south ayrshire
health & social care
partnership

Meeting of South Ayrshire Health and Social Care Partnership	**Integration Joint Board**
Held on	**14th December 2022**
Agenda Item:	**6**
Title:	**Transformation and Improvement Plans**

Summary:

To provide the IJB with an update on transformation and improvement projects now closed and implemented as business as usual, and to provide a new plan for current transformation and improvement projects that are at various stages of implementation.

Author:	**Lisa Duncan, Chief Finance Officer**

Recommendations:

It is recommended that the Integration Joint Board

i. **Note the Transformation Projects on Appendix one and two;**
ii. **Agree that these projects are now closed and part of business as usual process;**
iii. **Note current status of the transformation and improvement projects within each service included in Appendices three to six**
iv. **Note future updates will be provided on progress**

Route to meeting:

The contents of this report have been considered by the DMT and brought to IJB.

Directions:		**Implications:**	
1. No Directions Required	☒	Financial	☐
2. Directions to NHS Ayrshire & Arran	☐	HR	☐
3. Directions to South Ayrshire Council	☐	Legal	☐
4. Directions to both SAC & NHS	☐	Equalities	☐
		Sustainability	☐
		Policy	☐
		ICT	☐

TRANSFORMATION AND IMPROVEMENT PROJECT PLAN

1. PURPOSE OF REPORT

1.1 The purpose of this report is to provide the IJB with an update on transformation and improvement projects now closed and implemented as business as usual, and to provide a new plan for current transformation and improvement projects that are at various stages of implementation.

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board

- **i. Note the Transformation Projects on Appendix one and two;**
- **ii. Agree that these projects are now closed and part of business as usual process;**
- **iii. Note current status of the transformation and improvement projects within each service included in Appendices three to six**
- **iv. Note future updates will be provided on progress**

3. BACKGROUND INFORMATION

3.1 On the 14th of September the IJB was presented with a Transformation and Efficiency Progress update. This report provided detail on progress made against specific projects noted in Appendix one and two of this report. The transformation element of these projects is now embedded with the operations of the services as business as usual. Performance against the specific outcomes is monitored at various levels within teams and service performance reports.

3.2 The report noted further service developments within Learning Disabilities following on from the launch of the new "Live your Best Life" Learning Disability Strategy and investment from the Scottish Government's Community Living Change Fund. The engagement with service users, families, carers and support workers during the development of the strategy has been invaluable in designing future services. From the action plan specific projects have emerged that will now be taken forward over the next couple of years this will be through existing budgets, and using the Community Living Fund as a enabler to effect change and transform service provision.

3.3 Within Children and Families services the success of Whole Family, Whole System approach and Signs of Safety implementation has resulted in underspends in Family and out with authority placements due to the reduction in need following early intervention and prevention approaches. To continue this momentum and drive further improvements to early intervention approaches to service delivery, investment from the current underspends have been approved by IJB at the meeting on 15th November into specific areas. We are also working in Partnership with the Alcohol and Drugs Partnership (ADP) and have commissioned Horizon's Research to do a full South Ayrshire Audit of Whole Family Supports to enable us to build a clear strategy around Whole Family

support as set out within the Promise. This audit will also enable well informed commissioning and monitoring of outcomes from our third sectors partners and prevent duplication across Children Services in South Ayrshire

3.4 The Scottish Government's 2021-22 Programme for Government committed to investing £500m over the lifetime of the current Parliament to Whole FamilyWellbeing Funding (WFWF), to help ensure that it will "Keep the Promise" to improve person-centred holistic support for children and their families. Funding for 22-23 has been allocated to Children's Service Planning Partnerships (CSPP) to build local capacity for transformational whole system change and to scale up and drive the delivery of holistic family support services. South Ayrshire Council received £0.604m in 22-23 and plans for investment are approved at the Children Service Planning Partnership. This includes investment into social care services further strengthening the Whole Family Wellbeing approach.

3.5 Within Community Care success has been achieved through early intervention approach to caring for older adults, by investing in services prior to needs escalating and enabling people to stay at home healthier for longer. As investment in reablement team and responder services become business as usual, financial commitments have been made in other areas to test new ways of working focussing on prevention and providing the right care in the right place.

3.6 A review of Allied Health Professional (AHP) services contribution to achieving the ambitions of the HSCP Strategic plan resulted in the AHP Improvement Plan. The focus of which is to improve access to AHP services at an earlier stage in people's journey, improve information available to individuals, their families and carers to enable them to improve and maintain their own health and wellbeing, and to create additional capacity within AHP services to help address additional demands due to Covid and increasing complexity and frailty within our populations. A flexible and creative approach to developing a broader skill mix within teams and the introduction of new roles has proved beneficial to recruitment within the context of significant national workforce challenges.

