental health inequalities, with the groups that had the poorest mental health pre-crisis also having had the largest deterioration in mental health during lockdown.²

Findings from a survey carried out in September 2020 highlighted that 49% of the Scottish population had felt anxious or worried in the previous two weeks. Nearly one in five (18%)

² Mental Health Foundation Scotland *Coronavirus. The divergence of mental health experiences during the pandemic* July 2020

people felt hopeless, whilst 12% stated that they had been panicked in the previous two weeks.³

A national study published in *The Lancet* in October 2020 found that being young, a woman, and living with children, especially preschool age children, have had a particularly strong influence on the extent to which mental distress increased under the conditions of the pandemic.⁴

Public Protection

The safety of South Ayrshire's citizens is fundamental to the work of the HSCP and its partners. During the COVID-19 pandemic, services have paid particular attention to the safety of people in our communities.

[South Ayrshire Child Protection Committee](#) and [South Ayrshire Adult Protection Committee](#) are the local strategic planning partnerships responsible for delivering continuous improvement in protecting children and adults at risk in South Ayrshire.

[South Ayrshire Violence Against Women Partnership](#) is committed to addressing violence against women and to offering appropriate, high quality services to women and children.

At 31 July 2019, the number of children on the Child Protection Register in South Ayrshire was 37 which has reduced from 44 at the same date in 2018.

The number of referrals for Adult Support and Protection increased in 2019/20 to 1,151 from 955 in 2018/19. The majority of referrals consistently come from Police Scotland.

The crime rate varies greatly across South Ayrshire. In 2018/19, the crime rate per 1,000 population in Ayr North was 77.2 compared to the lowest rate in Maybole of 25.4.

³ Mental Health Foundation Scotland *COVID-19 Scotland Wave 7: Key Findings*, 27th August – 3rd September 2020

⁴ Pierce, M et al. (2020) Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population *The Lancet*, 7 (10), 883-892

Local and National Policy Context

The HSCP operates within an evolving framework of legislation, regulations and national guidance that shape our responsibilities to the people of South Ayrshire and influence how we deliver our services.

To provide the best possible care and support to our communities, the HSCP works closely with other organisations.

As a key partner of the Community Planning Partnership (CPP), we work with other services to deliver on the [Local Outcomes Improvement Plan](#) priorities, namely:

- Supporting older people to live in good health
- Closing the poverty-related outcomes gaps

The HSCP, alongside community planning partners, work together to achieve the strategic priorities set in the [Children's Services Plan 2020-2023](#).



The HSCP is a key partner of Community Justice Ayrshire which works to jointly plan and deliver improved outcomes for people within the justice system, their families and victims. Community Justice



Ayrshire do this by delivering the Community Justice Outcomes Improvement Plan, [Beginnings, Belonging, Belief](#), which sets out our shared commitments for Ayrshire and outlines the work we are taking forward.



The HSCP is a key partner in South Ayrshire Alcohol and Drugs Partnership (ADP). We will support the ADP in delivery of the South Ayrshire Alcohol and Drug Strategy 2020 – 2024 to ensure *'Individuals, families and communities are able to*

build on their strengths and assets to help reduce the impact of alcohol and drugs on the population of South Ayrshire.'

To deliver on the commitment in the [South Ayrshire Council Plan 2018-2022](#) for people to *Grow Well, Live Well, Age Well*, the HSCP works alongside Council colleagues to improve outcomes of people living in South Ayrshire.



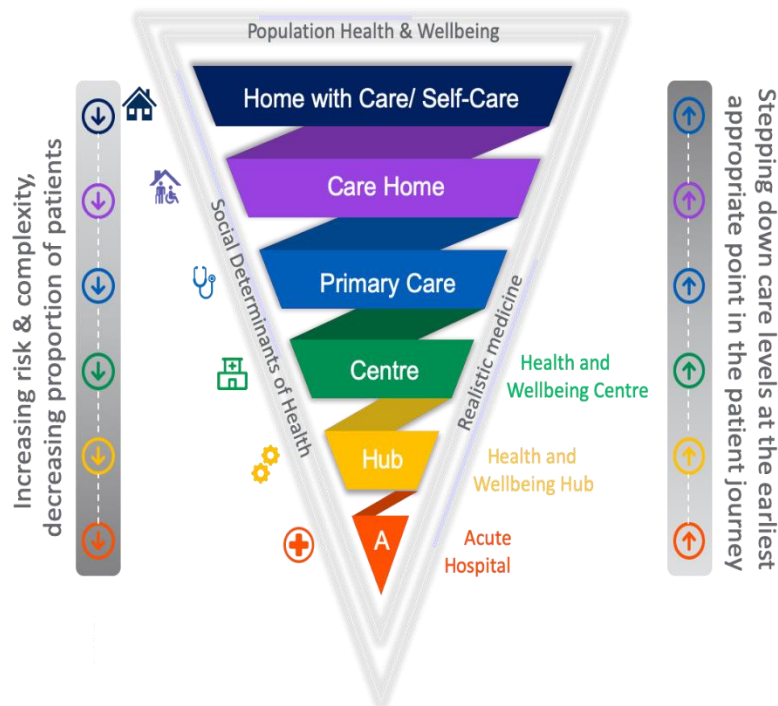
[Caring for Ayrshire](#) is the strategic transformation programme that will build on developing an integrated health and care service model.

This model will look at all aspects of health and care from birth, to end of life, with citizens being at the heart of the proposals ensuring our future services consider the changing

population demographics (e.g. ageing population and increasing inequalities, particularly as a result of poverty) and the other key drivers as outlined within this document that impact on service needs (as shown below).

Services within the HSCP have also developed their own strategies to deliver on the strategic priorities of the current Strategic Plan and can be found [here](#).

Figure 1: Caring for Ayrshire model



Adult Learning Disability Strategy 2017-2023	Adult Community Mental Health Strategy 2017-2022	Corporate Parenting Plan 2018-2021
Dementia Strategy 2018-2023	Workforce Plan 2019-2022	Adult Carers Strategy 2019-2024
Social Isolation Strategy 2019-2027	Sexual Exploitation Strategy 2020-2025	Digital Strategy 2020-2023

Underpinning the delivery of these strategies, is the [Shared Ayrshire Equality Outcomes](#). Partners across Ayrshire work collaboratively towards the achievement of four equality outcomes whilst complying with the [Public Sector Equality Duty](#) in line with the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012.

The HSCP must be flexible and responsive to national priorities and ensure alignment to the [National Performance Framework](#).



[Protecting Scotland - Renewing Scotland](#), published in September 2020, sets out the Programme for Government and recognises the priority will be to address the impact of COVID-19 on our health, economy and society. The Programme for Government commits to:

- a national mission to create new jobs, good jobs and green jobs;
- promoting lifelong health and wellbeing; and
- promoting equality and helping our young people fulfil their potential.

The strategic objectives of the HSCP need to be consistent with Scotland's [Public Health Priorities](#). The six Public Health Priorities are inter-related and reflect the complexity of Scotland's health challenges. The HSCP, as a key partner in the CPP, plays an important role in achieving the Public Health Priorities:



1. A Scotland where we live in vibrant, healthy and safe places and communities
2. A Scotland where we flourish in our early years
3. A Scotland where we have good mental wellbeing

4. A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all
6. A Scotland where we eat well, have a healthy weight and are physically active

The implementation of The Independent Care Review, [The Promise](#), will be a key priority for the HSCP, alongside community planning partners, over the coming years. The HSCP has ambitions to improve how to care for our most vulnerable and in-need children. The Promise requires a shift in policy, practice and culture to keep the promise made to care experienced children, young people, adults and their families by the Independent Care Review – that every child grows up loved, safe and respected, able to realise their full potential.



The [Independent Review of Adult Social Care](#) published its findings in January 2021. The review found three things that must change in order to secure better outcomes for people which are described as:

1. Shifting the paradigm
2. Strengthen the foundations
3. Redesign the system

The review also identified a need to transform the way in which we plan, commission and procure social care support as well as ensuring the voices of people with lived experience are amplified.

We will also incorporate the [Framework for Community Health and Social Care Integrated Services](#) (below) and the [Scottish Approach to Service Design](#) into our work.

Figure 2: A Framework for Community Health and Social Care Integrated Services (Scottish Government, 2019)



Challenges and Opportunities

Like Health and Social Care Partnerships across Scotland, South Ayrshire HSCP was born into a context of significant demographic and financial challenge. Some of these challenges are Scotland-wide but some are more pronounced in South Ayrshire given our particular composition and geography. The data above, combined with our own intelligence can be distilled into the following challenges and opportunities:

Nationally there remain challenges in relation to:

- The **demand** for health and care services arising from the ageing of the population
- A developing crisis in **mental health and wellbeing**, and continued increases in **suicide** and **drug-related deaths**
- **COVID-19** recovery and response as well as the long-term impacts on our mental and physical health
- The constraints associated with **limitations of finance**
- The concerns matching **workforce** supply with increasing demand in health and care disciplines
- Long-standing **ICT** issues particularly with non-integrated systems within health and between health, care and others
- The need to develop planning within the context of reducing carbon emissions in line with the Scottish target

The Feely Review

We are publishing this plan just as the potential implications of the Independent Review of Adult Social Care are becoming clear within the sector. Notwithstanding proposed structural reforms, the Review presents huge opportunities for the future of our services and creates a welcome policy focus on social care.

Locally there remains challenges in relation to:

- South Ayrshire's **dependency ratio** is the highest in Scotland and heightens the challenges set out above regarding service demand, limitations of finance and workforce supply
- There are challenges associated with the current NHS **estate and ICT** infrastructure as more advanced service models emerge
- There are barriers relating to **digital exclusion** that must be overcome for us to truly modernise services

However, there are very real **opportunities** and profound **grounds for optimism** in a variety of ways:

- Our committed and dedicated **workforce** and our resilient and engaged **community**.
- The **partnership with third, independent and community sectors** has been further strengthened through the COVID-19 period and there are great examples of integrated working.

This commitment is demonstrated in the ‘South Ayrshire Third Sector Interface and South Ayrshire HSCP Concordat’.

- There is a stronger, strategic plan for **investment** in the area - the Ayrshire Growth Deal - and linked to this is local strategic Green Recovery planning and Community Wealth Building.
- There are opportunities to deliver services differently with a **focus on outcomes and co-produced by people using services** as emphasised by the Independent Review of Adult Social Care and The Promise.
- The **Caring for Ayrshire** programme recognises that change is needed locally, regionally and nationally to develop health, care and wellbeing for the benefit of our communities.
- There is also **significant investment and vision** around transforming the way that we currently deliver services in both Children’s Health, Care and Justice Services and Community Health and Care Services.
- The enforced **COVID-19 challenges** have, in fact, led to large acceleration in reform in how work is appropriately delivered, such as:
 - Greater use of remote working for staff;
 - Greater access for patients through technology;
 - Large community-based mobilisation and self-management;
 - Less dependence on buildings; and
 - Speedy expedition of previous information sharing and other technical challenges.
- Linked to the above point, a greater focus in South Ayrshire on **partnership working**, not least in much more focused Community Planning arrangements and priority work, work in

relation to collective priorities (e.g. Public Health, Volunteering, Physical Activity) and in relation to the focus on inequality most prominently through shared working on the public health approach directed towards Wallacetown with involvement of the Violence Reduction Unit. Building on the greatly improved approach to integrated children’s services there are growing partnership relationships with Council departments such as Housing, Leisure, Community Learning and Development and Trading Standards, as examples. The Alcohol and Drug Partnership and arrangements for Public Protection are other examples.

- A clearer focus on the link between health and housing/homelessness. **Housing Contribution Statement** – the summary of which is appended – bears witness to aligned priorities and joint working.
- The partnership with local primary care providers not least that with General Practice as set out within the **Primary Care Improvement Plan** and the investments that will grow Multi-disciplinary Team working around the Practice.
- There is also, threaded throughout the above, the recognition of the **considerable local assets** that are available locally such as:
 - A local authority with wonderful natural, historical and cultural assets and a transport infrastructure allowing good connection to the West of Scotland
 - Citizens who are willing to play their part in supporting the flourishing of the area and great examples of volunteering across life stages and in all communities

- Momentum at local levels manifest in compassionate local working and activism

For these compelling and other reasons, there is an optimistic, albeit realistic, outlook in which this strategic plan is being developed.

Listening to You

What we did

In preparing this Plan, we would like to have met with as many of you as possible as well as visiting community groups and provider organisations. Unfortunately, the COVID-19 pandemic prevented us from doing that so we had to be innovative in our methods. We are very grateful for the support we received from our partners to do this, particularly VASA (Voluntary Action South Ayrshire).

This Strategic Plan has been developed by engaging and consulting with our staff, partners and the communities we serve. This feedback along with the responses from our survey questionnaire, Strategic Needs Assessment and locality profiles has given us an understanding of local perspective and things that matter to people. The process of engagement led to revising and re-drafting of the plan to fully reflect what staff, our partners and communities were telling us. We believe that the plan is now much richer, thanks to the very many helpful contributions throughout the development process.

We will continue to seek out the voices of local people when reviewing and updating this Plan.

Our initial engagement exercise began in August 2020. A number of methods were used to engage with stakeholders to inform the development of the new Strategic Plan 2021.

