



south ayrshire  
health & social care  
partnership

**Private and confidential**  
Working Draft: Strategic Plan  
Consultation Document

## Contents

Foreword .....	2
Introduction .....	3
Context .....	0
Challenges and Opportunities .....	11
Listening to You .....	13
2021 – 2031 .....	17
Vision, Values and Principles and ‘The Deal’ .....	18
2031 Strategic Priorities .....	21
Delivery Actions .....	24
Enablers .....	36
Reporting and Impact .....	41
Assessing Impact .....	44
Appendix 1 – Lead Partnership Statements .....	45
Appendix 2 – Draft Housing Contribution Statement .....	52
Appendix 3 – National outcomes for integration .....	57
Appendix 4 – National indicators .....	58

## 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 (comprising members of the council and the health board with input from carers, the people we support and our third and independent sector partners) and ultimately answerable to the community. We have a duty to publish and refresh our Strategic Plan every three years – setting out the broad direction of our services and the outcomes we are seeking to achieve for the people we serve.

Despite the challenges and uncertainty brought by the pandemic, we have a bold ten-year ambition for the South Ayrshire and our ability to improve outcomes and tackle health inequalities in the area. This draft strategy sets out what we think those ambitions should be and we are seeking your input before the final Plan is published in April this year.

Given our accountability to the public, it is vital that we hear from a wide range of voices in drafting our Strategic Plan and determining the strategic priorities for the partnership and this consultation document provides a formal opportunity for us to gather these views.

Of course, the measures put in place to keep us safe during the COVID-19 pandemic in 2020 mean 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, this consultation document seeks to set out an ambitious vision for health and social care services in South Ayrshire with a clear focus on prevention, tackling inequalities, improving outcomes and focusing on our contribution to physical and mental wellbeing. We understand that people do not want to have to reach our services in the first place.

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 tried to incorporate learning from the experience of the pandemic into our plan, recognising the long-term impacts of COVID-19 on our physical and mental health and to be honest about the financial and demographic challenges we face in the years to come.

It is important that our strategic plan is locally tailored and has buy-in from the community and our partner organisations so we hope you will engage with this consultation document and tell us what you think. Our vision for a ‘Deal’ 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.

## Introduction

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

In South Ayrshire, the Partnership covers:

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

This broad range of services we commission means the HSCP is in contact with citizens at all stages of life. 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 Partnership 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 priorities set out in its Strategic Plan.

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

The Public Bodies (Joint Working) (Scotland) Act, establishing integrated health and social care partnerships, came into effect on 2 April 2014 and this is the third Strategic Plan of the IJB. It aims to provide a **ten-year vision** for integrated health and social care services and contains a three-year strategic planning framework for 2021-24 (per the legislation) which sets out priorities for the Partnership 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 operational plans underpinning the strategy will be interlinked with COVID-19 recovery and renewal and will have a 12-month time frame in order to be refreshed on the basis of the finalised Strategic Plan over the coming year. We will also revisit operational plans to incorporate various national policy developments we anticipate over the coming year including the 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 priorities that are detailed in this plan.

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

**But we cannot achieve this alone.** We need to work with partner organisation (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 residents will only be improved if communities, organisations and individuals work together to take charge of the health and care needs of its residents 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 forward towards a system which looks at ‘care’ not just as ‘healthcare’ and formal support services but one that encompasses informal care, communities and their residents 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.

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and require support from both health and social care.

In order to ensure the effective engagement of stakeholders, the Act requires each Integration Authority to establish a Strategic Planning Advisory Group (SPAG). The role of the SPAG is to oversee the development of the strategic plan and continue to review progress, measured against the statutory outcomes for health and wellbeing, and associated indicators. The strategic plan should be revised as necessary (and at least every three years), with the involvement of the SPAG.

At the heart of this approach to strategic planning is the provision of services and support across the sectors, including the third and independent sectors, in a way that meets the needs of particular individuals, communities and localities. In addition to this, our direct engagement and relationship with South Ayrshire communities through our six Locality Planning arrangements, enables us to deliver supports and services more in keeping with local need

To facilitate this, **Locality Planning arrangements are established in six areas of South Ayrshire.**

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 details are provided at appendix 1).

Throughout this consultation document we hope to provide a sense of where we think we have been as a partnership and where we would like to go.



## 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.

### Ageing Population

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).<sup>1</sup>

The ratio of people aged 0-15 and 65+ compared to those aged 16-65 is called the dependency ratio. In South Ayrshire, this figure was 70% in 2019 which is higher than both East and North Ayrshire (61% and 65% respectively) and Scotland as a whole at 56%.<sup>1</sup>

Overall, South Ayrshire's population is projected to decrease -2.2% (-2,490 people) over the 12-year period from mid-2018 to mid-2030. South Ayrshire's population will continue to age in all neighbourhoods with an increase of +21.7% in the 65+ age group and decreases of -10.1% and -10.4% in working age and

children age groups respectively. The over 75-year age group will increase by almost a third, 31.3%.<sup>2</sup>

As the population ages the composition of the population changes. Dependency ratios will increase in South Ayrshire across all neighbourhoods with three neighbourhoods having dependency ratios in excess of 100 i.e. more dependent aged people living there than working age people.<sup>2</sup>

Life expectancy is also expected to increase from 80.4 years in 2018 to 81.2 years in 2030.<sup>2</sup>

This population change will place greater demands on local health and social care services as well as unpaid carers, families, friends, neighbours and local communities.

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 to someone with long-term illness, disability or problems related to old age. This is the latest available figures and illustrates a significant increase in carers from the 2011 census information.

The demands on health and social care services and carers will be compounded by the increase in the number of people with long-term conditions as people get older. In the financial year

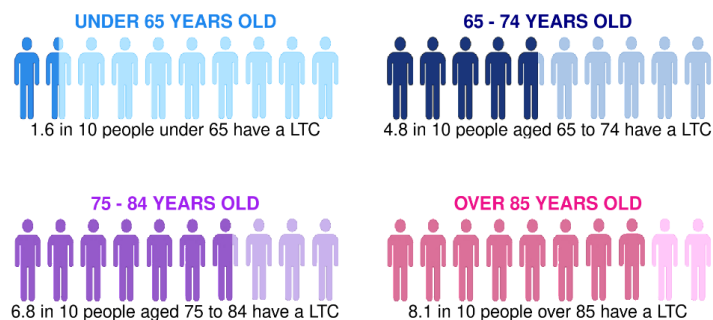
<sup>1</sup> National Records of Scotland, Mid-year Population Estimates, 2019

<sup>2</sup> National Records of Scotland, 2018-based Sub-Council Population Projections

2018/19, in South Ayrshire, 27% of the total population had at least one physical long-term condition (LTC).

As shown in the figure below, the number of people with long-term conditions increases as people age.