3.7 Audit Scotland's Best Value Assurance report for South Ayrshire Council was published in October 2021, the report highlighted that action was required in transforming services to meet the challenges ahead. This included transformation work set out in the Council's plans and priorities, backed with performance information and key performance indicators showing progress against targets.

3.8 A Change Team has been established within the Council to drive change and provide project support to services to collate performance information and report on progress against targets. This support is for Council services only and some of the projects noted in this report are already receiving support from the change team. With performance reported to the Councils Leadership Panel.

4. REPORT

The following sections of this report will provide details on the current improvement project plans within Learning Disabilities, Older People, Children and Families and Allied Health Professionals. For ease of reference projects can also be viewed in table format at Appendix three.

LEARNING DISABILITIES

4.1 Over the last two years the Learning Disabilities service has had to adjust and implement services to meet the needs of service users during the pandemic to keep them safe and provide social care support through different models to meet with social distancing measures. The new strategy and creation of the League of Champions has helped inform improvements to the service.

4.2 Appendix 3 provides the projects that are being taken forward over the next 18 months, the table details what investment is required and where the funding will be come from along with the expected outcomes. The majority of projects will be funded from current budgets. The Community Living Change Fund provided by Scottish Government to implement change in provision of services for Adults with complex needs to reduce admission to hospital and provide services within the local authority area. this funding will allow for investment in a Flexible Assessment Support Team (FAST) and enable re-assessment of out with authority placements with the aim of enabling as many people as possible to return to South Ayrshire.

4.3 A new core and cluster development within Ayr town centre is due for completion by April 23. This type of accommodation enables more people to live independently with the appropriate supports and opportunities for social interaction. This will now be the 4th type of this accommodation within South Ayrshire, offering care and support within tenancies, optimising independence and maximising the use of technology. The accommodation will comprise ?? tenancies. The HSCP has worked closely with the Council's Housing Services to develop these facilities as part of the Strategic Housing Investment Plan (SHIP).

4.4 A new, expanded, building based service has opened in Arrol Park. This service builds on the success of Arran View and is intended to enable greater access to day opportunities for people with a learning disability. A further review of all day care services will be carried out in collaboration with League of Champions to assess what day care opportunities are needed to meet people's needs moving forward.

4.5 Provision of innovative support project took learning from the pandemic with the team developing specifically tailored activities within Ayr and Girvan to meet the needs of service users. This support is now fully implemented and working well.

4.6 The creation of a Transition Action plan for young adults moving into the service from children service's will be fully implemented by the Lead Practitioner for Transitions. This post was created from reserves initially and has proved invaluable in supporting young adults and their families through the transition. The post has now been made permanent within the current budget.

COMMUNITY CARE

4.7 Projects within community care have been identified to meet the emerging demands following the pandemic and recurring investment from Scottish Government in 2022-23 to increase capacity, focus on early intervention and prevention. Some projects are non-recurring and investment has been approved by the IJB from reserves to test new models of care delivery. Evaluation of these projects will assess the effectiveness of test of change and identify sources for further recurring investment if relevant.

4.8 The Community Health and Care Adult and Older People Service Improvement Plan for 2022-25 was presented to Performance and Audit committee on the 1st of November 2022, this plan is a more comprehensive plan of action of all improvement activity over the next three years. Appendix four to this report includes current improvement projects with investment funds already approved.

4.9 The Reablement Unmet Assessed Team (RUNAT) is established with staff in place and currently undergoing training. This team was created to offer practical solutions for people who have been as assessed as needing care at home, but due to the lack of capacity with care at home both inhouse and purchased they are on a waiting list. The objective of the team is work with people waiting and through reablement approach reduce the level of need they may have, preventing hospital admission and reducing their level of need for mainstream care at home.

4.10 A Frailty Service (Staying Ahead of the Curve) has been created led by Occupational Therapy aligned to General Practice to provide early intervention at first onset of frailty. A 6 month Frailty progress report was presented to the IJB on the 16th of November, this highlighted referrals to the service, improvements in Indicator of Relative Need (IoRN2) scores following intervention and feedbacks from patients experience.

