

<b>Meeting of South Ayrshire Health and Social Care Partnership</b>	<b>Strategic Planning Advisory Group</b>	
<b>Held on</b>	<b>15 June 2021</b>	
<b>Agenda Item:</b>	<b>7</b>	
<b>Title:</b>	<b>Wellbeing Pledge: Community Capacity and Shifting Towards Prevention</b>	
<b>Summary:</b>		
<p>This report seeks the Strategic Planning Advisory Group's direction on the HSCP's emerging work to further develop community capacity and shift towards prevention in line with our commitment to the South Ayrshire Wellbeing Pledge.</p>		
<b>Author:</b>	<b>Phil White, Partnership Facilitator John Wood, Senior Manager</b>	
<p><b>It is recommended that the Strategic Planning Advisory Group:</b></p> <ul style="list-style-type: none"> <li><b>i. Discusses the content of this report and agrees to receive further updates on the development of community capacity with South Ayrshire;</b></li> <li><b>ii. Provides advice on how community capacity can be developed in keeping with the South Ayrshire Wellbeing Pledge.</b></li> </ul>		
<b>Route to meeting:</b>		
Initial report; development of commitments within Strategic Plan.		
<b>Directions:</b>	<b>Implications:</b>	
1. No Directions Required <input checked="" type="checkbox"/>	Financial <input type="checkbox"/>	
2. Directions to NHS Ayrshire & Arran <input type="checkbox"/>	HR <input type="checkbox"/>	
3. Directions to South Ayrshire Council <input type="checkbox"/>	Legal <input type="checkbox"/>	
4. Directions to both SAC & NHS <input type="checkbox"/>	Equalities <input type="checkbox"/>	
	Sustainability <input type="checkbox"/>	
	Policy <input checked="" type="checkbox"/>	
	ICT <input type="checkbox"/>	

## Wellbeing Pledge: Community Capacity and Shifting Towards Prevention

### 1. PURPOSE OF REPORT

1.1. This report seeks the Strategic Planning Advisory Group's direction on the HSCP's emerging work to further develop community capacity and shift towards prevention in line with our commitment to the South Ayrshire Wellbeing Pledge.

### 2. RECOMMENDATION

**2.1 It is recommended that the Strategic Planning Advisory Group:**

- i. Discusses the content of this report and agrees to receive further updates on the development of community capacity with South Ayrshire; and,**
- ii. Provides advice on how community capacity can be developed in keeping with the South Ayrshire Wellbeing Pledge.**

### 3. BACKGROUND INFORMATION

3.1 Following some background work in relation to Adults and Older People and the development of a draft Project Charter re Community Capacity Building, a paper was tabled at HSCP DMT and informed a discussion on how we might strategically develop our proposed approach to Community Capacity Building to support the HSCP to achieve its Strategic Objectives and promote wellbeing.

3.2 The consensus was that:

- It was the right thing to move towards
- It needs to embrace all HSCP working including Children and Justice services
- It needs a strong link to the public health priority work which is the focus of the SDP for Communities and Public Health
- It needs an explicit link to the HSCP Strategic Plan and, in particular, the Wellbeing Pledge
- It affords the opportunity to embrace and integrate a range of similar ambitions in a more coherent way
- It may need to be considered within the context of Community Planning
- Positioning the work in relation to South Ayrshire Council needs careful consideration
- There has been very positive progress made and relationships developed with SAC managers in the last period which could be built upon
- The Wallacetown work needs to be considered within this wider context
- There are lessons to be learned from elsewhere, for example, East Ayrshire where similar work at CPP level is delegated formally to the HSCP to lead