These included:

- Engagement with Locality Planning Partnerships
- Online surveys - 'What Matters to You?'
- Online workshops
- Telephone conversations with targeted individuals (through VASA and South Ayrshire Carers Centre)

We developed a survey to find out what matters to you in terms of health and social care. The survey was targeted at the public and communities, the third sector and provider organisations and children and young people. The survey was shared with all of our internal and external networks and promoted on social media.

This exercise was also supported by VASA who hosted two stakeholder forums in October 2020: one for providers of services for children and young people and the other for all providers and community organisations. 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.

Of the three surveys, 105 individuals took part in the public and communities survey, 17 individuals / organisations took part in the third and independent sector survey and 20 individuals took part in the children and young people survey.

What we heard from the public, children and young people and people who use our services

When 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 feel there are some barriers to this at present which need to be addressed.

Availability of relevant information, advice and resources, in a variety of clear and accessible formats was recognised as being important.

Children and young people highlighted the importance of timely and locally available support as well as good communication and feeling listened to.

You told us you would like:

*Open and honest communication.
Availability of services at the right time.
Person centred not service centred.*

Being listened to without being rushed, empathy for the concerns we express about our health concerns.

Over half of respondents (54%) have had a **good experience of health and social care services**. Many positive experiences of a variety of services were shared including primary care, social work and mental health services. Children and young

people shared good experiences of services and emphasised how staff were there when they needed the service.

You told us:

I feel that people in rural areas don’t get enough of a support network.

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

Of those respondents (57%) who had a **bad experience of health and social care services**, concerns were raised around poor communication and delays in the decision-making process, inadequate referral routes and not being listened to. Children and young people highlighted concerns around inconsistent support, not getting adequate time with the staff members supporting them and waiting times for children’s mental services.

You told us:

The lack of choice of carer companies and lack of availability for certain time slots for our father would be our only criticism.

Constantly not listening, having meetings, making promises that are not kept.

Children and young people were asked what **two things could improve the way the HSCP supports young people in South Ayrshire**. Suggested improvements include better support within schools, wider referral criteria and availability of community and family supports.

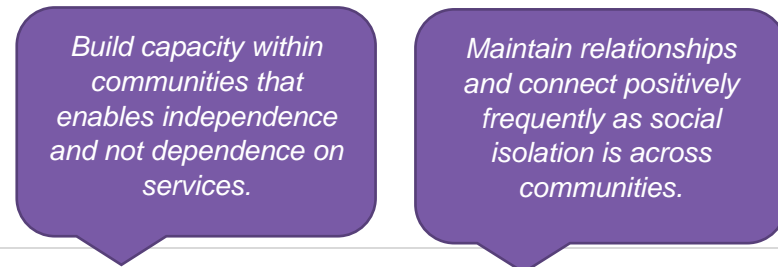
You told us you would like:



What we heard from the third sector and provider organisations

Supporting people with their health and wellbeing matters to the third and independent sector. Organisations felt that reducing the barriers to accessing support is crucial as well as building relationships and collaborating with partners.

You told us it is important to your organisation to:



The third sector and providers made suggestions of what could be built on and what requires to change to improve health and wellbeing outcomes for people of South Ayrshire.



What we are hearing from staff

We carried out an engagement exercise with staff to hear views across the HSCP on the Strategic Plan, in particular seeking their input to our vision and values. It is vital that our staff body – despite having different employers – can work as one cohesive organisation with a set of values we are all bought into.

Formal consultation

The formal consultation of the draft Strategic Plan took place from **29 January to 28 February 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
- Engagement with Community Planning Partners
- Focus group with people in recovery

There were **247 responses to the online survey** with nearly half (48%) from members of the public.

A quarter of respondents feel that the HSCP engages poorly with communities. Suggestions to build on our engagement so far include listening to people who use services, engaging face-to-face (when possible), using a variety of communication methods and the use of a citizen's panel.

Three quarters of respondents agree that the strategic objectives we have identified are the right ones for South Ayrshire.

In our focus group, you suggested:

HSCP services could work better with other services

Information on how to navigate services should be produced in an accessible format

Listening to people with lived experience is invaluable

Going forward

We want to build on the engagement that has already taken place and ensure that **your views are constantly shaping the way services** are delivered by the HSCP. The Independent Review of Adult Social Care and The Promise emphasise the value of shaping services with the people who use them, their families and carers.

We will ensure that we are communicating effectively with you and in a variety of accessible ways. We need you to let us know what is working and what is not working so we can make changes.

We will refresh our Communications and our Community Engagement and Participation Strategies to help guide and inform consultation activity in the future. This will provide us with a framework on how we can improve our engagement with those who do not traditionally take part and provide direction on how best we can engage with communities reflecting measures caused by the COVID-19 pandemic. In doing so, we will ensure our engagement activity is aligned closely with South Ayrshire Council and NHS Ayrshire & Arran so that you are only asked the same questions once. We will also ensure Locality Planning Partnerships are involved to engage with you at a local level.

2021 – 2031

The next section of this document looks ahead at how South Ayrshire HSCP will improve and deliver on our ambitions for 2031. We know that only a whole-system approach will improve health outcomes in South Ayrshire, prevent ill health and keep people away from having to access public services



Vision, Values, Principles and the 'South Ayrshire Wellbeing Pledge'

It is important for the HSCP to have an overarching **vision statement** and **values** and through the engagement outlined above we have arrived at the following.

Our Vision

'Empowering our communities to start well, live well and age well.'

Our Values

The following are the values to which our staff and those contracted by the HSCP, or who are stakeholders in it, will be expected to demonstrate:

We will be:

- Empowering
- Compassionate
- Respectful
- Open

We will demonstrate:

- Equality
- Integrity
- Ambition

Our Principles

We will work hard with our staff – including with our trade union representatives – and our partners to develop a full understanding of and buy-in to what these values mean for our day-to-day work. The following principles bring these values to life. The HSCP will be encouraged to work together to develop these at a service / team / staff level:

- Providing joined-up services to improve quality of lives
- Putting individuals, carers and families at the centre of their own wellbeing and care
- Providing timely access to services, based on assessed need, resources and a rights-based approach
- Bureaucracy will be the minimum it needs to be
- People will have access to good information and advice pre-crisis points
- Support and services will be co-produced – 'doing with' not 'doing to'
- Being evidence-informed and driven by continuous performance improvement

The ‘South Ayrshire Wellbeing Pledge’


While the HSCP is ultimately here to serve the public and offer high quality services, if we are to truly shift to a focus on prevention and enablement, we need to work with the community to achieve our objectives – together.

We hope a new relationship between the HSCP and the community can allow us to harness, empower and build on the amazing resilience, spirit and mutual support our communities have displayed throughout the pandemic. This will require a new relationship between the HSCP and the community.

The HSCP will make use of existing routes into the community (such as the South Ayrshire 1000 citizens panel, our locality planning groups, the Champions Board) to develop the notion of a ‘**Wellbeing Pledge**’ further and we will also explore how this can be strengthened with our **Community Planning Partners**.

We will ensure that we are engaging with and listening to people who use our services and with those who have lived experience to shape how we deliver services. We will also work with the third and independent sector and community organisations to include them in this new relationship.

The ‘Wellbeing Pledge’ was inspired by our engagement on the Strategic Plan, reflecting the notion of two parties (public services and the community) contributing to a common goal.

 south ayrshire health & social care partnership	
Our Wellbeing Pledge	
OUR PART	YOUR PART
Support families to ensure their children have the best start in life.	Help protect children and the vulnerable
Provide services around you and your family.	Take time to be supportive parents or carers.
Help communities to connect and care for each other.	Get involved in your local community.
Ensure people have the information they need to support their health and wellbeing.	Be informed about how best to address and manage your health and wellbeing.
Listen to you and support you to take control of your own care.	Make your own choices and have control over the support you need.
Support people to age well by keeping them healthy and in their home for as long as possible.	Support older relatives, friends and neighbours to be independent for as long as possible.
Give you information on how you can keep active and well.	Keep active at whatever stage of your life
Be open, honest and friendly.	Have your say and tell us if we get it right and wrong.

2031 Strategic Objectives

As set out above, we are mindful of the fast-changing landscape in which health and social care services are operating, however we want to commit to a long-term horizon for our ambitious objectives. While we expect to publish an operational update to the strategy in 2022 to incorporate a range of national policy changes 2021 and to consider the impact of the pandemic, we are setting strategic objectives that can lead us to improving outcomes over the next ten years.

These strategic objectives will drive the services provided and commissioned by the HSCP and are based on the engagement and conversations we have had with our partners and the community as well as reflecting existing commitments across the Council, the NHS and the broader Community Planning Partnership.

Our strategic objectives are:

- 1. We focus on prevention and tackling inequality**
- 2. We nurture and are part of communities that care for each other**
- 3. We work together to give you the right care in the right place**
- 4. We help to build communities where people are safe**
- 5. We are an ambitious and effective Partnership**
- 6. We are transparent and listen to you**
- 7. We make a positive impact beyond the services we deliver**

How will we get there and how will we know?

This section outlines some of the key, high-level actions we will take to achieve each of our strategic objectives, looks at how we will measure our progress against these objectives and sets out how this will relate to the South Ayrshire Wellbeing Pledge. The Strategic Objectives have a ten-year horizon to 2031, but we understand these are uncertain times in which to be planning health and social care services so we will revise our operational and financial plans to adapt to post-COVID-19 challenges and national policy (such as implementation of the Independent Review of Adult Social Care and The Promise) over the coming 12-18 months. For those reasons, we have outlined at **Appendix 5** an **18-month bridging operational plan**.

In keeping with our ambition to be truly performance-driven, we will develop a strategic performance framework.

Building on these strategic objectives and reflecting where we are as a partnership we will also be developing and publishing a range of supporting strategic documentation over the coming months including a detailed **Commissioning Plan for Adult and Older People's Services**, a revised **Adult Learning Disability Strategy for South Ayrshire** and a new **Corporate Parenting Plan**.

Underpinning much of the work we are undertaking and that will take us on the journey towards a empowering our community to start well, live well and age well are two core multidisciplinary service models: the 'team around the practice' (a material shift towards supporting people to live well in their own homes and communities with much more health and care available locally, particularly grouped around the local GP Practice) and the 'team around the school cluster'⁵.



⁵ Diagrams to follow.

Objective 1: We focus on prevention and tackling inequality

Our services will be targeted at preventative work. This of course means keeping people out of hospital, and supporting people early to prevent them reaching our services but we will also work to tackle the root causes of health inequalities, including poverty.

How will we get there?

We will work with our Community Planning Partners to tackle child poverty through South Ayrshire's Child Poverty Action Plan. We will play a key role in developing opportunities for and make significant investment in our most economically deprived communities and promote social justice. We will work with children and young people and their families to support them into being effective contributors and not engaged in offending behaviours.

We will continue our work in tackling social isolation and improving mental wellbeing, ensuring we are working closely with our partners, particularly our third sector colleagues. We will better understand and address disparity in outcomes based on protected characteristics including ethnicity and gender.

We will work with partners to keep our citizens well and promote a health improvement agenda, encouraging physical activity, enjoying greenspaces working and using the Public Health Scotland's Physical Activity Referral Standards and being a key partner in the implementation of South Ayrshire's Physical Activity and Sport Strategy.

The Family Nurse Partnership programme will work to improve pregnancy and birth outcomes, through improved prenatal behaviours; improve child health and development, through positive, responsive caregiving; and, improve economic self-sufficiency of the family, through developing a vision and plans for the future.

Measuring progress

Illustrative performance measures will include: percentage of **babies exclusively breastfed** at 6-8 weeks and **reaching developmental milestones** at 27-30 months review; **attainment of care experienced children** and young people; numbers of **children living in poverty**; percentage of people prescribed **medication for anxiety, depression or psychosis**; **Life Expectancy**; rate of **alcohol-related hospital admissions**; **falls** per 1,000 population in over 65's.

We will demonstrate our progress against the following national outcomes:

- "Our children have the best possible start in life"
- "Our young people are successful learners, confident individuals, effective contributors and responsible citizens."
- "People are able to look after and improve their own health and wellbeing and live in good health for longer."
- "Health and social care services contribute to reducing health inequalities."

The Pledge

We will invite and support our citizens to get involved in the local community activities, stay informed about how to manage their health and wellbeing, keep active and support older relatives, friends and neighbours to do so.

Objective 2: We nurture and are part of communities that care for each other

Not everyone who uses HSCP services chooses or wants to – they may even be bound by legal measures – but when we do provide support, we will ensure that the service we provide is compassionate and honest. Community resilience and the support of carers, parents, peers and social networks are fundamental to helping us improve health outcomes – it is not all about what services can deliver ‘to’ the people we support.

How will we get there?

We value and support unpaid carers in their caring role and ensure they have a voice including in the commissioning of services. We will support them to be able to take a break from caring and to look after their own health and ensure that unpaid carers are not defined by their caring role.

Building on our commitment to putting Families First, and our Whole System, Whole Family ethos, we will take a locality-based approach to supporting communities to be resilient and the HSCP being at the heart of communities supporting one another, including keeping South Ayrshire’s Children in South Ayrshire and within Families or Family type support where ever possible and offering more support to Kinship and Foster Carers. We will work with Community Planning Partners to embed our Corporate Parenting duties and implement the foundations of The Promise.

We will work with partners to build capacity within the community and, in particular, the HSCP will take a proactive approach to improving mental wellbeing across South Ayrshire. In collaboration with our Community Planning Partners, we will continue to work on place-planning to build resilient and empowered local communities.