**Figure 1: Long-term physical health conditions by age group, 2018/19**

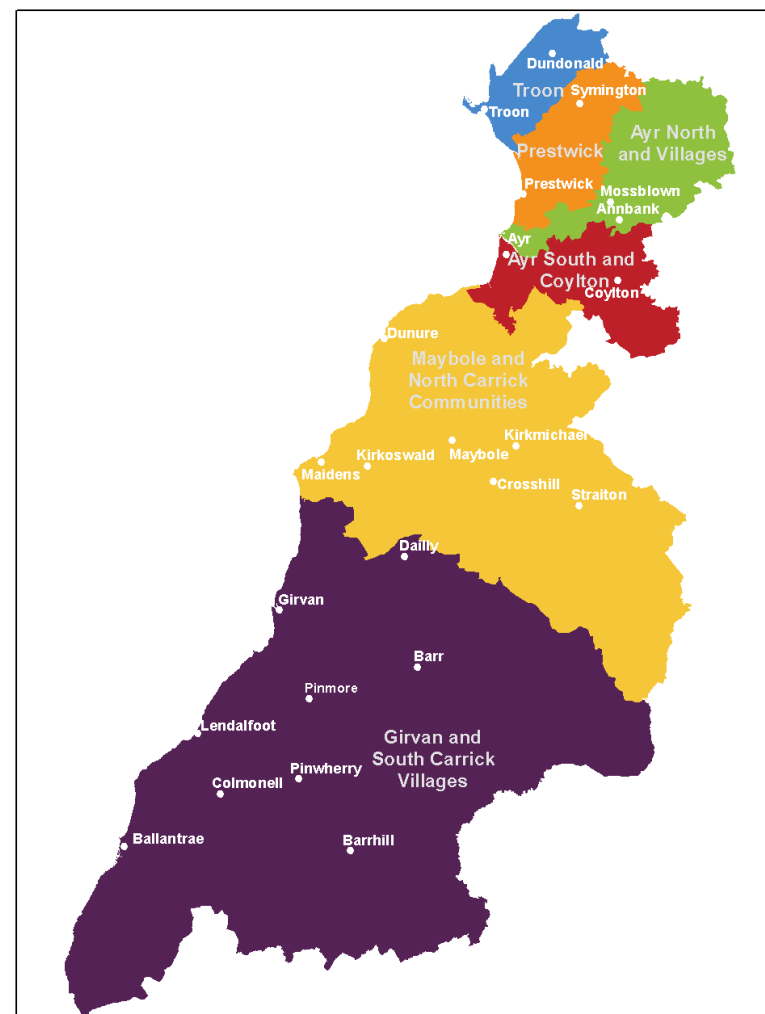


## Locality planning

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

**Figure 2: South Ayrshire's localities**





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.

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 HSCP and the linked recommendations are still to be implemented because of Covid 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 re resource use
- 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.

### Inequalities

Each locality has its own unique strengths and assets, as well as its own challenges, which are highlighted below.

Severe deprivation continues to be concentrated around the Wallace town, Ayr North, Lochside, Whitletts and Dalmillig areas with Girvan, Barassie, Craigie, Kincaidston, Ayr Town Centre and Maybole also suffering deprivation.<sup>3</sup>

19,257 people or 17.1% of South Ayrshire's population live in the 20% most overall deprived of datazones.<sup>3</sup>

The number of children living in poverty (after housing costs) in South Ayrshire is 23%. This is slightly lower than the Scotland as a whole (25%).<sup>4</sup>

In 2016/17-2018/19, South Ayrshire had a much lower rate of mothers exclusively breastfeeding at the 6-8 week review (17%) compared with Scotland as a whole (31%). This also varied depending on locality area. Troon locality had the highest rate at 27% compared with 12% in Ayr North.<sup>5</sup>

---

<sup>3</sup> Scottish Index of Multiple Deprivation, 2020

<sup>4</sup> End Child Poverty, Child Poverty Estimates 2017-18

<sup>5</sup> ScotPHO, Maternity Breastfeeding, 2016/17-2018/19 (3-year financial aggregates)

In March 2020, 6.7% of the over-16 population in Ayr North were unemployed compared to only 1.7% in Prestwick.<sup>6</sup>

If you live in a deprived area you are much more likely to experience poorer health over the long term than someone in a more affluent area. For example, the average life expectancy for males in Ayr North is 73.6 years compared to 80 years for males who live in Troon.<sup>7</sup> By reducing inequalities, deprivation and the impact of poverty, we can make a long-term improvement to the health of local people.

### Balance of Care

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. Maybole & North Carrick Villages, Troon and Prestwick have the lowest figures of 89% compared to 92% in Ayr North.<sup>8</sup>

In 2018/19, South Ayrshire's rate of emergency admissions was 16,169 per 100,000 which was higher than both East Ayrshire (14,921 per 100,000) and North Ayrshire (13,472 per 100,000). South Ayrshire's figure is also considerably higher than the rate for Scotland as a whole (10,891 per 100,000).<sup>9</sup>

The rate of emergency readmissions per 1,000 is also higher in South Ayrshire (122 per 1,000) compared to East Ayrshire (113 per 1,000) and North Ayrshire (108 per 1,000). The figure for

South Ayrshire is also higher compared to Scotland as a whole (100 per 1,000).<sup>9</sup>

In 2018/19, the rate of unscheduled bed days per 100,000 was considerably higher in South Ayrshire (103,979 per 100,000) than East Ayrshire (82,218 per 100,000) and North Ayrshire (80,013 per 100,000). South Ayrshire's rate is also higher than Scotland's overall rate (72,581 per 100,000).<sup>9</sup> There is a greater disparity between South Ayrshire and the other Ayrshire's when comparing the unscheduled bed days per 100,000 for people aged 75 and over. In South Ayrshire, the rate for 2018/19 was 541,170 per 100,000 compared with 460,836 per 100,000 in East Ayrshire and 401,910 in North Ayrshire.<sup>9</sup>

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).<sup>9</sup>

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.<sup>9</sup>

Over the same time period, 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.<sup>10</sup> The figures for both potentially preventable admission and delayed discharges are higher than the Scotland average across all locality areas.

<sup>6</sup> Office of National Statistics via NOMIS, March 2020

<sup>7</sup> ScotPHO, Average Life Expectancy, 2014-2018 (5-year aggregate)

<sup>8</sup> National Records of Scotland, Death Records, 2018/19

<sup>9</sup> Public Health Scotland SMR01, 2018/19

<sup>10</sup> Public Health Scotland, Delayed Discharges, 2018/19

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”.<sup>11</sup>

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.

As well as being in a person’s best interest in most instances, enabling timely discharge for someone to home, or a homely environment, brings with it other benefits in terms of more efficient use of hospital and community-based resources, reducing costs and increasing service capacity.

## Mental Health and Wellbeing

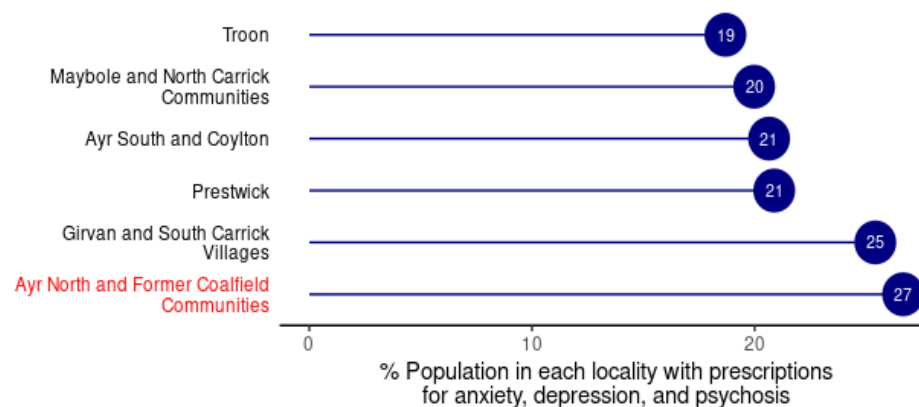
In 2018/19, 22% of people were prescribed medication for anxiety, depression or psychosis (ADP) in South Ayrshire which is higher than the Scottish average of 19%. However, this figure varies across South Ayrshire’s localities.

In the same time period, 27% of people in Ayr North and Former Coalfield Locality were prescribed medication for ADP

<sup>11</sup> NHS National Services Scotland Delayed Discharge Definitions Manual, 2016

compared with 19% of people in the Troon Locality (as shown in Figure 4)<sup>12</sup>.

**Figure 3: Percentage population prescribed medication for anxiety, depression or psychosis across South Ayrshire’s localities, 2018/19**



Source: ScotPHO

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.