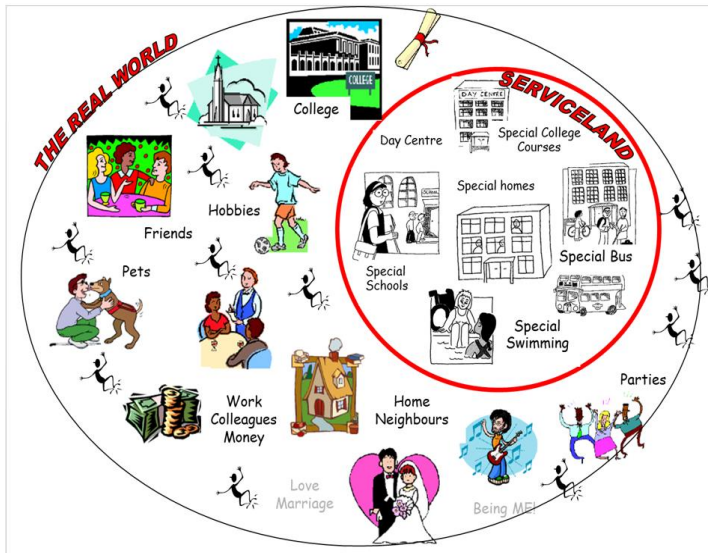
3.3 The following sections set out a range of policy documents, strategies, approaches, etc which are beginning to align and to which the HSCP are trying

to bring coherence within a single programme. The Covid period may be viewed retrospectively as a significant catalyst for positive change and to have informed the way that the local direction of travel is shifting – really driving a paradigmatic shift.

- 3.4 There is much to learn from wider UK contexts where this movement has taken place, such as in Wigan but also to begin to create a local coherent narrative that might underpin broader strategies and plans. There are great examples of this new way of working, and while the [Wigan Deal](#), is probably the most renowned, iHub has collated some of these new approaches into a useful report.
- 3.5 The congruence of policy directions locally and nationally does appear to allow for a more joined up local approach to supporting wider positive outcomes, not least re health and care and general wellbeing.
- 3.6 A range of local and national policy drivers to place this proposed work in context are set out at Appendix 1.**

#### 4. [REPORT](#)

- 4.1. Some emerging principles underpin this work which the SPAG may wish to consider:
- **Prevention** - Defining prevention scope and emphasis on primary prevention (as well as existing secondary/tertiary prevention). Supporting early secondary prevention, for example linked to frailty work and the Life Curve approach.
  - **Community asset focused** – building up skills and capacity within communities and from the existing natural assets. Seeing this as a legitimate social investment
  - **Cross cutting** – don't just focus on one population group wherever possible
  - Rooted in **real localities** and communities and allowing local people to have influence
  - Providing overarching **coherence** and clarity in a cluttered landscape
  - **Crossing notional sectors and settings**
  - A good example of this is one of the enterprise projects that Hansel supported where a person living with Learning Disability shared his knitting skills with care home residents with really good outcomes for all.
  - Supporting people in more natural, cross cutting **community settings** rather than in 'special' spaces and places that are cut off from community life - 'serviceland'(see below)



Emerging public health, community based issues

4.2. These are longer term issues but including many that have been impacted upon by Covid related restrictions:

- The impact of shielding and general lockdown
- Mental health and well-being
- Physical activity and physical well-being
- Social isolation
- Dealing with bereavement
- Hidden issues (for example, intra-familial)
- The need to support carers especially with restrictions re former day care models
- Rehabilitation and Long Covid
- Addressing suicide prevention

Proposed vehicle to address need

4.3. The above issues are complex, multi-factorial and impact on each other.

4.4. It is clear though that addressing these issues in the usual way, through service responses or responses linked with the usual population approach to planning may not be the most effective.

4.5. Because of the congruence of policy at national and local level there may be the opportunity to create broader and cross cutting approaches that are:

- Upstream and preventative
- Rooted in communities
- Not prescriptive but creative
- Holistic including respecting social context
- Building upon positive local physical and social assets
- Focused on key public health priorities