Measuring success

Illustrative performance measures will include: percentage of carers who are supported to continue in their caring role; carers who receive a Carers Support Plan; young carers who have a Young Carers Statement; resources spent on support specifically for Carers; the increased percentage of children looked after in their local community and within families and family type care.

We will demonstrate our progress against the following national outcome:

- “People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.”

The Pledge

We invite our community to help us achieve this objective by helping to protect children and the vulnerable, being supportive parents or carers, supporting older relatives, friends and neighbours where you can, and having your say and tell the HSCP when we get it right and wrong.

Objective 3: We work together to give you the right care in the right place

This objective is about continuing to shift the balance of care, ensuring people are supported within the community where possible rather than in a hospital or institutional setting. This will improve outcomes for our citizens and help us to contribute to national policy as well as the Caring for Ayrshire vision.

How will we get there?

This will involve further promotion of independent living, self-directed support and aspirational support instilling an enablement and 'Home First' ethos promoted by our professionals (including social work and the Allied Health Professions), collaborating with the third and independent sector, service users and carers to design and commission appropriate models of service to deliver on this commitment.

This will include our comprehensive reviews of Care at Home and Learning Disability services. We will continue our focus on bringing down delayed transfers of care, ultimately to zero, in South Ayrshire with constant oversight of local performance.

We will keep South Ayrshire's Children in South Ayrshire (reducing outwith authority placements) and within Families or Family type support where ever possible

We will work with our housing colleagues to ensure that people are in housing to best meet their needs, including children and young people. In additional, we will support people to die with dignity in a place where they feel most comfortable.

Measuring success

Illustrative performance measures will include: reduction in the number of delayed discharges; reduction in Emergency Admissions to hospital; percentage of Adults supported at home who agree that they are supported to live as independently as possible; percentage of Adults with intensive needs receiving care at home; increased uptake of SDS options; proportion of people able to spend their last 6 months of life spent at home or in a community setting.

We will measure our progress against the following national outcome:

- People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

The Pledge

To support the achievement of this objective, we will invite the community and the people we support to stay informed about how best to address and manage your health and wellbeing; make your own choices and have control over your support you need; support others; and, tell us if we get it right and wrong.

Objective 4: We help to build communities where people are safe

In the community we are also committed to keeping people safe, through our public protection agenda, the services supported by the Alcohol and Drugs Partnership, our justice services and contributing to the community safety agenda, including the Violence Against Women Partnership. We will take a trauma-informed approach across these services.

How will we get there?

We will continue to work with partners to deliver a robust public protection governance and share good practice between partners. This will include refreshing all relevant policies and procedures to support national policy commitments including the incorporation of the United Nations Convention on the Rights of the Child and delivering our commitment to The Promise. The implementation of the **Signs of Safety** approach (a relationship based, strengths focused approach to working with families) and our contribution to public safety through the Community Safety Partnership and tackling violence against women in all its forms.

We will work with our third and independent sector providers, building on recent developments such as the Care Home Oversight Group to ensure quality and safety across our commissioned services as well as those we directly provide.

Our Justice team will continue to support and manage those who have offended within our communities including those who are within the Multi Agency Public Protection Arrangements with integrity and compassion. We will work with partners – particularly across the ADP – to reduce suicide rates and drug related deaths in South Ayrshire and tackle these challenges in their context of economic inequality.

Measuring success

Illustrative performance measures will include: percentage of adults supported at home who agree they felt safe; drug related deaths; Adult Protection inquiries completed within target timescales; Adult Protection investigations completed within target timescales; Child Protection Investigations resulting in Case Conference; Child Protection case conferences held within target timescales; number of children on the Child Protection Register.

We will track our progress against the following national outcomes:

- “We have improved the life chances of children, young people and families at risk”.
- “People who use health and social care services are safe from harm”.
- “Community safety and public protection”.

The Pledge

We will ask the community and the people we support to help us by doing their bit to protect children and the vulnerable; getting involved in your local community and engaging with their local community.

Objective 5: We are an ambitious and effective Partnership

While our ultimate objective is to improve outcomes for our communities, it is important that we look inwards as a HSCP to how we undertake our business and run our services effectively, driving continuous improvement and a performance culture in everything we do.

How will we get there?

We will work across the HSCP to further embed a sense of identity and cohesion, undertaking learning, development and improvement activity together. We support and nurture staff and ensure that the Partnership is an attractive organisation to work in.

Our governance and accountability processes will be highly effective and we will take an approach to performance management that drives continuous improvement. We will forge an improved strategic relationship with our trade union representatives.

We will focus on quality improvement, embedding an improvement and self-evaluation ethos across our services, working alongside our third and independent sector providers to on this journey. Our services and approach to commissioning will embrace innovation and new technology.

We will be performance driven and foster a 'performance culture' that our staff are bought into, allowing us to be evidence-informed. We will forge a strong strategic relationship with our trade union 'staff side' representatives. We will review our back-office functions, systems and implement our forward-thinking HSCP Digital Strategy.

Measuring success

We will look to develop other ways of monitoring our effectiveness as a Partnership e.g. tracking our staff satisfaction and training/development; ensuring our services, teams and individual staff are working to plans that align to our Strategic Plan; producing and using, high-quality performance reports produced by our new systems and recruitment and retention of staff.

We will measure our progress against the following national outcomes:

- "People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide".
- "Resources are used effectively and efficiently in the provision of health and social care services".

The Pledge

This is one of our more internally focused objectives but we will seek constant feedback from our community and our partners to drive improvement in the way we do our business.

Objective 6: We are transparent and listen to you

As set out in the South Ayrshire Wellbeing Pledge and the throughout this Strategic Plan, the HSCP will involve the community, the people we support, carers and our partner organisations in the shaping of our services and maintain transparency and integrity along the way.

How will we get there?

We will improve our approach to communications and engagement and be transparent about how decisions are made. This will involve constant dialogue with the community, our locality planning groups, provider forums, elected members and beyond.

We will listen to people who use our services, people who have lived experience, parents, carers and families and work to bring them into our decision-making forums, making better use of existing groups including the PING (South Ayrshire Justice Services forum), the Champions Board, the Ayrshire 1000 and, importantly our Locality Planning Groups. We are committed to working towards being an Inclusive Communication organisation ensuring we are considering the best ways of communicating with everyone in our communities.

We will be transparent about the resources available and how these are utilised to meet the strategic objectives. We will listen to complaints and compliments made by the community and learn from them.

We will publish a revised Community Engagement Strategy in 2021, building on the newly published national guidance and the National Standards for Community Engagement.

We will publish a new agreement with our third sector colleagues, setting out a new relationship based on trust and collaboration.

Measuring success

Measuring success against this will be difficult but it is vital that we get a sense of improvement in how well we are engaging with the public. We will develop measures within our engagement strategy, looking at indicators such as: Improvement Service Benchmarking data; Satisfaction with care services; Rates of engagement in public consultation.

Illustrative performance measures will include: Percentage of Adults who agree that they had a say in how their help, care or support was provided; Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.

The Pledge

We will ask our community and the people we support to play as active a role as they can in shaping our services and providing feedback on how we are doing. Engagement in existing forums and our Locality Planning Groups is a key element of this.

Objective 7: We make a positive impact beyond the services we deliver

The HSCP will be conscious of its social, economic and environmental impact as an organisation. This will inform the way we deliver and commission services and consider how we can benefit the local economy and maximise wellbeing as an anchor organisation e.g. through our contribution to the Community Wealth Building Agenda.

How will we get there?

We will build upon existing strategic partnerships to contribute constructively to the aims of our partner organisations and be proactive about these relationships.

This is an objective we will scope out further but our work will include:

- Ensuring our services and our approach to commissioning align with and support the Community Wealth Building agenda
- Making a concerted effort to understand and improve our environmental impact as an organisation supported by South Ayrshire and NHS Ayrshire and Arran
- Recognising our impact on staff (council and NHS employed) and as an anchor organisation
- Supporting broad health improvement work

Measuring success

We will play a full part in improving outcomes identified by the Community Planning Partnership; reducing the council and NHS Board's carbon budget; supporting the improvement of economic indicators, local employment rates, etc.

The Pledge

We will encourage the community to have their say in how we deliver services and what broader impact that will make.

18-month Bridging Operational Plan

The strategic objectives and supporting activity outlined above have a ten-year outlook but there is much good work underway at the moment. Our current activity is focused on COVID-19 response and recovery while continuing to provide high quality services and continue existing initiatives despite the circumstances.

We have therefore developed an **18-month bridging operational plan** (Appendix 5) to carry the HSCP through to the end of 2022 by which time our services will have developed refreshed service plans where appropriate.

Partnership-wide

At a 'corporate' level within the HSCP between now we will continue to embed our learning from COVID-19 and ensure we embed elements of good practice (e.g. better use of technology). We will also embed improved systems and review some back-office functions as well as review our approach to community engagement and our strategic relationships with our third sector partners (VASA) and our staff.

We will drive an improved sense of identity, ownership and culture within our staff body.

We will play a key role in understanding how we can improve mental wellbeing in South Ayrshire and further develop our targeted support to our most economically deprived localities.

Community Health and Care

We will continue our concerted efforts to bring down delayed transfers of care and eradicate delayed discharge. These efforts will benefit from a range of activity including:

- A comprehensive review of Care at Home
- Further rollout of multi-disciplinary teams and teams around the practice
- Implementation of our reablement service and the 'Home First' approach

Within these service areas we will also contribute to ongoing improvements to Urgent Care and Primary across Ayrshire. Day care services will be reviewed and we will continue our implementation of community-led support.

Learning Disability

We will publish a revised Adult Learning Disability Strategy by the end of 2021 and continue our innovative practice developed throughout the pandemic. Our joint work with housing will continue to grow.

Mental Health

Over the coming 18months we will enhance Mental Health Officer capacity. We will develop our extreme teams approach

to reviewing how Child and Adolescent Mental Health Services (CAMHS) are delivered across Ayrshire.

Work with others to invest in and further develop Distress Brief Intervention (DBI) in South Ayrshire.

Alcohol and Drugs

Implement a Whole Family Approach where the needs of families are considered as part of the parent's recovery journey including reducing stigma and loneliness.

Working with partners to reduce alcohol and drug related deaths. Consider earlier interventions as over 60% of people whose death was drug-related and had made contact with health services.

Implement earlier intervention supports for young people with emerging alcohol or drug-related issues.

Further joint working with housing and homelessness services.

A Learning Review will be undertaken and implementation of associated improvement activities.

Children's Care

In conjunction with the integrated Children's Services Plan, we will carry forward a range of flagship initiatives including developing teams around the school/learning community (e.g. the Belmont Cluster). We have begun to transform the way that we deliver care to our Children and Families in South Ayrshire and are ambitious to ensure that South Ayrshire's children grow

up in South Ayrshire and within families or family type care environments where ever possible.

We will continue to deliver on The Promise as well as implementing Signs of Safety and develop our Whole Family Whole Systems Approach.

Children's Health

Key short-term activities will include: improving support for families in areas such as parenting support, emotional health and wellbeing, financial inclusion; improving joint working with partner agencies and services to support children and young people impacted by poor mental health and emotional wellbeing. We will also focus on maternal and infant nutrition and increase breastfeeding rates

We will implement the National School Nursing Pathway and delivery of the associated 10 key priority pathway areas by increasing school nursing workforce.

Justice

Our justice services will focus on supporting families and the wider implications of a service user being imprisoned on the family working in close partnership with Children and Families Social Work, Youth Justice, Housing, Education, Mental Health and Addiction Services.

We will build on the links with adult services to ensure that older service users receive the support they need and deliver a trauma informed Justice Service.

Allied Health Professions

Allied Health Professions will build on the unique contributions and impact that AHP professions have both on individual's personal outcomes and prevention of further deterioration, crisis or hospital intervention by providing access to specific assistance required to support people with long term conditions and maximize rehabilitation potential e.g. communication, food fluid & nutrition, cognitive function, movement function etc. It will include three distinct service user groups highlighted in the national rehabilitation framework:

- i. rehabilitation of patients following COVID-19
- ii. people whose health and wellbeing has been negatively impacted by lockdown measures
- iii. people who need ongoing and intensive pre-habilitation and rehabilitation

Community Nursing

Our nursing professionals will continue to play a vital role across a wide range of our services. The Family Nurse Partnership programme will work to improve pregnancy and birth outcomes, through improved prenatal behaviours; improve child health and development, through positive, responsive caregiving; and, improve economic self-sufficiency of the family, through developing a vision and plans for the future.

The service is working with the Peri-natal Mental Health service steering group to look at how it can best support clients both

ante-natally and post-natally and continuing to develop our breastfeeding champion model.

Social Work

The COVID-19 pandemic has had significant impacts on Social Work services and as our health and social care systems begin to recover we now wish to reconstruct our adult Social Work services. We will initiate a programme 'Reconstructing Social Work' will encapsulate best practice and include learning and actions in relation to:

- The organisational difficulties Social Workers face in their day to day work
- Leadership and management
- Professional development
- Articulation of the professional task, values and ethics
- Collaboration within an integration framework

This work is scheduled to begin in April 2021 and report by the year end.

Social work services will also lead on a Public Protection Learning Review during the next 18-months.

The 18-month Bridging Operational Plan

Overarching actions to the end of 2022 are set out at Appendix 5, and each action is matched across to our new strategic objectives to show how our activity is already contributing to these.