<sup>12</sup> ScotPHO, % population prescribed medication for ADP, 2018/19

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).<sup>13</sup>

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.<sup>14</sup>

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%) people felt hopeless, whilst 12% stated that they had been panicked in the previous two weeks.<sup>15</sup>

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.<sup>16</sup>

---

<sup>13</sup> ScotPHO, Alcohol-related Admissions Rate, 2018/19

<sup>14</sup> Mental Health Foundation Scotland *Coronavirus. The divergence of mental health experiences during the pandemic* July 2020

<sup>15</sup> Mental Health Foundation Scotland *COVID-19 Scotland Wave 7: Key Findings*, 27<sup>th</sup> August – 3<sup>rd</sup> September 2020

## Public Protection

Children are placed on the child protection register when they are deemed at risk of significant harm. 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.<sup>17</sup>

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.<sup>17</sup>

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.<sup>18</sup>

<sup>16</sup> 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

<sup>17</sup> Local social work system, 2019

<sup>18</sup> Recorded Crimes in Scotland, Crime rate per 1,000 population, 2018/19

## Local and National Policy Context

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

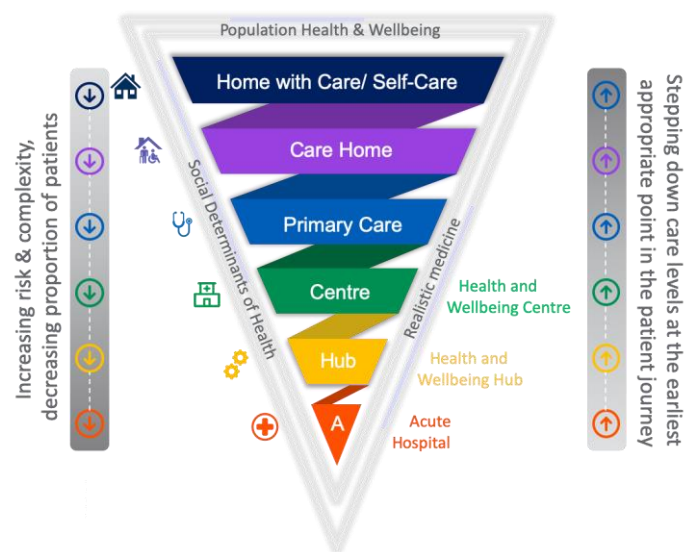
To deliver on the commitment in the [South Ayrshire Council Plan 2018-2022](#) for people to *Grow Well, Live Well, Age Well*, the Partnership works alongside Council colleagues to improve outcomes of people living in South Ayrshire.



[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).

**Figure 4: Caring for Ayrshire model**



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

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 Partnership 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 Partnership 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 Partnership, as a key partner in the CPP, plays a key role in achieving the Public Health Priorities:



1. A Scotland where we live in vibrant, health 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 harm from alcohol, tobacco and other drugs.
5. A Scotland where we have a sustainable, inclusive economy with equality 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 Partnership, alongside community planning partners, over the coming years. The Partnership 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.

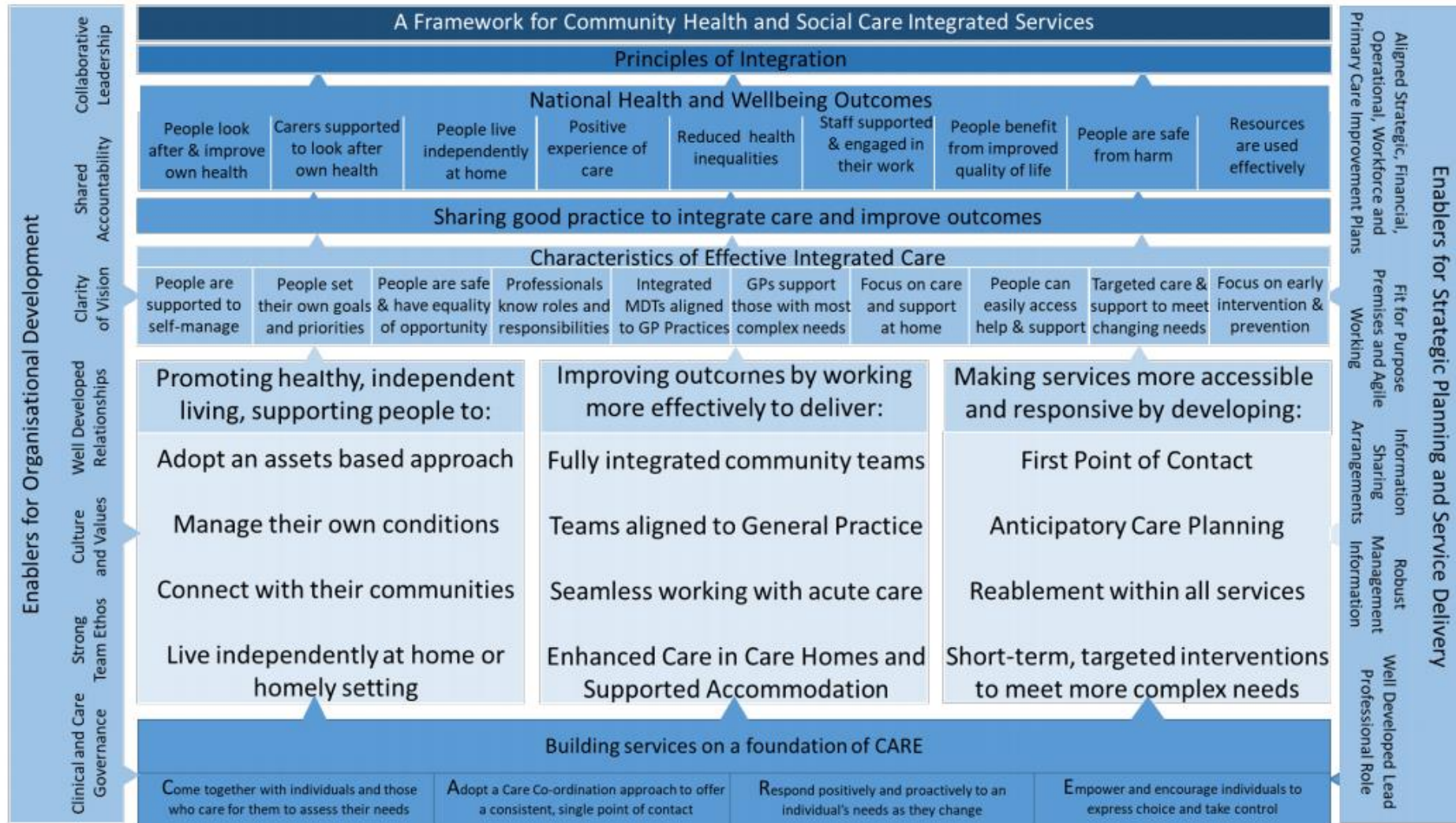


The [Independent Review of Adult Social Care](#) is currently taking place with a report being published in January 2021. This will have an impact on the way the Partnership deliver social care services and will be incorporated into the Strategic Plan. Early

public consultation across Scotland and this has highlighted accessing social care support can feel difficult and there needs to be a focus on transforming commissioning processes.

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





**Consultation question 1: What other considerations do we need to take account of to inform our Strategic Plan for South Ayrshire HSCP?**

**In particular, is there any further local evidence we should base our plans around (e.g. from your locality planning area)?**

## 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 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 drug-related deaths
- COVID-19 recovery and response and 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

**Locally:**

- 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 IT infrastructure as more modern service models emerge

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.
- 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.
- 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. For the HSCP 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
  - Residents 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, sometimes using locally originated resources (such as wind farm monies) and 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.

**Consultation question 2: Do you know of other challenges or opportunities that we need to consider in our Strategic Plan?**

## Listening to You

### What we are doing

In preparing for 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 from the support we received from our partners to do this, particularly VASA.