- Rooted in partnerships with local people and local networks
  - Taking the influence of 'place' seriously
- 4.6. Our collective approach might be to really deliver what the Christie Commission set out in 2011 building upon some strong foundations and relationships. This could also more profoundly link to the outworking of the South Ayrshire Wellbeing Pledge and ensure this is planned and expedited on a broader basis with strong links to Community Planning Partners.
- 4.7. A suggested approach might be to:
- Create an overarching programme group to oversee broadly based community capacity development and investment programme as well as wider work on substantiating the Wellbeing Pledge
  - Ensure live linkage with Communities and Population SDP (and wider CPP) and HSCP strategies and shared strategies such as Social Isolation, Dementia, Carers, etc.
  - Agree approach re children and young people and links to Integrated Children's Service Planning approaches particularly the links to the 'village' that raises the child in Family Nurse Partnership and wider contexts
  - Invest HSCP monies in incremental approach to support wider community based activities
  - Use HSCP investment as leverage to attract other funding from Statutory and other partners
  - Increase social and micro-enterprise approaches and ensure adequate supportive infrastructure
  - Work with Locality Planning Partnerships to ensure local participative approaches to support local and partnership wide priorities – for example Participatory Budgeting
  - In year 1, set aside an initial investment for community-based approaches to be split between local grant making/participatory budgeting and more substantial 'commissioned' community services. 'Bids' would sought from third/community sector groups that address agreed key priorities in a more substantial way (for example, widening opportunities for physical activity, addressing poor mental health and wellbeing , addressing social isolation, healthy eating, dealing with death and bereavement, including people with dementia and carers, supporting low level 'rehabilitation', suicide prevention, etc
  - There would be particular support for projects involving significant amount of volunteer activity
  - The approach would be iterative and Year 2 investment programme would build on learning from year 1 and so on
  - Proposed to increase investment significantly in Year 2 and again in Year 3
  - In relation to monitoring and evaluation, the programme will link to the materials generated by Evaluation Support Scotland for similar types of programme.

#### Proposed locus of planning and governance

- 4.8. The breadth of policy drivers set out in earlier sections illustrates the need to place planning more centrally within a Community Planning Partnership context, notwithstanding the need to have clear accountability for use of HSCP resources and the linked monitoring of outcomes.
- 4.9. To this end a pragmatic response might be to have a Programme Board that reports dually through CPP structures and HSCP structures. The HSCP will likely have a group charged with overall 'transformation' and this might be a sensible locus for this work.

#### Way Ahead

- Present proposed approach to HSCP DMT then SPAG/Transformation Board
- Present approach through CPP structures
- If positive response, develop TOR for new Programme Group to oversee and monitor work, monitor investments and assess impacts and outcomes and report to IJB and CPP structures.

#### Programme Board

4.10. It is proposed that work on the implementation of the Wellbeing Pledge and nurturing and growing community capacity would be through a Programme Group which will provide update to and seek guidance from the SPAG. The purpose/remit of the group will be:

- To oversee community capacity development
- To oversee arrangements for investment in community capacity building
- To ensure robust monitoring and arrange evaluation of investment programme
- To ensure linkages with germane bodies/structures/groups
- To report to HSCP Transformation Group, SPAG and CPP Communities and Population Group

## **5. STRATEGIC CONTEXT**

5.1 This work will have strategic significance to the HSCP and deliver on key commitments within the IJB Strategic Plan.

## **6. IMPLICATIONS**

### **6.1 Financial Implications**

6.1.1 There are no financial implications to this report directly, however, the HSCP management team are working to identify resource that can be committed to delivering this work, as well as leveraging in existing resource from across and indeed beyond the HSCP.

### **6.2 Human Resource Implications**

6.2.1 There are no HR implications to agreeing this report.

### **6.3 Legal Implications**

6.3.1 There are no legal implications to agreeing this report.

### **6.4 Equalities implications**

6.4.1 A full equality impact assessment will be undertaken on implementation.

### **6.5 Sustainability implications**

6.5.1 There are no sustainability implications to agreeing this report.

### **6.6 Clinical/professional assessment**

6.6.1 The views of professional groups will be taken into close consideration as the strategy is developed.

## **7. CONSULTATION AND PARTNERSHIP WORKING**

7.1 Proposals for consultation and a partnership approach are set out above and will be further developed.

## **8. RISK ASSESSMENT**

8.1 There is no risk associated with agreeing this report.

### **REPORT AUTHOR AND PERSON TO CONTACT**

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### **BACKGROUND PAPERS**

**June 2021**

## APPENDIX 1

### **National drivers**

The [Christie Commission](#) , from 2011, set out a vision for reformed public services including the following key messages:

- Recognising that effective services must be designed with and for people and communities - not delivered 'top down' for administrative convenience
- Maximising scarce resources by utilising all available resources from the public, private and third sectors, individuals, groups and communities
- Prioritising preventative measures to reduce demand and lessen inequalities

The [Feeley review of Adult Social Care](#) – has, a different approach to our approach to social care at its heart including the following direction of travel:

***Informal, community based services and supports must be encouraged, supported and funded to respond appropriately to the needs of local citizens, including for preventative and low level support.***

The new [Self Directed Support \(SDS\) Framework Standards](#) also support this direction of travel with an emphasis on early supportive conversation, advice and signposting to preventative community opportunities.

Standard 2 - Early Help and Support is highly relevant:

*Early help and community support offers a universal approach where everyone is welcome to have a good conversation about what matters to them, and to identify solutions to improve their quality of life. This approach can serve as a gateway into more formal assessment and access to services. However, this approach should not be regarded as a replacement for registered statutory services when these are needed. Community solutions do require investment and ongoing commitment and support from national and local government.*

The [Community Empowerment Scotland Act 2015](#) includes a variety of linked ambitions including a much more participatory approach to community planning/local government decision making.

The **1% Participatory Budget commitment** between SG and COSLA sets out the formal agreement regarding how the 1% of council budgets has to be informed through participatory mechanisms.



LD2186

2\_Participatory Budge

The [Scottish Government's Public Health priorities](#) sets out the key priorities in the next period re public health and Priority 1 is:

***A Scotland where we live in vibrant, healthy and safe places and communities***

*The places we live, work and play, the connections we have with others and the extent to which we feel able to influence the decisions that affect us – all have a significant impact on our health and wellbeing. The immediate physical environment, the social networks we belong to, the local economy, our workplace and the accessibility of services are all important.*

*How we design our surrounding environment provides opportunities to develop local approaches to improving people's health that draw on all the assets and resources of a community, including how we integrate public services and how we build community resilience.*



## The SG Place Principle and Place Planning

*Place is where people, location and resources combine to create a sense of identity and purpose, and is at the heart of addressing the needs and realising the full potential of communities. Places are shaped by the way resources, services and assets are directed and used by the people who live in and invest in them*

*A more joined-up, collaborative, and participative approach to services, land and buildings, across all sectors within a place, enables better outcomes for everyone and increased opportunities for people and communities to shape their own lives.*

### **The principle requests that:**

- *all those responsible for providing services and looking after assets in a place need to work and plan together, and with local communities, to improve the lives of people, support inclusive and sustainable economic growth and create more successful places.*

Community Wealth Building is a Scottish Government economic policy seeking to place controls and benefits into the hands of local people.

The new policy and organisational position of **Police Scotland** and **Scottish Fire and Rescue** has a much more explicit embedding of prevention and broader support for public health approaches to inform policing, fire/rescue and wider safety approaches.



PPCW Structure.pptx

Recovery Communities are virtual communities linked to people recovering from poor mental health and/or addiction. They have been strongly linked to the work of ADPs. They recognise the importance of community based contexts for recovery and rehabilitation.

Truacanta – the Truacanta project (Gaelic for Compassionate) links to the Good Life, Good Death, Good Grief work seeking to develop better approaches to support people’s palliative and end of life journeys within communities. Ayrshire is one of the projects being supported within the Truacanta programme. The wider Compassionate Communities work has been formally written up and has links to the International Centre for Integrated Care (who carried out the evaluation of Compassionate Inverclyde).

The Life Curve approach is an evidence based approach that seeks to intervene at an earlier stage in the development of frailty leading to better independence and health/wellbeing outcomes.