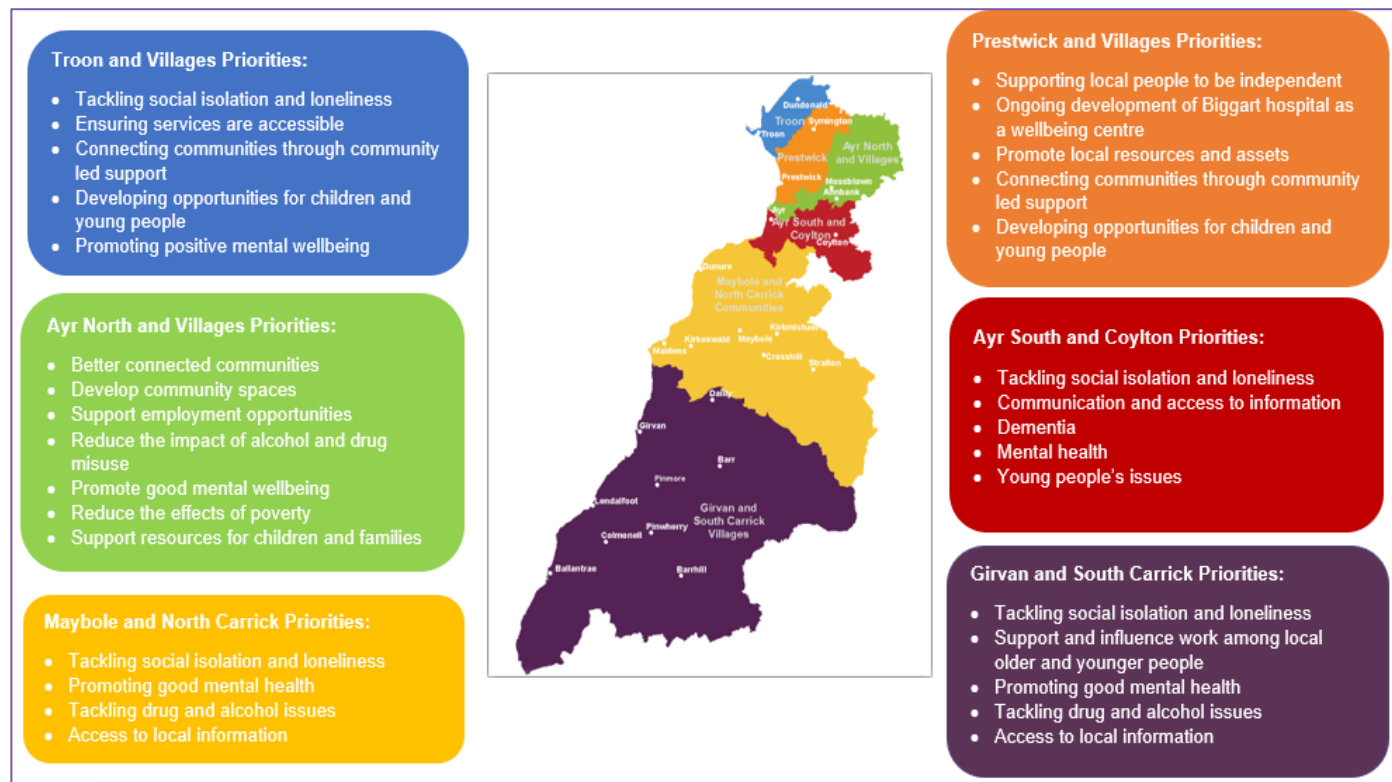
Locality Planning

Locality Planning in South Ayrshire remains an important vehicle of engagement and active participation for the HSCP and we intend to enhance this over the coming year.

The recent review of Locality Planning in South Ayrshire HSCP and the linked recommendations are still to be implemented because of COVID-19 restraints but the intention is to:

- Ensure a better and more appropriate local membership together with engagement from key HSCP staff
- Utilise recent Locality Planning profiling to further refine local priority setting
- Develop more extensive locality financial analysis to allow for greater dialogue regarding allocation of resources
- Have clearer linkage with strategic HSCP planning function
- Build on the successful Small Grant/Participatory Budgeting work ensuring the link to other HSCP strategic work on local community capacity building

In addition, Locality Planning will be a vital context for engagement in relation to the Caring for Ayrshire programme and, increasingly, as the HSCP works in partnership with others at local level not least in association with Community Planning initiatives and priorities such as Place Planning.



Enablers

To deliver on our strategic objectives, the HSCP has a number of 'enablers' at its disposal.

Financial resources

Context

NHS Ayrshire & Arran and South Ayrshire Council delegate resources to the Integration Joint Board for services set out in the [Integration Scheme](#). The delegated resources are used by the IJB to direct the two partner organisations to deliver health and social care services on behalf of the IJB. The IJB has a duty to set a balanced annual budget aligned to the Strategic Plan. It is up to the IJB to determine how the total delegated funding will be utilised. The IJB is a legal entity in its own right and is expected to operate under best practice governance arrangements.

Regardless of political commitments at national and local level to invest in health and social care, it is certain that Health and Social Care Partnerships will continue to operate in financially challenging circumstances over the coming years. In addition to financial pressures on the public sector, our resources will be impacted by the anticipated increase in demand, demographic pressures (which are particularly acute in South Ayrshire) and the uncertainty caused by the COVID-19 pressures.

We are also aware of the significant policy changes that may be on the horizon, taking into consideration the Scottish Government's Programme for Government ("Protecting Scotland, Renewing Scotland") which includes reference to a National Care Service and the independent Review of Adult Social Care.

2021-22 Annual Budgeting Exercise

The annual budget setting is required to direct funding to meet the health and social care needs of South Ayrshire citizens. This includes analysis of local, national and global factors impacting on the demand for, and cost of, services increasing at a faster rate than the available resources. The budget setting processes will ensure funding is allocated ensuring best value at the same time meeting the objectives of the Strategic Plan and encompassing the objectives set out in the Council Plan and the Caring for Ayrshire plan along with other strategies and plans e.g. Digital Strategy, Children Services Plan and locality plans.

The impact of the COVID-19 pandemic this year has changed the delivery of care services, with increased use of technology, changes to service delivery resulting in decrease in costs in some areas and additional costs in supporting the COVID-19 response.

Links to Strategic Plan

There is a high level of uncertainty at present and setting the budget for one year only is the most effective way to manage

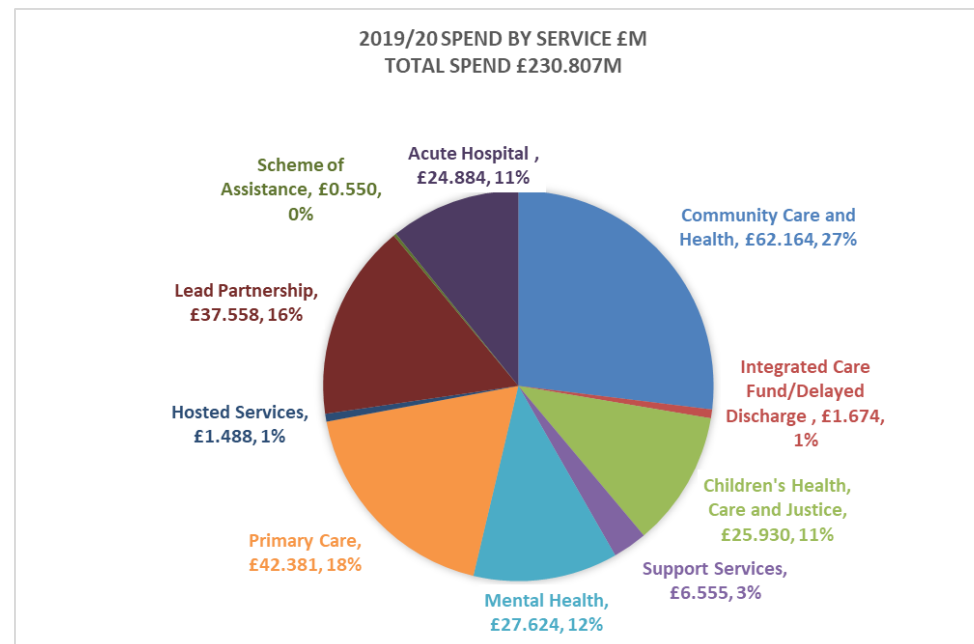
the resources at present to ensure flexibility for changes in the future, whether that is from new government strategies, policies or local demands. Over the longer term however, the HSCP will continue to align its budget with our Strategic Commissioning Plan through the Medium-Term Financial Forecast.

By default, the pandemic has shifted the balance of care from institutional settings to the community, the budget needs to factor what of this shift is recurring through new ways of working and transformation and what is temporary in nature and an effect of shielding, social distancing measures, family's perceptions of risk.

Over time we will continue to demonstrate commitment to our strategic objectives by focusing resources on preventative activity, commissioning services based on the principles of person-centred service design, transparency, best-value, etc.

In the past the HSCP has supported participatory budgeting initiatives to give our communities a more direct influence over how we target our resources. This was a useful exercise in giving direct control to our community but also in helping people to think about the difficult choices that need to be made within a health and social care budget and we are mindful of the 1% participatory budgeting target set by Scottish councils. In the first six months of the Plan, we will work to presenting the financial spend by locality area.

Figure 3: 2019/2020 Spend by Service £m



Commissioning

A key function of the HSCP is the commissioning of services from the third and independent sector working with our 'provider' partners to ensure best value and the achievement of excellent outcomes for the people those services support. We will strive for excellence in our approach to commissioning services, as a means to achieving those outcomes we wish to see and at the

heart of this approach will be collaboration: collaboration with the people we support and the wider population to tailor our commissioned services to local need; collaboration with our provider partners to co-produce services by working together to design services; and, collaboration across service areas within the HSCP to ensure we are taking a whole-system approach to the way we commission services.

Priority areas for driving improvement across our approach to commissioning and within our commissioned services will include:

- **Engagement with the community and understanding our population:** we will draw on population data and ongoing engagement with the community to understand the need within South Ayrshire and our localities, and take a strategic approach to commissioning services based on this information. We will co-produce services with the people who access our services.
- **Engagement with providers:** we will work closely with our third and independent sector provider partners to collaborate on our commissions, where possible working with leading organisations to co-design services. This approach will be accompanied by our ongoing engagement with and support to providers, rebuilding our provider forum and building on the support frameworks that emerged as a result of the pandemic.

- **Quality assurance:** we will enhance our quality assurance framework for HSCP commissioned services, supporting providers to provide high quality and safe services, encouraging a culture of self-evaluation and applying rigour to public protection in collaboration with regulators and through good clinical and care governance.
- **Best value:** we will achieve best value in our commissioned services, working closely with procurement colleagues to deliver fit for purpose contracts that will benefit the public purse, providers and, ultimately, the people we support.

Our approach to commissioning will draw upon key policy developments, in particular the direction of travel set out in the Feely Review around commissioning for public good.

We will work to commission services across boundaries as far as possible, taking a flexible approach to commissioning that focuses on individual and community needs rather than replicating bureaucratic silos. We will also put existing assets at the heart of our approach to commissioning.

Property and Assets

The HSCP does not own any of its own buildings, instead we use those of South Ayrshire Council and NHS Ayrshire & Arran. This makes it even more important for us to work in close partnership with our partners and make sure we are taking a joined-up, strategic approach to the use of property and assets.

A big part of this will be working with NHS Ayrshire and Arran and others on the **Caring for Ayrshire** initiative which seeks to enhance whole-system use of assets (including premises) to better support self-care and boost local resources through better linked-up, partnership working with third sector, voluntary and independent organisations. We will continue to explore all opportunities to achieve best value by collocating our services with partners.

A major focus for us will be working out what a modern, post-COVID-19 footprint will look like for the HSCP, ensuring we are able to work flexibly, reduce our costs and our impact on the environment but in a way that does not compromise our accessibility to the public.

Workforce

People are at the heart of everything we do. The workforce of the HSCP is our greatest asset. Even in the most challenging of circumstances, our staff demonstrate their skills, flexibility and commitment to continue to provide critical services for our communities.

The response to the COVID-19 pandemic has impacted on staff in a number of different ways and supporting staff wellbeing during this pandemic and long-term is a priority.

Effective workforce planning is essential to deliver on our strategic objectives and to ensure we are an ambitious and

effective Partnership. We will continue to assess local and national workforce challenges and consider the changing landscape as we plan the delivery of our services, whilst continuing to work in innovative ways.

We will deliver our immediate Workforce Plan 2021-2022 whilst looking to the long-term to enable delivery of our strategic objectives.

Transformation

Transformation of services is key to shift the balance of care to community-based services this can be achieved by creating new ways of working that are more effective and efficient in enabling the citizens of South Ayrshire to live better lives.

To transform services from current state to future desired state, services have used various methods including Extreme Teams, Tests of Change and Spend to Save.

The transformational projects being taken forward by services are detailed in the Delivery Actions section above.

Digital transformation will be a key project going forward. The rate of change in digital technology is rapid and growth in the uptake of technologies such as mobile devices, social media, and high-speed broadband is changing the way we live, providing those living in our communities with greater choice and control than ever before. This presents a huge opportunity for the HSCP to change the face of health and social care delivery

and transform our services so that care can become more person-centred.

Furthermore, the experience of COVID-19 has sharpened the HSCP's focus on digital technology as we adapt to a period in history when more services will be delivered remotely, more staff are working from home and citizens depend on digital technology to make up for reduced social interaction.