4.11 A microenterprise pilot was created working with Ayrshire Beats and Ayrshire Independent Living Network (AILN) this was to develop micro-enterprise opportunities in the community offering low level supports to people to reduce need on mainstream care. Funding was provided to the two organisations to help individuals or micro-enterprises set up services within communities, with the expectation they will be self-sustainable. Evaluation of the project is anticipated in early 2023.

4.12 The introduction of a Hospital at Home service has been established at Ayr Hospital with investment from the recurring winter planning monies. This service is to help avoid people being admitted to hospital, by providing clinical care at home. The aim is to enable frail people to receive treatment at home where

possible rather than be admitted to hospital.. This service is already proving successful with 10 virtual beds now in place and plans to increase to 12. In September 36 patients from South Ayrshire were supported, saving 133 bed days.

4.13 The 3rd floor of South Lodge care home has been redesigned to provide 13 step up and 2 step down beds. This will ena blepeople who may need support to return home to have a short stay at South Lodge where rehabilitation and reablement can take place. The aim is to reduce long hospital stays and where appropriate enable people to return home successfully. Investment for this is only for one year at present and following evaluation of the outcomes, recurring funding will need to be identified from current resources if relevant.

CHILDREN SERVICES

4.14 Over the last two years, the transformational activity within Children Services has been very successful and resulted in underspends in Family Placement and Out with authority placement budgets. The investment in early intervention and prevention has achieved results and changed the balance of care to greater early intervention approaches, as noted in the Children's Services Transformational Activity report presented to IJB on the 12th October 2022. Appendix 5 highlights the list of improvement activity along with investment and current status.

4.15 The provision of an independent flat attached to Cunninghame House was approved and funded by South Ayrshire Council in Feb 2019. However, due to the impact of Covid this project has been delayed. The expectation is that it will open early in the new year, providing additional support for young people to remain in the community.

4.16 The success of the Belmont Family First Schools project, is to be replicated in other areas, using current resources. The plans for this are in development and will be created in collaboration with Education Services and Thriving Communities.

4.17 The IJB approved investment in recruitment of a Play Therapist to provide health and wellbeing support to looked after children and young people who have been affected by trauma, abuse or neglect. This support will be invaluable in reducing the breakdown in foster and kinship care relationships, through interventions at and earlier stage.

4.18 Further investment was approved to increase resources with the Children with Disability team, this will provide capacity to support transition to adult services, focus on increasing Self Directed Support options 1 and 2, and provide additional resource to meet statutory case work demands.

4.19 Plans are being developed to create neurodevelopmental support within Wallacetown, this will provide earlier support for children and their families in identifying neurodevelopmental concerns, with supports being provided at an earlier stage. This support will be funded from the Whole Family Wellbeing Fund.

4.20 The current budget has allowed for a Team Leader post to be created to enable two Young Persons Support Teams, one to focus on Throughcare and Aftercare and one to focus on Youth Justice. This will improve integrated working with mental health, alcohol and drug partnership focusing on a preventative model to enable better outcomes for young people.

ALLIED HEALTH PROFESSIONALS

4.21 Review of AHP services locally through the work of the Rehabilitation Commission demonstrated the need for additional capacity in rehabilitation services in order to meet additional demand, complexity and frailty following Covid and prevent escalation in care needs. Scottish Government funding has supported investment in physiotherapy including additional specialist stroke resource, occupational therapy capacity and speech and language therapy posts within the Community Rehabilitation Team. Despite significant recruitment challenges these posts are now almost all filled.. Work is underway to improve access to specialist clinical assistance across AHP services, and reduce waiting times. Timely rehab in the community will reduce the need for hospital, intervention, care at home and care home. Appendix 6 provides details of the AHP improvement projects.

4.22 The additional investment above will also free some capacity to expand AHP work on earlier intervention and prevention and support the ambitions of the HSCP strategic plan, the National Rehabilitation Framework and the national AHP in Public Health Framework. One focus is to increase access to information and opportunities for earlier assistance in order to improve health and wellbeing for individuals, families and communities. This will build on the work we have done in some areas developing information and advice digitally via website, apps, video bites and social media or through leaflets, education sessions or helplines across our adult and children's services. The second focus is to further develop our strengths based and self-management approaches sharing learning from existing good practice and working with colleagues and partners and volunteers across health care and education to work with people in their communities. Additional funding may be required as joint proposals develop a bespoke approach to target areas of high need.