The move towards Trauma informed practice is now a key ambition within Children and Adult policy areas particularly the addressing of ACEs and integrating trauma informed practice into mainstream health, education, justice and care.

## **Local drivers**

### **Covid experience and learning**

The Covid experience has illustrated the power of local communities and community groups to mobilise and support their own local neighbours.

This is captured in the VASA report on Covid related work.

**Community Planning** within South Ayrshire has increasing emphasis on community based solutions to demand issues and we now have strong programmes, for example, linked to Social

Isolation and Dementia Friendly Communities. There is support and co-ordination through the Communities and Population Health SDP which addresses the new Public Health priorities including addressing 'place' and this links to an increasing focus on CPP and SAC 'Place Planning' and also, Community Wealth Building. VASA are also leading the development of a Community Planning Volunteer Strategy.

### HSCP Strategic Plan and Wellbeing Pledge

There is a general commitment, now underpinned by the vision set out in the new HSCP/IJB Strategic Plan, to work in a much more collaborative way with community and local third sector groups to support low level work that might prevent poor health and reduce future 'service demand' or provide lighter, local services that might meet the needs in the locality. This is captured in the new Wellbeing Pledge set out in the new plan. Linked to this is a new Concordat with HSCP/third sector setting out a positive partnership approach.

**Locality Planning** – With the proposed reformed arrangements for Locality Planning Partnerships planned for autumn 2021 there is potential for the LPPs to be key players in initiating and championing local activities addressing both local and HSCP priorities. This will include a return to in situ Participatory Planning events (local Decision Days) in Spring 2022. The Locality Planning work will be strengthened by the 3 Partnership Engagement Officers

**Community Led Support** principles underpin our Strategic Plan and approach to our strategies (explicitly and implicitly) and CLS supports much greater use of upstream community based support rather than statutory services too prematurely. The approach set out below illustrates the importance of community based assets to supporting people's health and care:



**Wider Commissioning approaches** including developing more flexible and locally based micro-enterprises may be required in addressing health and social care supports particularly linked to SDS.

**Volunteer Strategy** – the development of a Volunteer Strategy under Community Planning Partnership the development of which is currently being led by VASA.

**Place Planning** – local Place Planning and links to previous 'Charettes'. New Place Plans have been developed for North Ayr and Girvan that are currently subject to formal consultation.

North Ayr - <https://beta.south-ayrshire.gov.uk/article/28253/Ayr-North-Thriving-Places>

Girvan - <https://beta.south-ayrshire.gov.uk/article/28254/Girvan-Thriving-Places>

In addition, there have been previous 'place planning' or 'charette' approaches to engage communities in the future of their locality. (eg link to Maybole Charrette below)

<https://ww20.south-ayrshire.gov.uk/ext/committee/committeepapers2017/South%20Ayrshire%20Council/5%20October%20Planning%20Reports/Maybole%20Town%20Centre%20Charrete.pdf>

**Wallacetown** – The South Ayrshire CPP has identified the community of Wallacetown as a particular priority and it is now the focus of a Strategic Delivery Partnership.

**Local Outcome Improvement Plans** – Whilst incorporating place based work the 4 LOIP priorities remain:

- Care experienced children and young people
- Young Carers
- Social isolation in older people
- Dementia including dementia friendly community approaches

**Local Physical activity strategy** – the new [South Ayrshire Physical Activity and Sports Strategy](#) sets out a range of work that seeks to increase levels of physical activity within the population.

**Community Links programme/social prescribing** – there is an increased emphasis within Primary Care, to support people in non-clinical ways that recognise the wider issues at play. This is often described as Social Prescribing and is now manifest in part by Community Link Practitioners (or equivalents) linked to GP Practices and recognised within the GMS Contract for GPs. The [South Ayrshire Lifeline](#) web-site administered by VASA shows the great number of community opportunities that may help people's wider health and wellbeing outcomes.