The HSCP's [Digital Strategy](#) aligns closely with national and local strategies, including [Scotland's Digital Health and Care Strategy](#) and the digital strategies of both NHS Ayrshire & Arran and South Ayrshire Council. It recognises the pervasive nature of technology and, by providing a vision of a digitally transformed health and social care service, looks to put digital at the heart of all aspects of the HSCP's activities. In doing so, the Strategy aims to deliver positive outcomes for staff, partners and service users across South Ayrshire through improvements in service delivery and efficiency.

Housing

Recent years have seen the development of closer working relationships between health and social care and housing.

At a strategic level, this has meant housing representation when developing key plans, including the Strategic Plan, Alcohol and Drug Partnership (ADP) Strategy, Adult Learning Disability Strategy and the Corporate Parenting Plan. Similarly, Health

and Social Care have been involved in the development of key housing plans, including the Local Housing Strategy (LHS), the Housing Need and Demand Assessment (HNDA) and the Strategic Housing Investment Plan (SHIP).

This close working between Housing and Health and Social Care has supported the development of targeted projects to help meet the specific needs of certain groups within our population, including people with learning disabilities, people with poor mental health, people with experience of repeat homelessness and complex needs and young people leaving care.

More detailed information can be found in the Housing Contribution Statement at Appendix 2.

Measuring our impact

Measuring the performance and impact of our services is a vital part of what the HSCP does – it helps us to drive excellence across our services and provide accountability for our performance. The HSCP reports on a range of indicators determined by the legislation or by national agreement, including:

- **The 15 National Health and Wellbeing Outcomes**
Progress against these measures (including the ‘National Outcomes for Children’ and ‘National Outcomes for Justice’) as set out in the 2014 Public Bodies (Joint Working) (Scotland) Act (detailed at Appendix 3), supported by a core suite of 23 National Performance Indicators (detailed at Appendix 4).
- **The Ministerial Strategic Group for Health and Community Care Core Indicators**
Agreed by COSLA and Scottish Government
- **The National Outcomes for Community Justice Services**
The Scottish Government’s high-level statements which aim to gain and sustain the public’s confidence in the work of Justice related services through promoting the values of safety, justice, and social inclusion
- **Financial reporting**
Regular budget monitoring reports are presented to the IJB, detailing our actual performance against budget, with any

deviations explained and the necessary action taken. We have a Medium-Term Financial Forecast that will be updated during 2021-22 to reflect emergency national policies and the objectives of the Strategic Plan.

- **Adult and Child Protection data**
Performance Information reported to the Adult Protection and Child Protection Committees.

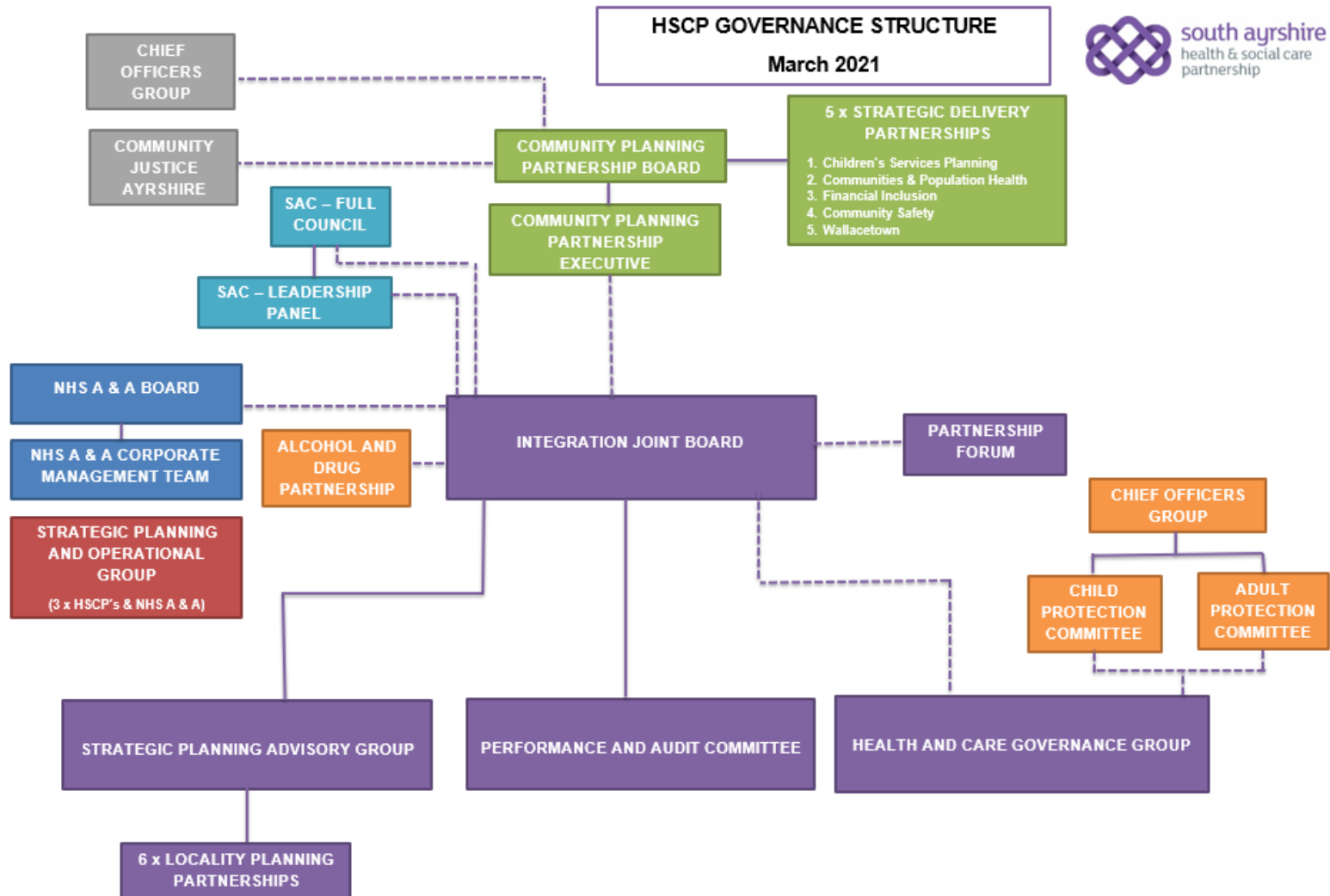
We report against these indicators and our strategies regularly through the IJB and its governance committees (shown in governance diagram below) and to the Scottish Government, providing a useful means of measuring progress and benchmarking alongside other areas. However, there is a wealth of information we know could use better to understand the impact of our services and to demonstrate progress against the objectives set out in our Strategic Plan.

It’s important that we demonstrate our impact in a meaningful way against the Strategic Objectives so we will work to develop a performance framework for the HSCP that looks at the story behind the numbers. We will work with other organisations – including the third sector, the independent sector and our Community Planning Partners – to develop a whole system approach to performance that measures what is important to communities and not just to individual organisations.

This will combine performance information with service feedback, intelligence from community engagement and our Locality Planning Groups, indicators of wellbeing, socio-

economic indicators (to track our progress against tackling inequality) and we will place an emphasis on individual stories to reflect our person-centred approach to health and care.

Figure 4: HSCP Governance Structure



Appendix 1 – Lead Partnership Statements

Partnership services include the full range of community-based health and care services. These are detailed in the [Integration Scheme](#). The South Ayrshire Health and Social Care Partnership is the Lead Partnership for the following delegated functions:

- Integrated Continence Service
- Joint Equipment Store
- Family Nurse Partnership

The East Ayrshire HSCP leads on Primary Care Services across Ayrshire and Arran and the North Ayrshire HSCP is the lead Partnership for Specialist Mental Health Services, including in-patient services.

Lead Partnership – South Ayrshire

Lead Partnership arrangements continue to be in place across Ayrshire and Arran. The South Ayrshire HSCP manages and delivers the following services on behalf of the East and North Partnerships.

Integrated Continence Service

The Integrated Continence Service promotes continence by empowering patients to self-manage through behaviour and lifestyle interventions. The objectives of the service are to offer

intermediate clinics across Ayrshire and to offer an advisory service to patients, carers, care homes and voluntary organisations. Whilst also providing educational service to NHS clinicians.

Joint Equipment Store

South and East Health and Social Care Partnerships and NHS Ayrshire & Arran have developed a proposal to establish a joint store for the provision of equipment to people living in the community. The equipment referred to is wide ranging and intended to enable people to live safely within their own homes.

Family Nurse Partnership (FNP)

The Family Nurse Partnership programme (FNP) is a licensed, intensive preventative home visiting programme. FNP focuses on helping first-time mothers 19 years old and under to engage in preventative health practices, supporting parents to provide responsive, sensitive and positive parenting, and helping them to develop self-efficacy to both identify and achieve their future goals. Family Nurses in Scotland also deliver the Universal Health Visiting Pathway to the families they serve, alongside the FNP home visiting schedule.

Family Nurse Partnership is a structured programme of tailored visits delivered by specially trained Family Nurses. This begins early in pregnancy and continues until the child's second birthday.

The three key goals of FNP are:

1. to improve pregnancy and birth outcomes, through improved prenatal behaviours.
2. to improve child health and development, through positive, responsive caregiving; and
3. to improve economic self-sufficiency of the family, through developing a vision and plans for the future.

Key Achievements

- ✓ Supported our first 3rd year mental health nursing student with her placement within Family Nurse Partnership.
- ✓ Supported our team leader colleagues and nurses within Health Visiting, School Nursing, Social Work and HMP Kilmarnock with workshops on clinical supervision.
- ✓ Started to roll out Motivational Interviewing Workshops for our Health Visiting, School Nursing and other colleagues within the multi-agency team.

Priorities ahead:

- The service is working with the Peri-natal Mental Health service steering group to look at how it can best support clients both ante-natally and post-natally with the significant levels of trauma that they have often encountered growing up.
- Developing a contraceptive champion model which will allow a Family Nurse (qualified in Family Planning) to deliver certain methods of contraception to clients within

their home. This model is currently working well in FNP – NHS Lothian.

- Continuing to develop our breastfeeding champion model by using new resources and cascading up to date learning and training to members of the rest of the team. The motivational interviewing workshops for colleagues in other areas will also continue to be supported looking at a variety of ways in which these skills can be used to help explore different topics including breastfeeding.

South Ayrshire are also the Ayrshire and Arran Lead for the following nursing services:

- Health Visiting Service
- School Health
- Looked After and Accommodated Nursing Team
- Supporting families, children and young people

Lead Partnership – East Ayrshire

East Ayrshire HSCP will continue to manage and deliver the following services on behalf of the North and South Partnerships under the new arrangements established in 2020 for the Primary and Urgent Care services Directorate:

- General medical services;
- Community pharmacy;
- Community Optometry;
- Dental Services: General Dental Service and the Public Dental Service; and
- Ayrshire Urgent Care Service

The vision for Primary Care services in Ayrshire and Arran is to have sustainable, safe, effective and person-centred services, which will be delivered in partnership between communities, Primary Care, Health and Social Care Partnerships and the Acute and Third Sectors. The Ayrshire and Arran vision aligns to the Scottish Government's vision for the future of Primary Care service delivery, which is for multi-disciplinary teams, comprising a variety of health professionals, to work together to support people in the community.

General Medical Services

General practice brings a range of healthcare services to work alongside people and families in local communities. The current General Medical Services (GMS) contract across Ayrshire and Arran has been in since April 2018. The guiding principles of the contract are to support:

- Accessible contact for individuals and communities;
- Comprehensive care of people (physical and mental health);
- Long-term continuity of care enabling an effective therapeutic relationship; and
- Co-ordinating care from a range of service providers.

This integrated health and care brings a number of additional professionals and multi-disciplinary team services, including: nursing staff, pharmacists, mental health practitioners, MSK physiotherapists and community link workers in addition to signposting patients, where appropriate, to other primary

healthcare professionals within the community. Alongside the NHS Ayrshire and Arran Caring for Ayrshire vision which focusses on individuals, families and communities with general practice and primary care providing accessible, continuing and co-ordinated care.

The introduction of more digital approaches, the deployment of Wi-Fi, additional bandwidth provision to premises and improvements with the remote access platform will be required and will support the multidisciplinary team members working across various sites as well as extended roll out of 'NHS Near Me' video conferencing for patient contact.

Community Pharmacy

NHS Pharmacy First Scotland was introduced in July 2020, replacing the Minor Ailments Service. This service is delivered by every pharmacy in Scotland and is primarily a consultation-based service, designed to encourage the use of community pharmacy as the first port of call for all minor illnesses and common clinical conditions.

The Care at Home Pharmacy Technician Service (CAP) supports elderly and/or vulnerable patients to better understand and manage their medicines and to complete comprehensive reviews of medicines. The CAP service also supports patients with any medicine-related issues and can refer on to other services if required.

The investment in developing GP practice-based pharmacy teams has greatly improved joint working between GP practices

and local community pharmacies, resulting in better patient care and medicines management.

Community Optometry

Community Optometrists provide a comprehensive eye examination service model to care for an ageing population. The eye examination is universally funded and therefore free of charge to all eligible patients. Geographical access to eye care at optometrist practices across all HSCPs in NHS Ayrshire and Arran is good. Some fixed site practices also provide a domiciliary service and further coverage is available from large mobile optometry providers, which offers a service to those who are unable to access high street practices for their eye care needs.