4.23 AHP's working within acute are reconfiguring services and skill mix to deliver new models of care across clinical pathways in partnership with acute colleagues. Funding from Acute or Scottish Government has supported some aspects of the redesign eg. Gastro, Orthopaedics and Vascular to support early discharge. The HSCP has invested in Physiotherapy and Speech and Language Therapy within unscheduled care, Podiatry, Stroke and Children and Young People to assist with additional complexity and areas of highest clinical risk.

4.24 Following new investment our primary care dietetic service is building capacity for early intervention and prevention through the development of new Dietetic Assistant Practitioner roles. The post holders will work with their own case load, contribute to education programmes and work with care homes freeing up clinical capacity to address the inequities relating to Heathy Weight including public health priorities and undernutrition for clinical and non-clinical reason, preventing

further clinical deterioration and escalation of care needs and improving outcomes for individuals.

4.25 Key to the AHP improvement work is recruiting retaining and developing our workforce. Developing new roles, advanced skills and expertise within our registered and unregistered posts is proving beneficial both in attracting and retaining staff in these areas and improving efficiencies within teams. This has been achieved both as opportunities arise within budgets and through new funding. Developing AHP's as non-medical prescribers improves patient experience and outcomes by providing right care at right time reducing delays for individuals and saving medical time.

5. STRATEGIC CONTEXT

5.1 Each project meets with the Strategic Objectives within the Strategic Plan, on each appendix, the first column references the Strategic Priority the project is aligned to .

6. IMPLICATIONS

6.1 Financial Implications

6.1.1 Financial investment is noted in the appendices. For some projects there may be further financial investment, this will be evident following the evaluation of the projects and any further investment will be brought to the IJB for approval.

6.2 Human Resource Implications

6.2.1 The report creates investment in additional staffing, creating opportunities for employment or career advancement.

6.3 Legal Implications

6.3.1 There are no legal implications within this report.

6.4 Equalities implications

6.4.1 There are no equalities implications within this report.

6.5 Sustainability implications

6.5.1 There is no sustainability implications within this report.

6.6 Clinical/professional assessment

6.6.1 Not applicable

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 Consultation with Heads of Service and Service Leads has been undertaken to prepare the content of this report.

8. RISK ASSESSMENT

8.1. The purpose of the transformation and improvement projects is to reshape services to minimise risk in terms of financial sustainability and meeting increase

in demand. All funding for the projects has been identified in the short term, there is risk that where a project is successful and targets are being achieved that recurring funding may not be available for full implementation. This will be monitored through budget and performance monitoring reports during the duration of the project and where appropriate prioritisation to resource allocation brought forward to the IJB for future approval.

REPORT AUTHOR AND PERSON TO CONTACT

Name: Lisa Duncan
Phone number: 01292 - 612392
Email address: lisa.duncan2@south-ayrshire.gov.uk

BACKGROUND PAPERS

APPENDIX ONE – COMPLETED PROJECTS
CHILDREN AND FAMILIES SERVICES

Service	Priority	Project	Expected outcomes	Actual outcomes	BRAG Status	Status Update
Children and Families		Whole Family, Whole Systems Approach working in partnership with education working within a school cluster to develop improved systems and processes	Reduce Outwith Authority Fostering Placements by 10	OWA Fostering reduced by 10 (40%)		OWA Placements decreased by 10 and a whole systems approach will be developed in other school clusters
			Increase inhouse fostering placements by 15	Inhouse Fostering reduced by 28 (34%)		Plan was to increase inhouse fostering 111 placements. There is a change in the approach to fostering and a cap at 95 placements, at present we have a surplus of foster carers and have been allowing them to be used by other Local Areas at a cost. The additional capacity is also being used for UASC.
			Increase Kinship carers by 10	Inhouse Kinship carers reduced by 19 (15%)		Plan to increase Kinship by 10 to 133. The success of Whole Family, Whole System Approach providing early intervention has reduced demand overall for family placements, as at Nov 22 there are 102 Kinship placements.
		Signs of Safety training to embed Whole System Approach culture	No. of staff trained	174 (90%) trained 20 (10%) to be trained		On target for all staff to be trained in this approach. This approach has also contributed to the outcomes of Children being placed in external provision and keeping families together
	Ensuring best value and services designed in collaboration with families and carers	Recommissioning of Children's Community Care Services	Reduction in Maverick Spend	Maverick Spend reduced by 80%		Maverick spend has reduced significantly and will continued to be monitored by Procurement on a quarterly basis