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 Voluntary Action South Ayrshire (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 are hearing from the public and children and young people

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%) has 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 Partnership 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:

*Support groups in own area*

*Community base for young adults with learning disabilities*

*Help at school*

## What we are hearing 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:

*Maintain relationships and connect positively frequently as social isolation is across communities.*

*Build capacity within communities that enables independence and not dependence on services.*

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.

*How we feed back to each other and share information with the voluntary sector*

*Value third/voluntary sector knowledge and include them in decision making*

*Work together to find pragmatic solutions to issues.*

## 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.

### Going forward

At the heart of the ‘Deal’ or ‘Our offer’ is the idea of a new relationship between the Partnership, South Ayrshire residents, the third sector and provider organisations. We want to build on the engagement that has already taken place and ensure that your views are shaping the way services are delivered by the Partnership. 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.

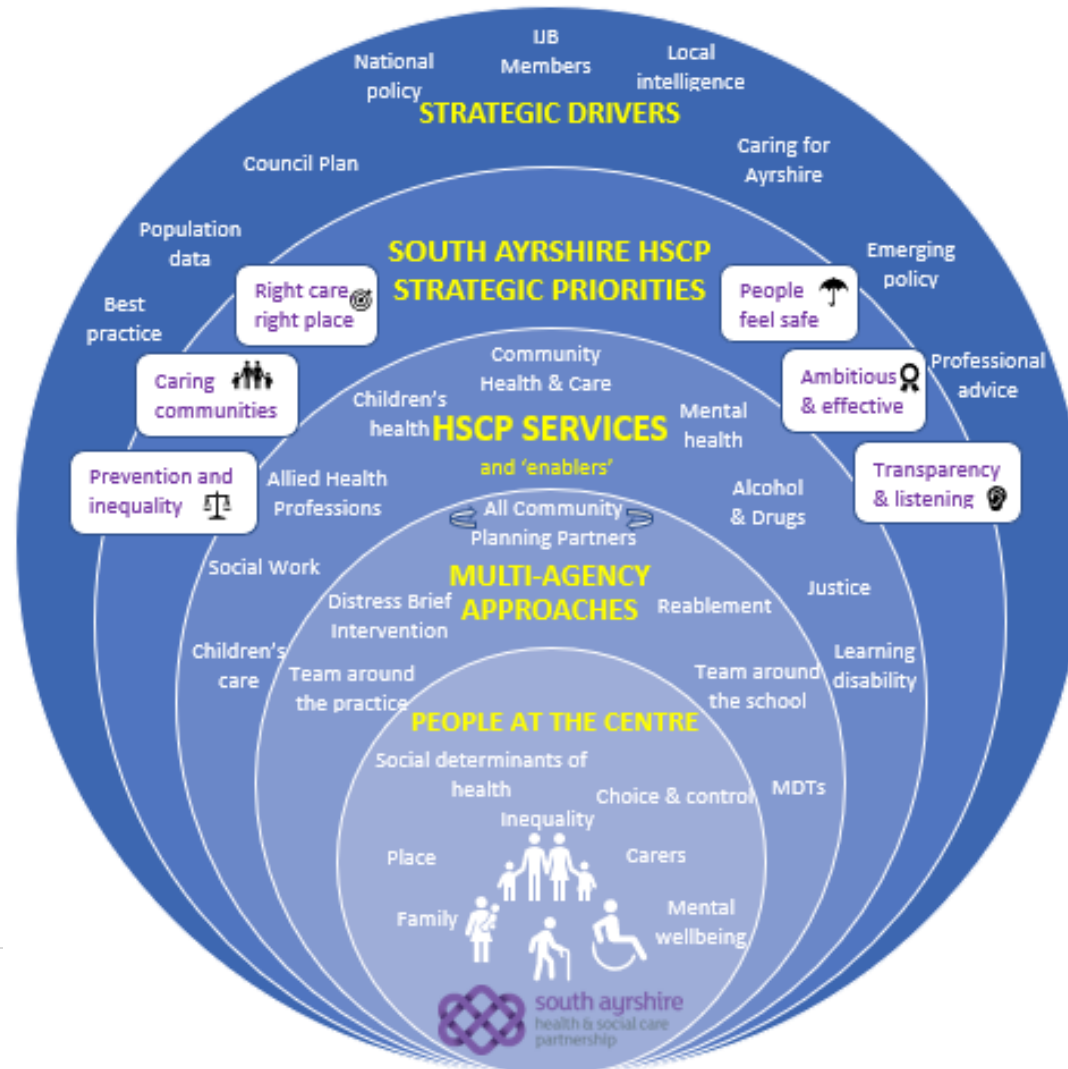
We will refresh our Communications and our Community Engagement and Participation Strategies to help guide and inform consultation activity in the future. This will provide us with a framework on how we can improve our engagement with those who do not traditionally take part and provide direction on 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 and 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.

**Consultation question 3: In your opinion, how well does the Partnership engage with our community and partners?**

**Consultation question 4: How can we build on our engagement so far and improve our communication and engagement with our community and partners?**

## 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 and Principles and ‘The Deal’

Our previous Strategic Plan, set out a vision, a set of values and principles for the HSCP and we are keen to hear your views on what these should look like in our 2021 Strategic Plan.

### Current vision

Our current vision is as follows:

*‘Working together for the best possible health and wellbeing of our communities.’*

### Current mission (Principles)

The IJB through the Health and Social Care Partnership will express its mission in this planning period through an approach rooted in the following principles:

- Support and services will be co-produced – ‘doing with’ not ‘doing to’
- Partnership with communities sharing all resources
- People will be treated as equals and assets and strengths built upon
- People will have access to good information and advice pre-crisis points
- The system will be outcome focused, proportionate and responsive
- Bureaucracy will be the minimum it needs to be.

### Future vision and mission

We would like your support in developing our vision for the HSCP. Our current vision statement is something we are all signed up to but could we improve this in anyway?

In particular, we have been inspired as a partnership by the work of Hilary Cottam (and Prof Donna Hall) whose book *Radical Help* is about new ways of organising, living and growing that have been developed with communities across the UK. She advocates that health and social care services should be focused on “**good lives, lived well**”.

Similarly, we are conscious that this year marks ten years since the publication of the **Christie Commission** on the future delivery of public services and that the principles still hold true in relation to: public services built around people and communities; public service organisations working together effectively to achieve outcomes; prioritising prevention, to reduce inequalities and promoting equality; and constantly improving performance.

We will refresh our statement with these considerations in mind, building on our existing commitments to national policy and, in particular our local commitments to the Council Plan and Caring for Ayrshire agenda. Ultimately, the HSCP should support human flourishing, providing world-class services to those people we have a duty to support but also working with partners prevent as many people as possible from having to “receive services” in the first place.

## Future principles

We will work to thread a set of underpinning principles into everything we do, based on the following proposals:

- Relationships and collaboration
  - Between partners
  - With providers
  - Between staff
  - With the citizen
- Localism (local by default, aided by national policy)
- Community engagement and clear communication
- Transparency, accountability and good governance
- Our broader impact
- Embracing digital technology
- A focus on outcomes
- Investing in our workforce and valuing all of our professional groups
- Harnessing learning from COVID-19
- Families are assets across all services
- 'Doing with' not 'doing to' – support and services will be co-produced
- People will have access to good information and advice pre-crisis
- Bureaucracy will be the minimum it needs to be

## Current values

The following are the values to which those employed or contracted by the Partnership, or who are stakeholders in it, will be expected to adhere to:

We will be:	We will demonstrate:
• Caring	• Engagement
• Positive	• Integrity
• Respectful	
• Safe	
• Supportive	

## Future values

What do you think of these values? While we look to develop a new set of values for the partnership, taking advice from our staff, our leadership and our Strategic Planning Group, it is important to take a wide set of views into account to inform our HSCP values.