Launched in February 2017, the 'Eyecare Ayrshire' (ECA) re-direction initiative shifts the balance of care for eye problems from GP practices and EDs to local optometry practices and promotes the use of the optometrist as first point of contact for eye problems, advising patients that eye drops will be available free of charge dispensed from community pharmacists.

The cohort of Independent Prescribing Optometrists in NHS Ayrshire and Arran continues to grow. These contractors are able to manage and treat a wider range of presenting eye conditions than ECA, within the scope of their practice and in the community setting. This reduces the referrals made to the HES Eye Casualty department and supports the national Right Person, Right Place campaign.

Access to 'Near ME' remote consultation technology was made available to all Optometrists in 2020, which supports the triage and management of patients who do not need to attend their Optometrist practice to obtain the care they require. Community Optometrists have an important role in signposting patients experiencing social isolation and loneliness to appropriate supports. Community Optometrists are also provided with information and training in relation to identifying, supporting and signposting patients experiencing domestic abuse to appropriate help.

Dental Services

The Scottish Government published the Oral Health Improvement Plan (OHIP) in January 2018. The aims of the OHIP are to focus on prevention, encouraging a more preventive approach to oral health care for patients of all ages to ensure that everyone can have the best oral health possible and that education and information sharing is specifically targeted at individuals and groups most at risk such as those who do not attend regularly for check-ups, communities in low income areas and particularly those people who either smoke or drink heavily.

New approaches will be introduced to facilitate treatment for older people who live in care homes or are cared for in their own home and to enable those dentists with enhanced skills to provide services that would otherwise be provided in a Hospital Dental Service such as oral surgery, treatment under sedation and complex restorative services. As with all Primary Care services, delivery of the OHIP programme has been put on hold

until the full remobilisation of dental services due to the impact of COVID-19.

Ayrshire Urgent Care Services

The 'Ayrshire Urgent Care Service' (AUCS) was launched in November 2017. This brought together Primary Care, Social Work, and Mental Health services into an 'urgent care hub', operating from the Lister Centre at University Hospital Crosshouse. This is supported by local urgent care centres and the home visiting service as required. In partnership with NHS24, there is continued promotion of self-care and redirection to the most appropriate services, i.e. local pharmacists.

More recently, NHS Ayrshire and Arran were an early pilot in the Re-Design of Urgent Programme and began implementing the redesign programme from 3 November 2020, with the Redesign of Urgent Care Programme being rolled out nationally from 1 December 2020. This redesign has been welcomed to provide safe, person centred urgent care now over a 24/7 period to support General Practice and out of hours as well as Emergency Department and Combined Assessment Unit in Ayrshire and Arran.

The intent was to deliver improved patient and system experience at a local level and to provide learning both at local and national levels. A significant initial focus is in relation to patients self-presenting at Emergency Departments or presenting through NHS24. In NHS Ayrshire and Arran, we also seek to provide options in enhanced pathways for patients accessing the system through General Practices. The benefit to

progressing with the re-design of urgent care services in Ayrshire and Arran is to test out a joined-up system to improve patient and workforce experience and support service sustainability.

Lead Partnership – North Ayrshire

North Ayrshire Health and Social Care Partnership will continue to manage and deliver the following services on behalf of the East and South Partnerships.

Mental Health Inpatient Services

NA HSCP leads on a wide range Mental Health Inpatient services across Ayrshire, including:

- Acute inpatient assessment for individuals experiencing functional and/or organic presentation
- Low Secure male inpatient services
- Intensive Psychiatric care provision
- Generic and forensic rehabilitation services
- Hospital Based Complex Continuing Care for individuals 65 and over on Ailsa site
- Inpatient addiction service, offering inpatient detoxification programme, residential and day attendance rehabilitation programme

Also included within the inpatient portfolio of services are:

- Community Forensic Team
- Elderly, Psychiatric and Alcohol Liaison Services
- Mental Health Advanced Nurse Practitioners

- Acorn – service based at Ailsa offering structured activity, sheltered employment opportunity and supporting individuals who have/are experiencing mental disorder to develop a range of skills

Inpatient services are split between Woodland View on Ayrshire Central Hospital site in Irvine and on Ailsa Hospital site in Ayr, the majority of adult services being based at the new bespoke provision within Woodland View.

Crisis Resolution Team

The Ayrshire Crisis Resolution Team offers a home-based alternative to in-patient care for adults (aged 16-65) experiencing acute and severe mental health crisis. The service offers short term support up to 21 days, in line with the national standards for crisis services.

Learning Disability Assessment and Treatment Service

People with a learning disability have a significant, lifelong condition that affected their development, and which means they need help to; understand information, learn skills, and cope independently.

The Learning Disability Assessment and Treatment Service is a 10-bed inpatient admissions unit based at Woodland View, Irvine. The unit provides access to specialist a range of specialist professionals and intensive multi-disciplinary services for all adults living in Ayrshire who have a learning disability.

The unit accepts both planned and unplanned admissions:

- A planned admission to Woodland View provides short-term intensive assessment and treatment. Where a planned admission is deemed appropriate, a pre-admission meeting will take place with the individual and family members and a range of support staff including; Community Learning Disability Team, designated Social Worker, and Third sector representatives
- Emergency admissions to Woodland View are facilitated by members of the Community Learning Disability Team. Admissions are agreed with a Responsible Medical Officer and members of the Community Learning Disability Team will be in contact with Woodland View nursing staff to facilitate the admission process.

The following is a list of criteria for why an individual would be admitted to Woodland View:

- The person requires a period of complex nursing and therapeutic care which cannot be met elsewhere.
- The person has severe emotional, behavioural or mental health difficulties which cannot be appropriately assessed or treated elsewhere.
- The person requires a period of sustained specialist led support and rehabilitation.
- Where risk evaluation indicates that hospital admission is most likely to reduce short and medium-term risks which are significant and likely to pose a hazard to the patient and/or others.

Psychology Services

Psychological Services are provided across Ayrshire and Arran and are embedded within various specialist teams. Specialities covered are:

- Child Psychology
- Adult Mental Health
- Older Adults, physical health and neuropsychology, and
- Learning disability services

The service deploys a range of staff within these specialist roles to undertake focused work, such as primary care mental health, community mental health and eating disorders.

Child and Adolescent Mental Health Service (CAMHS)

The CAMHS service is available to young people aged 5 to 18 years old and offers short term treatments for those with mild to moderate mental health problems; to more complex treatments for children and young people experiencing more severe and complex problems.

North Ayrshire shall deliver mental health services in line with the 10-year National Mental Health Strategy 2017-2027. This strategy aims to ensure that mental health problems are treated with the same commitment and passion as physical health problems. We will work to improve: Prevention and early intervention; Access to treatment and joined up accessible services; the physical wellbeing of people with mental health problems; Rights, information use, and planning.

In addition, North Ayrshire has lead responsibility for the following **Early Years Services**:

Child Immunisation Team

In East and South Ayrshire, the HSCP Immunisation Team deliver all immunisation clinics, where in North clinics are delivered by both the Immunisation Team and many GP surgeries. The team is also responsible for the pupil immunisation programme in all Ayrshire schools.

Community Infant Feeding Service

The community infant feeding nurse works across Ayrshire to provide a specialist service to families experiencing complex challenges with infant feeding. The service supports health visiting staff with advice and provides direct support to families via telephone, face to face discussions or home visits.

Child Health Administration

Child Health Administration team co-ordinates, manages and supports the delivery of Ayrshire's child immunisation programme and development screening programmes. The team maintains all records and information in relation to its remit and provides information to the Information Statistics Division (ISD) via nationally established data systems.

Appendix 2 – Housing Contribution Statement 2021-2024

South Ayrshire Council is currently in the process of carrying out its Housing Need and Demand Assessment. This will in turn inform the development of our Local Housing Strategy where many of the themes highlighted here will be discussed in greater depth. This Statement provides an overview of the current direction of travel, but should at this stage be considered to be a working document to be updated over time as links between Housing services and the Health and Social Care Partnership continue to develop.

Introduction

There is a clear link between the quality of people's housing and their health, wellbeing and wider social inclusion. A substantial national and international evidence base has shown that poor and insecure housing can have a negative impact on families' health. Equally health can have an impact on people's housing. Where a property no longer meets a person's health needs, for instance, it often becomes more difficult for them to live comfortably, participate in society, and to sustain their tenancy. Recent analysis of homelessness and healthcare data in Scotland has demonstrated that spikes in health interactions often precede a homeless application, indicating opportunities for early intervention to prevent homelessness, as well as opportunities to address the underlying housing issues that may be contributing to poor health.

Joint working between Health and Social Care Partnership (HSCP) and Housing is critical to ensure positive outcomes for certain populations in particular, including older people, people with disabilities, people with poor mental health, homeless people, people with multiple complex needs and young people leaving care. With regard to homelessness, South Ayrshire is in the process of transition towards a Rapid Rehousing approach, with a focus on prevention, early intervention and targeted programmes to end homelessness at the centre of this. Within this approach there is a clear opportunity for South Ayrshire Council's Housing Service and Health and Social Care Partnership to work together more effectively to prevent homelessness where we can, and to ensure our most vulnerable clients receive the assistance and support they need from all relevant services. This approach to homelessness is part of a wider shift within Housing towards pro-active rather than reactive approaches to meeting people's needs.

Recent new build housing developments funded through the Scottish Government's Affordable Housing Supply Programme (AHSP), for example, have been designed to be readily adapted to meet the changing needs of the population as a whole and indeed those of individual households. These properties have been built variously to meet the 'Lifetime Homes' and 'Housing for Varying Needs' standards. Arrangements are in place to support adaptations to people's homes in both the public and private sectors, and this continues to represent good practice in working together to make best use of the existing stock. In addition to these approaches, closer joint working relationships

between Housing and Health and Social Care teams has highlighted the importance of planning for the future together in order to address the shared challenges we anticipate for the future. Continued communication and co-operation will ensure we are in a strong position to respond to the changing needs of the communities we serve.

Housing's role in the partnership

Background

There are an estimated 55,668 dwellings in South Ayrshire. Of this number, about 19% of these are in the social rented sector. South Ayrshire Council is the biggest social landlord operating in the area, owning more than 8,150 self-contained properties and accounting for almost 78% of all social rented stock.

The next largest provider of affordable housing in South Ayrshire is Ayrshire Housing, a housing association whose housing stock is primarily in the South Ayrshire local authority area. Ayrshire Housing owns more than 1,500 units of self-contained accommodation – 14% of all social housing in South Ayrshire. West of Scotland Housing Association also makes a sizeable contribution, owning more than 470 self-contained units in South Ayrshire – accounting for around 4.5% of social housing in South Ayrshire. The remainder is made up by other local and national Registered Social Landlords (RSL's) operating in the area, offering a mix of general needs and specialist accommodation.

In terms of Housing Support, a number of contracts are currently in place with external providers. These fulfil a variety of

functions, but can be simplified as floating tenancy sustainment support, housing advice and advocacy, and accommodation-based support. In addition to external contracts, South Ayrshire Council also provides Housing Support to people in temporary accommodation through our own Viewfield Gate Housing Support Service, as well as people with multiple complex needs and experience of repeat homelessness in permanent accommodation through our Housing First project.

The Private Rented Sector makes up around 11% of all dwellings in South Ayrshire. Many households can face barriers to accessing this sector, particularly those with experience of homelessness or on low incomes. South Ayrshire Council currently supports access to the Private Rented Sector through an externally provided Rent Deposit Guarantee Scheme, and the Council is currently in the process of introducing a Social Letting Service to help increase the range of housing options available to people threatened with homelessness.

Housing's current role in the partnership

Recent years have seen the development of closer working relationships between the Health and Social Care Partnership and the Council's Housing services. At a strategic level, this has meant Housing representation when developing key plans, including the Strategic Plan, Alcohol and Drug Partnership (ADP) Strategy, Adult Learning Disability Strategy and the Corporate Parenting Plan. Similarly, Health and Social Care have been involved in the development of key Housing plans, including the Local Housing Strategy (LHS), the Housing Need

and Demand Assessment (HNDA) and the Strategic Housing Investment Plan (SHIP).

This close working between Housing and Health and Social Care has supported the development of targeted projects to help meet the specific needs of certain groups within our population, including people with learning disabilities, people with poor mental health, people with experience of repeat homelessness and complex needs and young people leaving care. Recent affordable housing development projects in Ayr and Girvan have provided accommodation with support for people with specific identified needs, while working with RSL partners has also increased the supply of supported accommodation to meet identified need. This has included:

- The 'off-the-shelf' purchase and subsequent adaptation of 12 new-build properties in Girvan for people with learning disabilities, with the first tenancies commencing in 2019/20. These properties allowed for round-the-clock support to be provided on-site via a support flat, and offered a more appropriate support option to be delivered to this client group than would have been possible in tenancies scattered throughout the community.
- The purchase and repurposing of an existing building to provide 4 properties with support in Ayr for people with poor mental health who require intensive support (first tenancies commenced 2020/21).
- RSL partner Ayrshire Housing's development of 12 one- and two-bedroom specialist accommodation units to

meet the needs of adults with learning disabilities through the Scottish Government's Affordable Housing Supply Programme.

Joint working arrangements are in place to ensure that the years ahead will see greater regular engagement on longer-term strategic planning to meet a variety of needs locally.