APPENDIX TWO – COMPLETED PROJECTS
COMMUNITY CARE AND HEALTH

Service	Priority	Project	Expected outcomes	Actual outcomes	BRAG Status	Status Update
Community Care and Health	Effective Journey through and transfer from hospital with good outcomes	Re-design reablement, rehabilitation and community support services.	Reduce Delayed Discharges	Re-design has been completed and new roles defined.		Continued Focus on reducing, however impacted by reduced capacity in the care at home sector due staff recruitment and retention issues in both inhouse and commissioned services. Service responding via recruitment drives on social media and in person events, use of Occupational Therapy Assistants' to provide support to those with unmet needs to avoid requirement for mainstream care, increase Mental Health Officer capacity at the hospital to focus on delays related to adults with incapacity
			Reduce demand for Care at Home	**14,801 hours** per week delivered at end of **March 21** 10,323 hours per week delivered at end of Oct 22 3,889 hours unmeet need at end of Oct 22 **14,212 hours at Oct 22 (4% reduction)**		Demand for care at home has reduced slightly, however we are now collecting data on unmet need. The actual hours being delivered has reduced from 14,801 in hours per week in March 21 to 10,323 hours per week in Oct 22, a reduction of 4,478 hours or 30%. The number of hours available in the market and from our internal workforce has been impacted by a reduction in the social care workforce. This is being addressed locally and nationally.
	Effective Short-Term Interventions for People in the Community	Increase capacity and quality of Care at Home provision.	Reduce Delayed Discharges	Delayed Transfers of care have increased this has been an impact of reduced care at home capacity.		Impacted by recruitment and retention issues an action taken as noted above.
			Increase efficiency in allocation of care hours	Care Homes now assessed by Care at Home Team		Care at Home service review has resulted in a change in referral process, the care at home team now assess the level of care hours required to meet service users needs.
		Increase capacity and quality of Technology Enabled Care and Responder Service.	Reduce out of Hours Admissions	For 22-23 Emergency Admissions are 7.2% less than target		The responder service has been increased permanently with benefits noticed in reduction in times taken to respond to alerts, with an average of 37 mins reduction for personal care response and 5 mins reduction for response to falls.
	Design a Care System for People with Long Term Needs	Develop integrated multi-disciplinary teams around the practice.	Improve allocated resources to workload demand	The new roles have allowed workload to be allocated to specific discipline through improved referral pathways		New roles at practice level include Pharmacists, Pharmacy technicians, Community Treatment Assessment Nurses, Mental Health Practitioners, Community Link Practitioners, Physiotherapists and Advance Nurse Practitioners, Occupational Therapist and Occupational Therapist Assistants.
			Positive impact on GP appointment waiting times			
			Improve referral pathways			

south ayrshire
health & social care
partnership

APPENDIX THREE
LEARNING DISABILITY PROJECTS

Strategic Priority	Project	Description	Investment (£000's)	Start Date	End Date (Expected)	Expected outcomes	BRAG Status	Status Update
Learning Disability Projects								
We work together to give you the right care in the right place	Creation of a new Core and Cluster - Carrick Street , Ayr	Supported Accommodation to provide 11 tenancies in Ayr town centre and one assessment flat to provide emergency care.	600 Virement from current care packages	Apr-22	Apr-23	Accommodation providing enhanced telecare and onsite care and support to meet the needs of 11 individuals		Service Specification completed 2/12/22 Tender for care providers to be opened in Dec 22 Tenants identified and move in April 23 onwards
We work together to give you the right care in the right place	Development of new Building Based service in Ayr	Day Care Service review to be conducted to look at alternatives to mainstream day care	Virement from Current Day Care Budgets	Nov-22	Jan-23	This will be defined following day care service review		Day Service opened in Nov 22 and incorporates a small day centre for complex needs. Day care review due to commence Nov 22
We are an ambitious and effective partnership	Covid Recovery investigate innovative support ideas	The community connector and depute manager in Girvan Opportunities have developed a wide range of weekly activities for people with a Learning Disability in Ayr and Girvan. This has now been incorporated as business as usual.	Current Budgets	Nov-21	Nov-22	Weekly activities developed to provide social activities to meet the needs of service users		Services implemented in Grivan and the ARK to provide weekly activities - COMPLETE
We work together to give you the right care in the right place	Transition Action Plan for Young People	New transition policy includes intense planning and joint working between children's and adults services. Team will provide support for challenging behaviour at an early age and access support for alternative communication needs.	60 (Current Budget)	Jun-21	Sep-23	Creation of a smoother pathway and a more inclusive service for the young person and their family		Temp post has been in place to develop policy and new ways of working, post now to be made permanent in order to resource transition planning continuously.
We focus on Prevention and tackling inequality	Creation of a Flexible Assessment Support Team "FAST"	Provision of a responsive 24/7 service to support young people and adults whose health declines or their current support is in crisis, working in a person centred, needs led model either at time of crisis or when there is a need for enhanced care due to the risks to themselves or others. Provision of support would be from our current respite home and assessment flat at Carrick Street Core and Cluster	193 Community Living Change Fund	Jan-23	Mar-24	Reduction in Hospital Admissions Reduction in emergency respite care Support provided in South Ayrshire		ELT Paper submitted to create posts and change posts - Nov 22
We work together to give you the right care in the right place	Assessment of Outwith Authority Placements	Assessment of out of Ayrshire placements utilising nurse and social work resources, looking to offer each person with support from their legal proxy access to a service or placement nearer home if this meets with their needs and aspirations	157 Community Living Change Fund	Oct-22	Mar-24	Twenty Service users assessed Improve family relationships support family carers providing training and respite to families/carers		Multi-agency review with a social worker and nurse and although has started Discussions with South Ayrshire providers to ascertain if there is availability locally to meet needs