## The Deal

We would like to take inspiration from other high-performing public authorities who have begun to talk about a 'deal' between the public and local services. 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. This will require a new relationship between the HSCP and the community along the following lines.

We hope a new deal 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.

### FOR FURTHER DISCUSSION AT SPAG – 26 Jan

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.

<b>Listen to you and support you to take control of your own care.</b>	Make your own choices and have control over the support you need.
<b>Support people to age well by keeping them healthy and in their home for as long as possible.</b>	Support older relatives, friends and neighbours to be independent for as long as possible.
<b>Give you information on how you can keep active and well.</b>	Keep active at whatever stage of your life
<b>Be open, honest and friendly.</b>	Have your say and tell us if we get it right and wrong.

We will also work with the third and independent sector and community organisations to include them in this new relationship.

**Consultation question 5: How would you like to see us doing our business in the future? What is your part in that? TO BE REFINED FOLLOWING DISCUSSION AT SPAG**

**Consultation question 6: Please rank in order of preference/priority the vision, values and principles for the new Strategic Plan and provide any other comments.**

## 2031 Strategic Priorities

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 most ambitious objectives. While we expect to publish an update to the strategy in 2022 to incorporate a range of national policy changes we anticipate in 2021, we want to set strategic priorities that can lead us to improving outcomes over the next ten years. Our Strategic Plan will be reviewed in 2024 to assess the progress we have made to achieve our strategic priorities.

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

We are seeking your views and thoughts on how we can gain buy-in for these priorities.

### 1. We focus on prevention and tackling inequality

Our services will be targeted at preventative work as much as possible. This of course means keeping people out of hospital, and supporting people early to prevent them reaching our services but this also means we will work to

tackle the root cause of inequality, including poverty. We will work with partners on a health improvement agenda.

### 2. We nurture and are part of communities that care for each other

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.

Not everyone who uses HSCP services choose to and may be bound by legal measures. We will ensure that the service we provide is compassionate and honest.

We will work with Community Planning Partners to embed our Corporate Parenting duties and implement the foundations of The Promise.

We value and support unpaid carers in their caring role. We will support them to be able to take a break from caring and to look after their own health. We will ensure that unpaid carers are not defined by their caring role.

We will work with partners to build capacity within the community and, in particular, our HSCP will take a proactive

approach to improving mental wellbeing across South Ayrshire. This cannot be done without strong relationships with the third sector and other parts of the 'whole system' including education, employability, housing, leisure services, our emergency services and the private sector.

We will recognise and address the many ways in which inequality is felt, including socio-economic inequalities as well as those experienced on the basis of protected characteristics including gender, race and disability status.

### **3. We work together to give you the right care in the right place**

As described in the Caring for Ayrshire vision, we will continue to shift the balance of care, ensuring people are supported within the community where possible rather than in a hospital setting. This will involve further promotion of independent living and self-directed 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 to design and commission appropriate models of service to deliver on this commitment.

We will work with our housing colleagues to ensure that people are in housing to best meet their needs.

### **4. We help to build communities where people are safe**

The HSCP will continue its commitment to the public protection agenda across our services, through good and robust governance around our services (delivered through the Adult and Child Protection Committees and our Clinical and Care Governance Group).

In the community we are also committed to keeping people safe, through 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.

### **5. We are an ambitious and effective Partnership**

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.

Our services and approach to strategic commissioning will embrace innovation and new technology.

## **6. We are transparent and listen to you**

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 be honest about our resources and constraints so with our community knows what to expect from us. We will listen to complaints and compliments made by the community and learn from them.

## **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.

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

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

## Delivery Actions

Our Strategic Plan will be accompanied by an underpinning operational plan, reflecting and bringing together service plans for each of our service areas. Some of our planned and existing activity is drawn out in this section below to provide an indication of our direction of travel and the flagship areas of work that will help us achieve the objectives set by the partnership.

While the Strategic Plan seeks to set out a ten-year vision, our operational planning – heavily influenced by the COVID-19 response – has a shorter-term focus by necessity and the delivery actions below have more of a one-year focus.

The activity below draws on existing service plans and strategies, ongoing work at a corporate level and is heavily informed by our COVID-19 mobilisation and recovery. Once our strategic objectives are agreed, along the rest of the Strategic Plan, these activities will be aligned to those broader aims.

### Partnership wide

- 1. Learning from COVID-19:** The pandemic has and continues to provide unprecedented challenges to the HSCP but has also presented an opportunity for learning and accelerating some of the ways of working we wish to adopt (e.g. delivering services remotely, and taking a flexible approach to where staff are located). Our COVID-19 learning programme will capture this and ensure we do not return to any previous inefficient ways of working.
- 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. We will build on the relationships with our Locality Planning Partnerships and improve their involvement in planning processes.
- 3. Improving our approach to commissioning:** Building trust and collaborating with our providers to ensure we get 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.

4. **Third sector and independent sector engagement:** Building on and formalising existing good relationships with the third and independent sector e.g. through our regular provider forums and bringing them into our planning processes aligning with the [Third Sector Interface Manifesto for Change](#).
5. **Workforce and organisational development:** Focusing on our people, 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. This will involve a focus on recruitment and retention, ensuring we invest in our workforce and attract the best people to work for us. We will also ensure the HSCP gives appropriate recognition of the professions across our services, valuing the contribution of social work, the allied health professions and nursing.
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.
7. **Digital:** Our services will embrace digital technology at a service level, supported by the delivery of Health and Social Care Partnership Digital Strategy.
8. **Social, economic and environmental impact:** Through our performance framework and working with others such as 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 (e.g. contributing to the Community Wealth Building agenda and supporting the council's procurement policy statement). This will also be informed by our mainstreamed focus on tackling inequality.