In addition to new build development to meet specific needs, joint working between the Housing Service and Health and Social Care Partnership has developed across a number of areas of joint focus, including:

- **People with multiple complex needs and repeat homelessness:** Key partners from within the HSCP – including Adult Services, Children and Families, Justice, Community Mental Health and the ADP – have also been involved in the introduction and development of South Ayrshire Council's Housing First project. The Housing First Multi-Agency Group oversees the overall operation of the Housing First project, and partnership working has ensured that support is joined up and person centred.
- **Young People with experience of care:** Joint working between Housing and Social Work colleagues has been in place for many years through the Youth Housing Support Group, and latterly the Improving Housing Outcomes for Young Care Leavers (IHOYCL) group. Through these arrangements Housing and HSCP staff

have worked together to find solutions to issues as they arise, resulting in new ways of working and an ambition to create new models of housing and support for young people with experience of care. The IHOYCL group has set out its aim to ensure young people leaving care do not need to make a homeless application in order to meet their housing needs, and work continues on this ambition. A jointly funded and co-commissioned service to provide accommodation and support to young people aged 16-25 is currently being procured as a direct result of this relationship.

Shared evidence base and key issues

While South Ayrshire Council's HNDA is currently being developed, a number of key themes with relevance to the work of the Partnership have thus far emerged:

- **An ageing population:** A slight reduction in population is predicted over the next ten years after a period of relative stability. The age profile of our population is expected to change during this period, with the largest increases expected in 75+ age band, and largest decreases in the 45-64 group.
- **Smaller, older Households:** An increase in the number of households is anticipated over the next ten years. The average household size is expected to decrease at a faster rate than the Scottish average. An increasing

proportion of households will be in the 'older smaller' and 'single older' household types.

- **Net migration forecast to increase, but overall reduction in population predicted:** Net migration has been relatively stable over the last twenty years. While recent figures show a reduction in in-migration and an increase in out-migration, natural population change is expected to be partially offset by an increase in net migration over the next ten years. This is primarily migration from elsewhere in Scotland, with migration from the rest of the UK also contributing. Nevertheless, projections anticipate a reduction in population of 1.7% during this period.
- **Dependency ratio:** The confluence of these factors - reducing net migration, an ageing population and reducing household sizes – means that South Ayrshire's dependency ratio is currently above the Scottish average at 67 compared with 55 for Scotland as a whole. By 2039, the differential is forecast to have increased further to 87 compared with a Scottish average of 67. This is predicted to increase pressure on public services particularly Housing, Health and Social Care services.

The HNDA will seek to estimate the need for new-build accommodation to meet a variety of needs across the tenures, and highlight areas where existing housing stock could potentially be used more effectively. This will include the needs of the following groups:

- older people
- people with a physical disability
- people with a mental health condition
- people with a learning disability
- homeless people
- people fleeing/ at risk of domestic abuse
- people requiring non-permanent accommodation e.g. homeless people, students, migrant workers, asylum seekers, refugees, care leavers, ex-offenders
- Armed Forces communities
- minority ethnic people (including Gypsy/ Travellers)
- Travelling Showpeople.

Shared outcomes

Following on from the completion of the HNDA, South Ayrshire Council Housing service will commence work on the Local Housing Strategy (LHS) for the period 2023-2027. The current LHS 2017-2022 sets out the following outcomes with clear links to Health and Social Care priorities:

- ***“People across South Ayrshire can find a suitable place to stay”***. This outcome is about making sure there is an adequate supply of good quality housing to meet a variety of needs through new build development, the purchase of properties on the open market and making best use of existing stock. This LHS outcome is about

helping people exercise choice by increasing the options open to them, and in turn reducing health inequalities by making good quality accommodation more available locally. Our approach to development utilises Lifetime Homes and Housing for Varying Needs standards, and as such also ensures we make best use of our resources by building accommodation that can be easily adapted in the future.

- ***“People across South Ayrshire are able to access advice and support that helps them to meet their housing needs and aspirations”***. This outcome is about helping people make informed decisions about their accommodation, and includes ensuring older people and people with disabilities get housing advice that helps them make informed decisions about their housing options.
- ***“People across South Ayrshire live in well-maintained, energy efficient homes and are proud of their neighbourhoods”***. Given the clear relationship between housing, health and other outcomes, efforts to improve housing conditions in both public and private sectors are likely result in a positive impact on reducing health inequalities as well as enhancing social inclusion and educational attainment. The continued provision of adaptations to existing stock in both the public and private sectors further supports the aims of shifting the balance

of care, and is identified as a key element of our Scheme of Assistance.

- ***“Homelessness is prevented where possible, and suitable accommodation, advice and support are available where it cannot be avoided”***. Helping people avoid the uncertainties and disadvantages that can accompany homelessness can have a positive impact on reducing health inequalities in the population, as well as giving young people – as individuals or as members of a family experiencing housing need – a better start in life.

Overview of Housing-Related challenges and responses

As noted previously, the Council’s approach to many of the housing-related challenges being considered as part of the Strategic Plan will be considered in greater depth in our Local Housing Strategy, however the section below highlights some existing areas of work where collaboration between services to meet health and wellbeing needs is either ongoing or in development.

- **Ageing population** – New build affordable developments are developed to meet Lifetime Homes/Housing for Varying Needs standards in order to be adaptable to meet the changing needs of both individual households and the wider community. Adaptations to homes in both the public and private sector support our efforts to make best use of the existing housing stock, but given resource constraints it is

important to also ensure realistic conversations take place with people in housing that no longer meets their needs. Recent years have seen a more options-based approach being taken to these discussions, supporting people to make the best decisions for their families. Housing and the HSCP recognise the need to not only respond to existing needs but to take a longer-term strategic planning approach to meeting the needs of our population as it ages, and structures are in place to support this.

- **Wheelchair Standard accommodation** – Research has shown an unmet need for accommodation to meet the needs of wheelchair user households. Our LHS will set a target for wheelchair standard housing for new builds, and this will subsequently be reflected in our SHIP and LDP. Strategic planning and cooperation between Housing and HSCP is critical in meeting the long-term needs of an older population with a greater proportion of people who are long-term sick or disabled.
- **People with poor mental health, learning disabilities or other support needs** – A number of developments have been taken forward by the Housing service and our RSL partners in recent years to meet the specific identified needs of HSCP clients. We intend to continue to work in partnership through more regular meetings and joint planning sessions in order to identify similar opportunities to progress new build and buyback

opportunities to meet specific housing and support needs in our community. In addition to meeting these specific needs, we again need to plan ahead for the future, thinking about different accommodation and support models. These considerations tie in with the response to the issue of social isolation amongst older people and people with disabilities. This is again something that requires partners to work together to provide solutions at a neighbourhood level, as bricks and mortar solutions will only go so far in meeting these needs.

- **Young people leaving care** – Joint working with regard to the housing needs of young people with experience of care and other vulnerable young people has been in place for many years in South Ayrshire through the Youth Housing Support Group. This group is jointly led by Housing and Social Work (Children and Families) with a view to ensuring a coordinated approach is taken to meeting young people’s needs. In recent years we have sought to continue improvement in this area through the “Improving Housing Outcomes for Young Care Leavers” group. This group has resulted in innovative new responses to housing and support, including the introduction of Starter Flats, dedicated Lifeskills training for this group and, most recently, the co-commissioning of a Housing Support service offering both

accommodation-based support and outreach support in the community.

- **Homelessness and Rapid Rehousing** – The Scottish Government has set out a comprehensive and far-reaching vision to end homelessness in Scotland, informed by the recommendations of the Homelessness and Rough Sleeping Action Group (HARSAG). The cornerstone of the Government’s vision for homelessness is ‘Rapid Rehousing’– a model that focuses on providing people experiencing homelessness with a settled housing option as quickly as possible, and minimising stays in temporary accommodation. A key element in this approach involves preventing homelessness from happening in the first place. Locally, that means considering what more we can do to prevent homelessness, and how we can better work with our partners to achieve this. Recent research⁶ has demonstrated the links between health interactions and homelessness, and highlights opportunities for prevention activity, while the publication of the findings of the Homelessness Prevention Review Group in February 2021 are indicative of a direction of travel towards a wider public sector duty in preventing homeless that includes all public bodies. As such, it is clear that there is a need

⁶ Waugh et. al (2018) *Health and homelessness in Scotland*
<https://www.gov.scot/publications/health-homelessness-scotland/>

for ever closer working between Housing and Health and Social Care partners.

- **Trauma informed practice** – South Ayrshire Alcohol and Drug Partnership and South Ayrshire Council Corporate and Housing Policy team are working together to implement the rollout of trauma-informed practice across Council and Community Planning Partners, alongside NHS Education for Scotland. Service lead Kevin Anderson is South Ayrshire’s Trauma Champion alongside 2 elected members, Cllr Julie Dettbarn and Cllr Brian McGinley.

Resource implications

It is not possible at this stage to produce a costed resource request in relation to this Housing Contribution Statement given the many variables involved. Funding discussions will typically take place between Housing and HSCP on a project-by-project basis.

Appendix 3 – National outcomes for integration

a) Healthier living

People are able to look after and improve their own health and wellbeing and live in good health for longer.

b) Independent living

People, including those with disabilities, long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

c) Positive experiences and outcomes

People who use health and social care services have positive experiences of those services, and have their dignity respected.

d) Quality of life

Health and social care services are centred on helping to maintain or improve the quality of life of service users.

e) Reduce health inequality

Health and social care services contribute to reducing health inequalities.

f) Carers are supported

People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing.

g) People are safe

People who use health and social care services are safe from harm.

h) Engaged workforce

People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.

i) Effective resource use

Resources are used effectively in the provision of health and social care services, without waste.

National Outcomes for Integrated Children's Service Planning

j) Our young people are successful learners, confident individuals, effective contributors and responsible citizens.

k) Our children have the best start in life and are ready to succeed.

l) We have improved the life chances for children, young people and families at risk.

National Outcomes and Standards for Social Work Services in the Criminal Justice System are:

m) Community safety and public protection.

n) The reduction of re-offending.

o) Social inclusion to support desistance from offending.

Appendix 4 – National indicators

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.
10. Percentage of staff who say they would recommend their workplace as a good place to work.
11. Premature mortality rate.
12. Rate of emergency admissions for adults.
13. Rate of emergency bed days for adults.
14. Readmissions to hospital within 28 days of discharge.
15. Proportion of last 6 months of life spent at home or in community setting.

16. Falls rate per 1,000 population in over 65s.
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.
18. Percentage of adults with intensive needs receiving care at home.
19. Number of days people spend in hospital when they are ready to be discharged.
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home. *
22. Percentage of people who are discharged from hospital within 72 hours of being ready. *
23. Expenditure on end of life care. *








*Indicators under development








MSG Indicators

1. Unplanned admissions
2. Occupied bed days for unscheduled care
3. A&E performance
4. Delayed discharges
5. End of life care
6. The balance of spend across institutional and community services

Appendix 5 – 18-month Bridging Operational Plan

Overarching actions to the end of 2022 are set out at Appendix 5, and each action is matched across to our new strategic objectives to show how our activity is already contributing to these.

Key	
1. We focus on prevention and tackling inequality	
2. We nurture and are part of communities that care for each other	
3. We work together to give you the right care in the right place	
4. We help to build communities where people are safe	
5. We are an ambitious and effective Partnership	
6. We are transparent and listen to you	
7. We make a positive impact beyond the services we deliver	








Corporate / HSCP-wide									
Action	Short-term target	Long term activity							
1. Learning from COVID-19: Gather learning from COVID-19 and adapt our services to suit future need.	Scoping by end 2021	X	X	X	X	X	X	X	X
2. Community engagement: We will publish a revised community engagement strategy, outlining our approach to continuously listening to our communities and the people we support whilst aligning to the Community Engagement Strategy and engagement work of South Ayrshire Council.	Dec-21	X	X				X	X	
3. Improving our approach to commissioning: Building trust and collaborating with our providers to ensure we get enhanced quality of care; best value from our contracts; supporting the third and independent sector and helping them to build capacity in South Ayrshire (e.g. bringing the third sector into our delivery of our Digital Strategy); recognising the potential to drive social, economic and environmental benefits from our approach to commissioning; enhancing our approach to quality assurance and driving excellence.	End 2022	X	X		X	X	X	X	X

<p>4. Third sector and independent sector engagement: Building on and formalising existing good relationships with the third and independent sector. Publishing a joint agreement with the sector and commissioning cross-cutting projects.</p>	End 2021	X		X			X	X	
<p>5. Workforce and organisational development: Focusing on <u>our people</u>, by developing and delivering on our HSCP Workforce Plan (in alignment with the national Workforce Plan for Health and Social Care) and publishing our Organisational Development plan. Improved strategic partnerships with our staff side trade unions.</p>	End 2021 (and ongoing)	X					X		
<p>6. Governance framework: In keeping with our aims to drive excellence and transparency through good governance, and our commitment to delivering on the recommendations of the Review of Progress Under Integration (MSG Action Plan) we will publish a refreshed governance framework for the HSCP.</p>	End 2021						X	X	
<p>7. Digital: Our services will embrace digital technology at a service level, supported by the delivery of Health and Social Care Partnership Digital Strategy.</p>	Monitored through Digital Strategy	X	X		X		X		