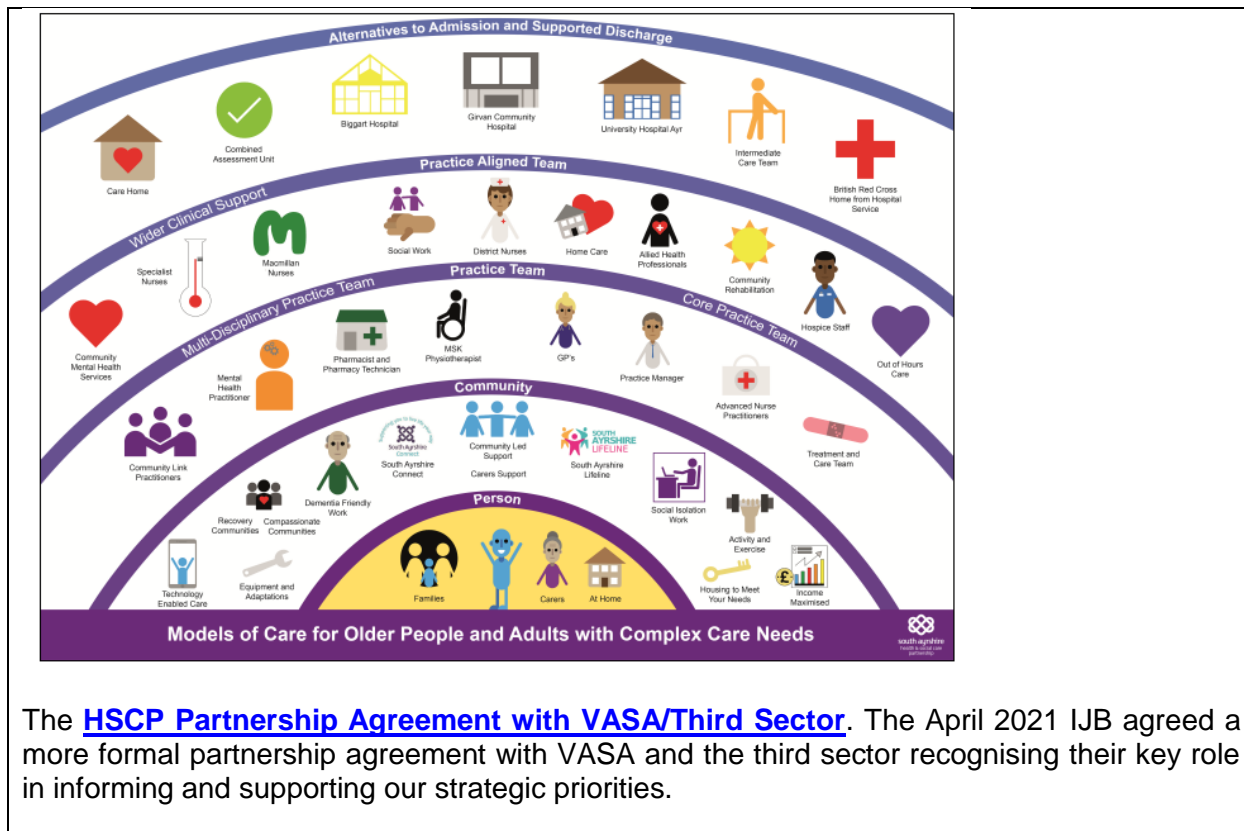
**Children's Service Planning** – the [South Ayrshire Children's Service Plan 20-23](#) sets out the comprehensive approach to delivering positive GIRFEC/SHANARRI outcomes for children and young people. Whilst this is not so explicit regarding the importance of community based supports and the wider impact of communities, it is integral to the thinking behind the delivery.

#### **HSCP Service approach**

Within the HSCP Strategic Plan there is an agreed approach to supporting and framing our approach to service delivery captured in:

- The Team around the GP Practice
- The Team around the school
- The Team around the community

The diagram below illustrates the 'team around the Practice' approach:



The [HSCP Partnership Agreement with VASA/Third Sector](#). The April 2021 IJB agreed a more formal partnership agreement with VASA and the third sector recognising their key role in informing and supporting our strategic priorities.