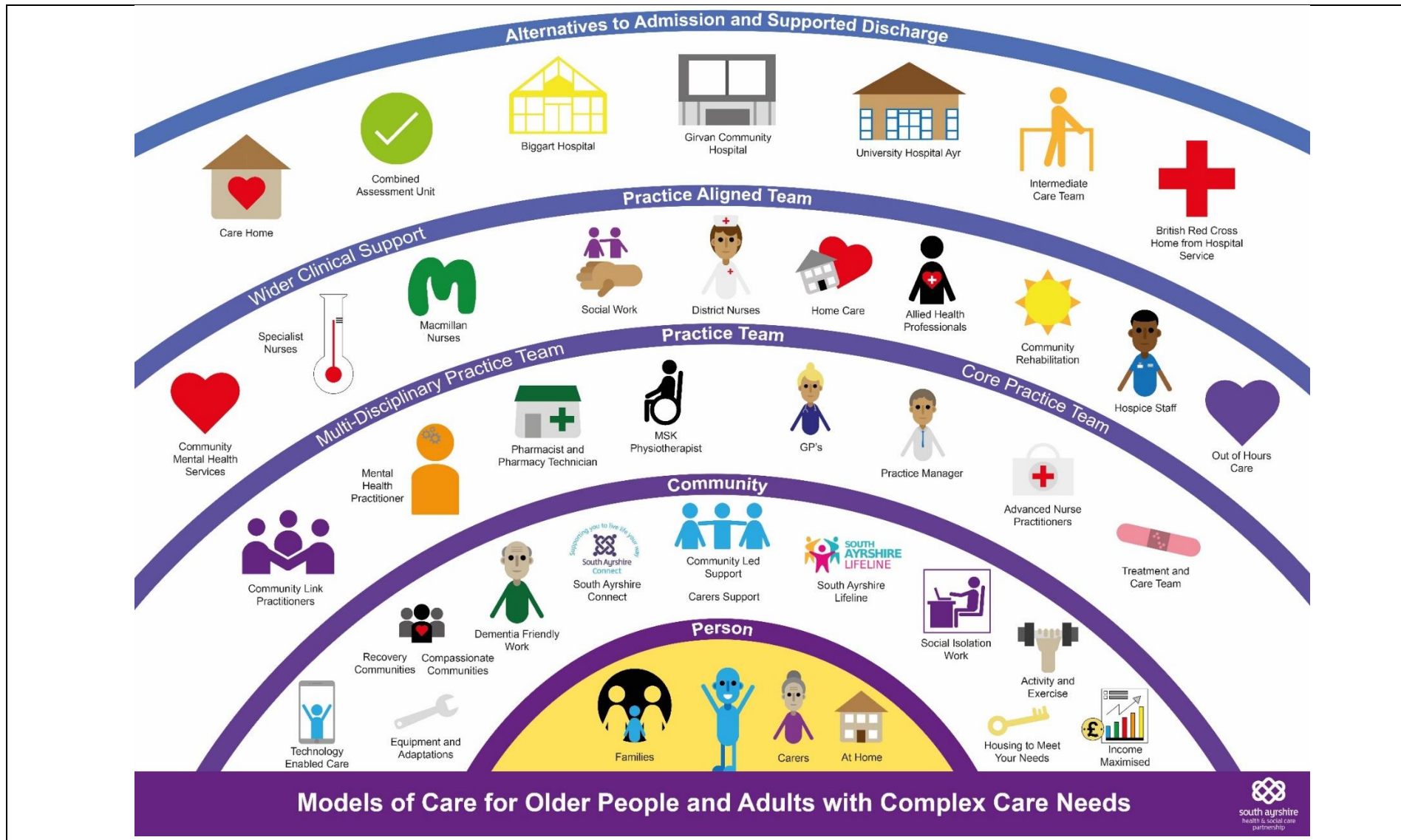
- 9. Partnerships:** We will put proactive effort into improving and enhancing our partnerships, ensuring and encouraging strategic alignment with South Ayrshire Council, NHS Ayrshire and Arran and our Community Planning Partners. We will also continue to build on our relationships with national organisations.
- 10. Contributing to community capacity building:** Recognising the benefits of community assets and the need to support communities to build their own capacity and inspired by the community response to the pandemic, we will contribute to community capacity building supported by our Locality Planning Partnerships. 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.
- 11. Support for carers:** Pursuing opportunities for co-production and looking at creative solutions particularly by harnessing the community response to COVID-19 and community wealth building. We will continue to implement our Adult Carers Strategy 2019-2024 and publish our Young Carers Strategy. Continuity of support to parents with learning disabilities and embedding support for them as parents within mainstream support services that promote family life.
- 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. This will consider people of all ages and contribute to existing efforts around suicide prevention.
- 13. Self-directed support:** 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.
- 14. 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.

**15. Business support and systems:** Delivering key system changes that are vital to the efficient functioning of our services such as Care First and CM2000 and a review of our administration service.

### Community health and care

A range of initiatives planned and underway to support our community in a way that will allow us to better manage unscheduled care, prevent unnecessary admissions to hospital and reduce delayed discharges:

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).
2. **Transforming Care at Home Services** (Recommission care at home purchased services, including the implementation of CM2000).
3. Implementing **CM2000** to in-house care at home to optimise scheduling and monitoring of care delivered.
4. Improving our approach to **data analysis** for delayed discharge and unscheduled care, allowing us to enhance our evidence-base for further service improvements.
5. Increasing our **mobile attendant service** to provide capacity to transport individuals home out of hours from University Hospitals Crosshouse and Ayr.
6. Further developing our **Home First** approach, in collaboration with East and North Ayrshire. The graphic below sets out our overall vision for care – 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. The vision supports a significant move away from hospital-based care wherever possible, with more emphasis and investment in local and community-based services to support people where they live including recognising the vital role that families/carers and wider community resources play in people's health and well-being.



7. Participating in the Improvements to **Urgent Care** across Ayrshire.
8. Working with Allied Health Professions to continue to embed an **enablement ethos** across our services and with our provider partners.
9. Further embedding our **locality model**:
  - Services/resources around GP's and Care Homes
  - Knowing the different needs of different localities
  - Engaging GP practices in Troon and Dundonald area
10. **Review of day care services**, pending findings of the Review of Adult Social Care
11. Focusing on **community led support** building on enhanced third sector capacity.

### Learning Disability

Continue to deliver on our Learning Disability Strategy which includes the following actions:

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.
2. **Improving organisational culture** via staff workforce development, training and the promotion of practice standards and ethics.
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**.
4. Work in partnership with Locality Planning Groups to develop **assets-based approaches to community inclusion**.
5. **Social connectedness** is improved for people with learning disabilities.
6. Developing partnership approaches to increasing the number of people in **employment** and engaged in different aspects of **community life and activities**.

## Mental Health

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.
2. Enhancing **Mental Health Officer** capacity
3. **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.
4. Work with others to invest in and further develop **Distress Brief Intervention (DBI)** in South Ayrshire.
5. Independent review of **transfer of mental health service**.
6. Evaluate links between Mental Health needs and inequality, e.g. **income maximisation, employment support, etc.**
7. Crisis situations will be examined and managed with a focus on **recovery planning**, rather than reactive intervention.
8. Links will be made with services such as those considered by the **Alcohol and Drug Strategy** to support people to build on their strengths and reduce substance misuse.
9. Independent services such as **Advocacy** will be made available to people to support them to make choices and take control of their lives.
10. 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.

## Alcohol and Drugs

1. **A focus on working with families.** The Whole Family Approach is part of the strategic direction of the Scottish Government. Addaction and Ayrshire Council on Alcohol provide family support.
2. Working with partners to reduce **alcohol and drug related deaths**. Consideration is being given to earlier interventions as over 60% of people whose death was drug related and had made contact with health services.

3. **Support for young people** with alcohol or drug related issues.
4. Support for people in times of **transition** also a key priority area. This encompasses all transitions in life for example, coming out of prison, going from pre-birth to birth, moving from homeless accommodation to a tenancy. This also includes people who successfully completed a detox/Opioid Replacement Therapy (ORT) then died due to the support not being long enough.
5. **Joint working with housing** to explore joint commissioning.
6. Seeking to reduce **loneliness and isolation**. There are high levels of stigma even for families.

### Children's Care

We are committed to transforming the way that we deliver care to our Children and Families in South Ayrshire. We 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. There are a range of investments which will support us in achieving this change in the balance of care, away from expensive out with authority placements. These include:

1. **Whole Family Whole Systems Approach:** Invest in additional health and social care staff working in Belmont Academy to work with pastoral care teaching staff to develop a whole family approach.
2. Enhanced provision at **Cunningham Place**.
3. The implementation of the **Signs of Safety** approach which is a relationship based, strengths focused approach to working with families. This approach supports and enables keeping children safe, drawing from research in what works in building meaningful safety for vulnerable and at-risk children and their families
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.

We will also:

5. Implement of the findings of the **Independent Care Review and fulfil 'The Promise'** and develop a new Corporate Parenting Plan for 2021-2024

6. Implementation of the **United Nations Convention on the Rights of the Child.**
7. **The reform of youth justice/Young Persons Support and Transitions Service.**
8. **Joint commissioning with Housing** to provide a range of housing models and support for young people aged 16-25 years.
9. Review of **National Child Protection Guidelines.**
10. **Recruitment of kinship / foster carers** and support to them.