<p>8. Social, economic and environmental impact: Through our performance framework and working with others (e.g. Public Health Scotland and our Strategic Planning Advisory Group) we will work to gain a better understanding of our social, economic and environmental impact as an organisation.</p>		X					X		X
<p>9. Partnerships: We will put proactive effort into improving and enhancing our partnerships, ensuring and encouraging strategic alignment with South Ayrshire Council, NHS Ayrshire and Arran and our Community Planning Partners.</p>		X	X	X	X	X	X	X	X
<p>10. Contributing to community capacity building: This will include a full contribution to work such as that within Wallacetown in collaboration with the community and Community Planning Partners. South Ayrshire Lifeline staff are working with the new community groups to build capacity and the HSCP will play a full part in this.</p>	End 2022	X	X	X		X		X	X








<p>11. Support for carers (adult and young carers): Pursuing opportunities for co-production and looking at creative solutions particularly by harnessing the community response to COVID-19 and community wealth building.</p>	<p>Adult Carers Strategy 2019-2024; and, Young Carers Strategy 2021-2026</p>	X	X	X	X			X	
<p>12. Mental wellbeing and loneliness: Understanding the HSCP services' impact on mental wellbeing and loneliness and working with mental health services and importantly, beyond, mental health services to improve mental wellbeing.</p>	<p>Commission work in 2021</p>	X	X	X				X	X
<p>13. Choice and Control: We are ambitious through changing the balance of care to enable individuals to decide how best they can be supported, which takes account of their interests, wishes and commitment to health and wellbeing.</p>			X	X	X				
<p>14. Equalities: We will mainstream our approach to equalities. We will use our governance structures to ensure the impacts of policies and processes are positive for people of all protected characteristics.</p>	<p>End of 2022</p>	X	X				X	X	X

15. Demonstrating our impact: in addition to the statutory reporting and regular performance reports we produce, the HSCP will develop a performance framework which makes better use of qualitative information, how people experience our services and, ultimately, the impact we make as a HSCP on people's lives.	April 2022	X					X	X	X
16. Business support and systems: Delivering key system changes that are vital to the efficient functioning of our services i.e. Care First and CM2000 and a review of our administration service.	End 2021	X					X		
17. Quality Improvement: we will develop and mainstream a quality improvement agenda across the HSCP	June 2022	X				X	X		








Community Health and Care									
Action	Short-term target	Long term activity							
1. Investing in and redesigning our new Reablement Service (increase reablement capacity by 60% to support delayed discharges and optimise service user's independence to stay at home as independently as possible).	End 2021	X	X	X	X		X		

<p>2. Transforming Care at Home Services (Recommission care at home purchased services, including the implementation of CM2000).</p>	End 2022		X		X		X	X	
<p>3. Implementing CM2000 to in-house care at home to optimise scheduling and monitoring of care delivered.</p>	April 2021						X		
<p>4. Improving our approach to data analysis for delayed discharge and unscheduled care, allowing us to enhance our evidence-base for further service improvements.</p>	End 2021	X					X	X	
<p>5. Increasing our mobile attendant service to provide capacity to transport individuals home out of hours from University Hospitals Crosshouse and Ayr.</p>	End 2022		X	X	X				
<p>6. Further developing our Home First approach, in collaboration with East and North Ayrshire.</p>	End 2021		X	X			X		
<p>7. Participating in the Improvements to Urgent Care across Ayrshire.</p>	Update end 2021	X			X	X	X		
<p>8. Working with Allied Health Professions to continue to embed an enablement ethos across our services and with our provider partners.</p>	End 2022	X	X	X	X	X	X		

9. Review of day care services , incorporating findings of the Review of Adult Social Care.	End 2021		X	X	X	X	X	X	X
10. Focusing on community led support building on enhanced third sector capacity.	End 2022	X	X	X	X	X	X	X	X
11. Further embedding our locality model and teams around the practice.	end 2022	X	X	X	X	X	X	X	X








Learning Disability									
Action	Short-term target	Long term activity							
1. Strengthening opportunities and arrangements for people with learning disabilities to use Self-Directed Support as a mechanism for more choice and control in their lives.	End 2022	X	X	X	X		X	X	
2. Improving organisational culture via staff workforce development, training and the promotion of practice standards and ethics.		X		X		X	X		
3. Work in partnership with South Ayrshire Council's Housing Service to identify housing need and to develop Social Housing specifically for people with Learning Disabilities.	End 2022	X	X		X				X








4. Work in partnership with Locality Planning Groups to develop assets-based approaches to community inclusion.		X	X	X	X			X	X
5. Developing partnership approaches to increasing the number of people in employment and engaged in different aspects of community life and activities.	End 2022	X	X	X				X	X
6. Publish new Adult Learning Disability Strategy for South Ayrshire	Drafted by end 2021	X	X	X	X	X	X	X	X

Mental Health									
Action	Short-term target	Long term activity							
1. Embed recognition that mental health and wellbeing are connected to services provided elsewhere, e.g. housing, education and employment support and develop links with these services, as well as supporting individuals to engage effectively with support that may be of benefit to them.	Commission work by end 2021	X	X	X	X	X	X	X	X

<p>2. An extreme teams approach to reviewing how Child and Adolescent Mental Health Services (CAMHS) are delivered across Ayrshire. Ensuring that they meet the National Specification for a CAMHS service, but also meet local needs within South Ayrshire with meaningful specialist Mental Health contribution to the “Whole System” of service for children and adolescent in South Ayrshire.</p>	End 2022		X	X	X	X	X	X	X
<p>3. Enhancing Mental Health Officer capacity</p>	End 2022	X	X		X	X	X		
<p>4. Working with housing to develop a range of supported accommodation models that will meet the needs of those with mental ill health and which are orientated to a community-based recovery.</p>	End 2022	X	X	X	X			X	X
<p>5. Work with others to invest in and further develop Distress Brief Intervention (DBI) in South Ayrshire.</p>	Rollout training by end 2022	X	X	X		X			X
<p>6. Review of transfer of mental health service.</p>	End 2022								
<p>7. Crisis situations will be examined and managed with a focus on recovery planning, rather than reactive intervention.</p>	End 2022	X	X		X				
<p>8. Independent services such as Advocacy will be made available to people to support them to make choices and take control of their lives.</p>	End 2022	X	X	X	X			X	








<p>9. Continue to strengthen the links with other agencies working with vulnerable people in our communities or other places such as hospitals or prisons to improve their opportunities on release or discharge.</p>	End 2021	X		X	X		X	X	
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Alcohol and Drugs									
Action	Short-term target	Long term activity							
<p>1. A focus on working with families. The Whole Family Approach is part of the strategic direction of the Scottish Government. We Are With You (formerly known as Addaction) and Ayrshire Council on Alcohol provide family support.</p>	End 2022	X	X	X		X	X		
<p>2. Working with partners to develop earlier interventions to reduce alcohol and drug related deaths.</p>	End 2021	X	X			X			X
<p>3. Implement supports for young people with alcohol or drug related issues.</p>	End 2022	X	X	X	X	X	X	X	X
<p>4. Develop intensive and flexible support for people in times of transition</p>		X	X	X	X	X	X	X	X
<p>5. Develop support for individuals affected by alcohol and drugs, involved with justice services, including prison</p>	End 2022	X	X	X	X	X	X	X	X
<p>6. Support the ADP Learning Review and related improvement activities</p>	End 2022	X	X	X	X	X	X	X	X








Children's Care									
Action	Short-term target	Long term activity							
1. Whole Family Whole Systems Approach: Invest in additional health and social care staff working in Belmont Cluster to work with pastoral care teaching staff to develop a whole family approach to supporting families to live together safely.	End 2021	X	X	X	X	X	X	X	X
2. Enhanced provision at the Children's House in Ayr, supporting short breaks and an independent flat.	End 2022		X	X	X	X			
3. The implementation of the Signs of Safety approach (a relationship based, strengths focused approach to working with families).	End 2022	X	X	X		X	X		
4. Developing mental health supports and services which help children and young people within their local communities and to manage their own mental health with access to the right support at the right time.	End 2022	X	X	X				X	X
5. Extending our South Ayrshire foster carer provision	End 2022	X	X	X	X				X

<p>6. Enhancing support to our Kinship Carers and increasing the likelihood that when children cannot live with birth parents, there are other family members who feel resourced and supported to step in and care.</p>		X	X	X	X	X	X		
<p>7. That we provide high-level support to our Care leavers with access to supportive, empowering and compassionate Throughcare services, as well as commissioned services which support young people towards adulthood.</p>	End 2022	X	X	X	X	X	X		
<p>8. We are committed to the implementation of the Independent Care Review’s “The Promise” and that it underpins the transformative direction of how we deliver care.</p>	End 2022	X	X	X	X	X			
<p>9. We are proud corporate parents and are committed to improving outcomes for our care experienced children through the development of our new Corporate Parenting Plan 2021-2031.</p>	End 2021	X	X	X	X	X			
<p>10. We will have specific support to help young people with drugs and alcohol use and access to services, to support a whole system plan of care.</p>	End 2022	X	X	X	X				X








<p>11. We are committed to supporting Children and families who become in crisis and require family supports, through our Social Work teams and access to Intensive Family Support Team and Functional Family Therapy teams</p>	End 2022	X	X	X	X	X		X	
<p>12. We will continue to work with children within South Ayrshire who have additional needs and require support from specialist social workers and commissioned services and will ensure that there are clear and smooth transitions into adult services for those that require it.</p>	End 2022	X	X	X	X			X	
<p>13. We will commit to supporting our Young Carers with our partners and helping them as they deliver on their caring duties at home, ensuring that they have what they need through access to individualised the Young Carers Statements.</p>	End 2022	X	X	X	X			X	
<p>14. Implementation of the United Nations Convention on the Rights of the Child</p>	End 2022	X	X	X	X	X	X	X	X
<p>17. Align our practice with the review of National Child Protection Guidelines.</p>	End 2022	X				X	X		

Children's Health									
Action	Short-term target	Long term activity							
1. Develop improved support for families in areas such as parenting support, emotional health and wellbeing, financial inclusion.	End 2022	X	X	X	X			X	X
2. Improved joint working with partner agencies and services to support children and young people impacted by poor mental health and emotional wellbeing.	End 2021 work commissioned	X	X				X		X
3. Focus on maternal and infant nutrition and increase in breastfeeding rates	End 2021	X	X	X					X
4. Implement the National School Nursing Pathway and delivery of the associated 10 key priority pathway areas by increasing school nursing workforce.	End 2022		X		X		X		
5. Transfer of the National Pre-school Immunisation Programme from GP lead model to full responsibility of Children's Health service in line with the Vaccination Transformation Programme	End 2022		X				X		
6. Deliver the national 2 to 5-year-old Children's Flu Programme	End 2022	X	X			X	X		

7. Delivery of the Universal Health Visiting Pathways	End 2022	X			X				
8. Improvement in key developmental outcomes for pre-school aged children	End 2022	X	X	X					X
9. Development of a task force and review of service design to support the health care needs of looked after children from out with South Ayrshire as well as children and young people who are looked after by South Ayrshire Council.	End 2021	X	X	X	X	X	X	X	X
10. Build closer links with Children's Houses and private providers	End 2022	X	X				X	X	

Justice									
Action	Short-term target	Long term activity							
1. Continue to prioritise public protection by delivering effective interventions to prevent and reduce the risk of reoffending particularly through Multi-Agency Public Protection Arrangements (MAPPA).	End 2022	X	X			X	X		
2. Engage with service users and work on addressing the stigma and marginalisation they face.	End 2022	X	X	X			X	X	X

<p>3. Focus on supporting families and the wider implications of a service user being imprisoned on the family working in close partnership with Children and Families Social Work, Youth Justice, Housing, Education, Mental Health and Addiction Services.</p>	End 2022	X	X	X			X	X	X
<p>4. Build on the links with adult services to ensure that older service users receive the support they need.</p>	End 2022	X	X		X		X		
<p>5. We will seek to develop robust communications with local community groups and organisations to respond to their needs and to provide service users with Unpaid Work opportunities which improve their links to their local communities.</p>	June 2021	X	X		X				X
<p>6. We will seek to deliver a trauma informed Justice Service.</p>	End 2021 training rolled out	X	X	X	X	X	X	X	X

Allied Health Professions									
Action	Short-term target	Long term activity							
1. Improve system-wide tiered approach to accessing specialist clinical assistance across AHP services through universal and targeted education, self-assessment, self-management/remote monitoring & reporting, and self-referral should specialist intervention be required.	End 2022		X		X		X		
2. Improve access to information and opportunities for earlier assistance to improve health and wellbeing for individuals, families and communities from early years through to older adults, and address inequities (e.g. communication and language, food poverty, cognitive impairment).	End 2022	X	X	X	X			X	
3. Promote strengths-based reablement and self-management approaches across whole system (acute, community and care, children and families).	End 2022		X	X		X		X	

<p>4. Redesign models of service delivery for Specialist and Core rehabilitation services across Ayrshire and Arran that will meet the increase in predicted demand following COVID-19 and deliver quality prehabilitation, early intervention for prevention, empowerment and high-quality effective rehabilitation in line with the Scottish Government’s Framework</p>	End 2022		X	X		X		X	
<p>5. Address the inequities relating to Heathy Weight including public health priorities undernutrition for clinical and non-clinical reasons including food poverty/security/frailty pathway; over-nutrition requiring weight management, diabetes prevention or remission.</p>	End 2022	X	X			X			
<p>6. Workforce: Training AHP’s as non-medical prescribers leading to independent prescribing in the lifespan of this strategic plan. Improving skill mix including advanced practitioners/first contact practitioners, and higher proportion of assistant practitioners/support workers within teams.</p>	End 2024	X	X		X		X		