### Children's Health

Key priority areas will include:

- Children's and young people's mental health
- Perinatal mental health
- Transitions are key and how we set up services for young people with complex needs.
- SDS for children's services.
- Pregnancy and Parenthood in Young People Strategy
- Young Carers

1. Improved support for families in areas such as **parenting support, emotional health and wellbeing, financial inclusion.**
2. **Improved joint working with partner agencies** and services to support children and young people impacted by **poor mental health and emotional wellbeing**
3. **Focus on maternal and infant nutrition and increase in breastfeeding rates**
4. Implement the **National School Nursing Pathway** and delivery of the associated 10 key priority pathway areas by increasing school nursing workforce.
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
6. Deliver the national 2 to 5-year-old Children's Flu Programme
7. Delivery of the **Universal Health Visiting Pathways**

8. Improvement in key developmental outcomes for **pre-school aged children**
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.
10. Closer links with **Children's Houses and private providers**

### Justice Services

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).
2. **Engage with service users** and work on addressing the stigma and marginalisation they face. We will draw upon those with lived experience to inform the way that we deliver services.
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.
4. Build on the **links with adult services** to ensure that older service users receive the support they need.
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.
6. We will seek to deliver a **trauma informed** Justice Service.

### Allied Health Professions (AHPs)

Our Allied Health Professions (AHPs) are integrated right across our service areas and make a vital contribution to operational plans as appropriate. AHPs also benefit from dedicated professional leadership within the HSCP and some key, specific areas of AHP activity are described below:



1. 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.
2. Implement integrated and accessible **digital systems** including comprehensive electronic professional record on one/compatible system(s) across all settings/effective digital platforms to support remote dietetic interventions and group education with appropriate equipment to realise this ambition in both health & social care settings.
3. Improve accessibility to clinicians through **self-assessment, self-management/remote monitoring & reporting and self referral** should it be required
4. **Workforce: Training Dietitians** as non-medical prescribers leading to independent prescribing in the lifespan of this strategic plan. Improving skill mix including advanced practitioners/first contact practitioners, higher proportion of assistant practitioners/support workers within the team.
5. **Integrate with the MDTs** around practices and care homes.
6. **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).
7. **Promote strengths-based reablement and self-management** approaches across whole system (acute, community and care, children and families).
8. **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.
9. 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 pre-habilitation, early intervention for prevention, empowerment and high-quality effective rehabilitation in line with the Scottish Government's Framework.

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

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 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

**Consultation question 8: Do you agree that the Delivery Actions will support us to achieve our Strategic Objectives?**

**Consultation question 9: Are there other actions we need to consider?**

## Enablers

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

### Financial resources

#### Context

NHS Ayrshire and 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.

At the time of writing this consultation document, the 2021-22 Scottish Government financial settlement is expected to be announced in December 2020.

#### 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 in 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.

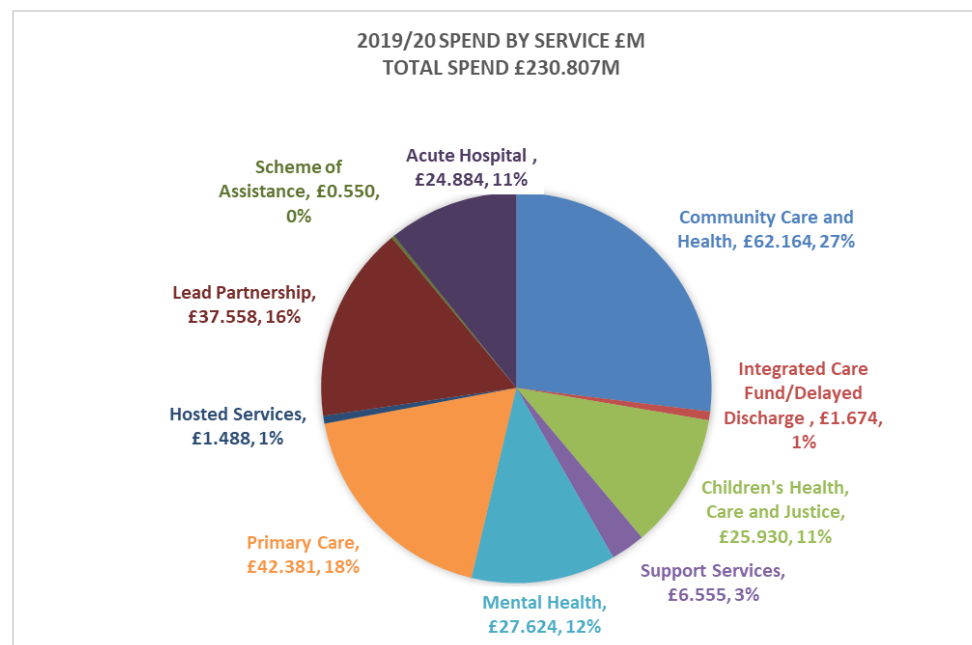
By default, the pandemic has shifted the balance of care from institutional settings to the community, the budget needs to factor what of this shift is recurring through new ways of working and transformation and what is temporary in nature and an effect of shielding, social distancing measures, family's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

Over time we will continue to demonstrate commitment to our strategic priorities 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 be able to provide financial spend by locality area.

**Figure 6: 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 including the Scottish Approach to Service Design. 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 and 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

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 colocating 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 Partnership 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 priorities 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 priorities.

## 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 residents 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 Partnership 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 Partnership'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 and 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 Partnership'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, 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.

**Consultation question 10: Do you have an awareness of how we target our finances?**

**Consultation question 11: What are your views on how the Partnership targets its finances?**

**Consultation question 12: What other resources are available to us? (e.g. local or national initiatives, funds, community assets)**

## Reporting and 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**  
We report regularly to the IJB on our finances, working to deliver our medium-term financial 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 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.

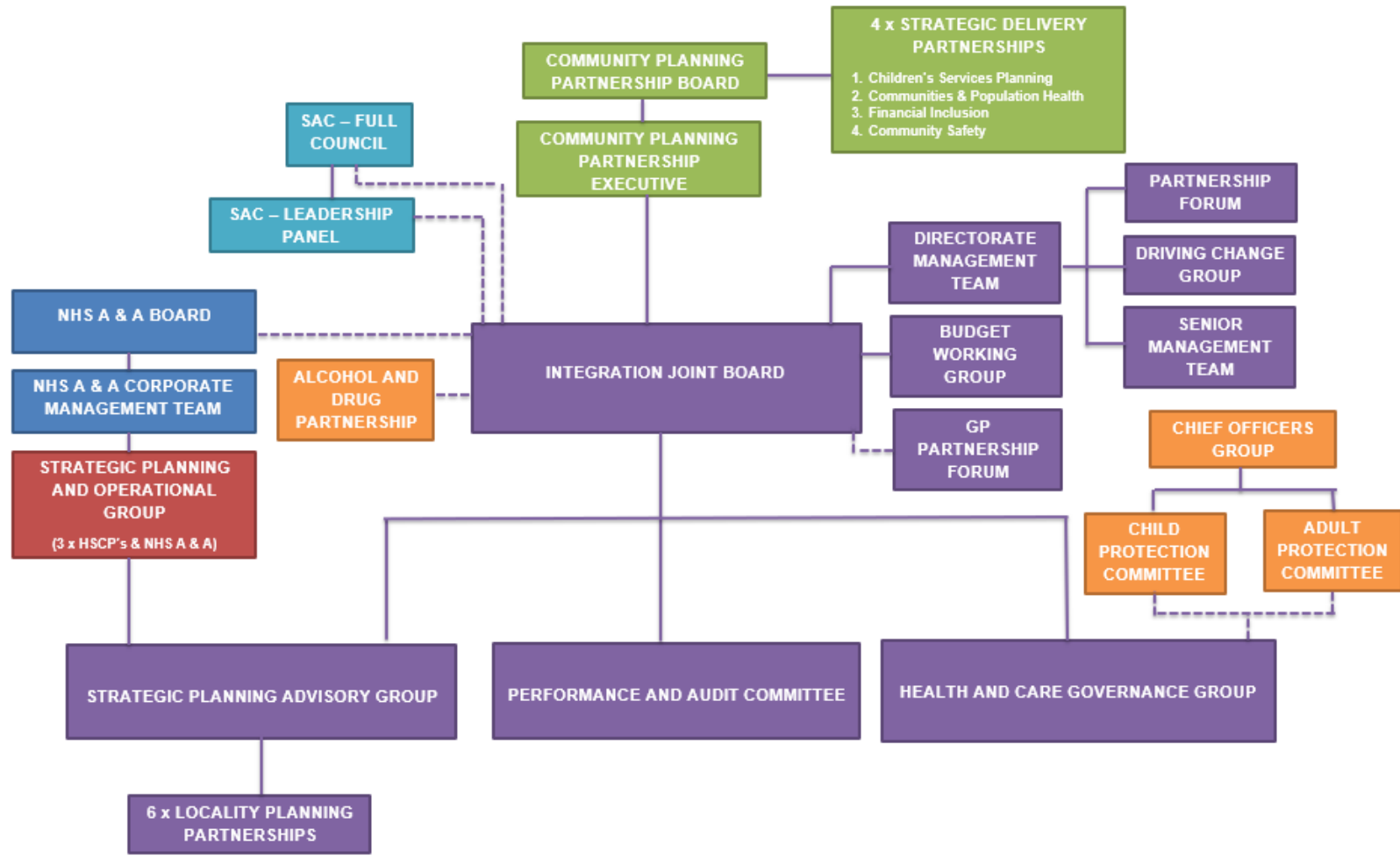
This will combine performance information with service feedback, intelligence from community engagement and our Locality Planning Groups, indicators of wellbeing, socio-economic indicators (to track our progress against tackling inequality) and we will place an emphasis on individual stories to reflect our person-centred approach to health and care.



**Consultation question 13: Is there other local data or evidence that the Partnership should include when assessing their progress?**

**Figure 7: HSCP Governance Structure**

**HSCP GOVERNANCE STRUCTURE**



## Assessing Impact

### Equalities Impact Assessment

A full Equalities Impact Assessment has been started and will be completed alongside the final version of the Strategic Plan. This will ensure that the Plan has considered how the Partnership will carry out its [Public Sector Equality Duty](#) by advancing equality of opportunity, fostering good relations and eliminating discrimination in line with the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012.

The Equalities Impact Assessment will also consider the impacts of the proposed actions in the Strategic Plan on all protected characteristics and will highlight any mitigations that may be required.



### Strategic Environmental Assessment

A [Strategic Environmental Assessment](#) will be carried out on the final version of the Plan in line with the European Directive on Strategic Environmental Assessment (SEA) which came into force in Scots Law in 2005.

The Directive aims to ensure environmental protection and sustainable development by requiring an assessment of the environmental effects of plans and programmes to be carried out as they are being developed.

### Children's Rights Impact Assessment

A Children's Rights Impact Assessment will be carried out on the final version of the Plan, in accordance to the [United Nation's Convention on the Rights of the Child](#) (UNCRC).

The Assessment will consider how the Strategic Plan:

- impacts on the rights of children and young people;
- promotes or inhibits the provisions of the UNCRC; and
- contributes to the achievement of national goals for children and young people.

## 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
- 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.

#### **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.

#### **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 of 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 – Draft Housing Contribution Statement

## Initial overview of themes

### Introduction

- Clear link between housing and health, evidence shows poor and insecure housing can have a negative impact on health
- Health can also have an impact on people's housing – for example where a property no longer meets a person's health needs, making it more difficult to sustain tenancy and can lead to social exclusion
- Increasing body of evidence shows that spikes in health interactions precede a homeless application, as such opportunities for early intervention with this population
- Joint working between health and social care and housing is critical to ensuring positive outcomes for certain populations, 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 in the process of transition towards a Rapid Rehousing approach, with a focus on prevention, early intervention and targeted programmes to end homelessness
- Part of a wider shift within housing towards pro-active rather than reactive approaches
- New build developments designed to be readily adapted to meet the changing needs of the population and indeed individual households with time - Lifetime homes and Housing for Varying Needs standards applied
- Recognition that we must plan for the future together in order to address future challenges, and we must work closely together to be in a strong position to respond to changing needs

### Brief background to housing and housing-related services in South Ayrshire

- 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. Of this number, 8,108 are used for social housing.
- 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 stock 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 stock in South Ayrshire.

- The remainder is made up by other local and national RSLs 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 role in the partnership**

**Guidance:** *Briefly articulate the role of the local housing sector in the governance arrangements for the integration of health & social care.*

- 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, 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.
- It is anticipated that the years ahead will see greater regular engagement on longer-term strategic planning to meet a variety of needs locally.
- 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.
- The Improving Housing Outcomes for Young Care Leavers group has been in operation since 2018, and during that time has worked together to find solutions to common challenges, resulting in new ways of working and an ambition to create new models of housing and support for young people with experience of care. This 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.

### **Shared evidence base and key issues**

**Guidance:** *Provide a brief overview of the shared evidence base and key issues identified in relation to housing needs and the link with health & social care needs.*

To be developed from Strategic Needs Assessment and HNDA. Likely to bear similarities to previous.

### **Shared outcomes**

**Guidance:** *Set out the shared outcomes and service priorities linking the Strategic Commissioning Plan and Local Housing Strategy.*

Linking existing LHS 2017-22 to new Strategic Outcomes – again likely to be similar to previous.

### **Overview of Housing-Related challenges and responses**

**Guidance:** *Provide an overview of the housing-related challenges going forward and improvements required.*

Focus on shift towards pro-active rather than reactive approaches to housing issues, working with partners more effectively to meet shared aims

### **Ageing Population, housing with support**

- Telecare, community alarms – possibility for installation as standard in certain development types
- Housing for Varying Needs
- Aids and adaptations to support independent living

### **Wheelchair standard housing**

- Lifetime homes/Housing for Varying Needs at design stage to support adaptation as needs of population/household change
- Requirement to set a target for wheelchair standard housing for new builds in Local Housing Strategy and as part of SHIP

### **People with poor mental health, learning disabilities or other support needs**

- Continue to work in partnership identify opportunities to develop specialist accommodation to meet the needs of individuals with particular accommodation and support needs in our community
- RSLs and Council new build
- Buyback opportunities
- More regular meetings to support strategic forward planning in meeting these needs

### **Young people leaving care**

- Continued joint working to address poor housing outcomes amongst this group
- Improving Housing Outcomes for Young Care Leavers group
- Innovative new responses to housing and support – Starter flats, First Home project
- Increased joint working to better meet the needs of this group and other young people at risk of homelessness
- Homelessness prevention pathway being considered as part of IHOYCL group
- Out of area placements – spend-to-save longer-term solutions to this issue?
- Need to continue to identify housing options to meet the need of this group, as well as supporting throughput from supported accommodation where appropriate

### **Rapid Rehousing agenda**

- Joint working with Health and Social Care on Housing First
- Recognition that early intervention during healthcare interactions can prevent homelessness, improving long-term housing and health outcomes for the individual
- Health and Homelessness group established to identify opportunities for joint working

### **Trauma informed practice**

- ADP and housing working together to implement rollout across Council and Community Planning Partners
- Delivering training and supporting implementation alongside NES and ADP
- ADP Trauma sub-group reporting on implementation to Community Planning
- Service lead Kevin Anderson is South Ayrshire's trauma champion alongside 2 elected members

### **Resource requirement**

**Guidance:** *Set out the current and future resource and investment required to meet these shared outcomes and priorities. Identify where these will be funded from the Integration Authority's integrated budget and where they will be funded by other (housing) resources.*

## 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