APPENDIX FOUR
COMMUNITY CARE PROJECTS

Strategic Priority	Project	Description	Investment (£000's)	Start Date	End Date (Expected)	Expected outcomes	BRAG Status	Status Update
Community Care - Older People Projects								
We focus on Prevention and tackling inequality	Occupational Therapy Assistants in Reablement Team to manage Unmet Assessed Need (RUNAT)	Four Occupational Therapy Assistants (OTA) to focus initially on current unmet need (community waiting list) with a view to progressing to early intervention and prevention for those assessed as requiring care.	150 (Virement Reablement)	Oct-22	Sep-23	Reduce current unmet need waiting list Reduce or prevent hospital admissions Access to other community services including telecare		3 OTAs recruited and in post/training. 4th to be recruited.
We focus on Prevention and tackling inequality	Frailty Team -Staying ahead of the Curve	To identify people in intermediate stages of frailty and to utilise GP Practice based MDT interventions to main independence for longer	143 (recurring)	Mar-22	Mar-23	Increase no. of persons accessing frailty service Increase no. of persons with falls action plans Improvement in IoRN2 scores		Team recruited, now established in 8 out of 18 practices, to extend to 12. 180 referrals from Mar22 to Oct 22 IoRN2 scores show improvement post intervention
We focus on Prevention and tackling inequality	Microenterprise Pilot	Commission Ayrshire BEATS a community interest company working in Ayrshire and Ayrshire Independent Living Network to develop options in South Ayrshire to develop micro-enterprise options offering low level supports to provide preventative and early intervention services by identifying people pre crisis	53 (Non recurring)	May-22	Apr-23	No. of Micro Enterprise's supported and set up No. of Micro Enterprise's delivering services No. of referrals		AILN and Ayrshire BEATS working with ??? people/organisations
We work together to give you the right care in the right place	Hospital at Home	Hospital at home services can provide a safe, person centred and cost effective alternative to an acute admission, reducing long-term care admissions and keeping care close to home.	315 (MDT Winter Planning Investment - Recurring)	Sep-22	Aug-23	Double Hospital at Home Capacity by end of 2022 Reduce Acute Admission Reduce Delayed Discharges Increase no. of people supported at home		As at 1st September - 10 Virtual beds in place, aim to increase to 12. 36 South Patients supported 1st Sep to 14 Nov
We focus on Prevention and tackling inequality	South Lodge 3rd Floor step up step down beds	Increase capacity in the community by providing 13 step up and 2 step down beds at South Lodge, to reduce delayed discharge and provide a reablement service prior to transfer to care at home	525 (Temp - 1 year)	Dec-22	Nov-23	Decrease in care at home need Reduce readmission to hospital Support Delayed Discharges		Service due to commence in Dec 22

APPENDIX FIVE
CHILDREN SERVICES

Strategic Priority	Project	Description	Investment (£000's)	Start Date	End Date (Expected)	Expected outcomes	BRAG Status	Status Update
Children Services projects								
We work together to give you the right care in the right place	Cunningham Place Enhanced Provision to provide additional capacity for crisis and continuing care	Build an independent flat attached to the Cunningham Place children's house to provide additional capacity to be used to support young adult within the community	190 (Council Funded)	Jul-22	Mar-23	Reduction of 1 OWA residential placement		Building works on Cunningham Place delayed by the pandemic. Plan is for the works to be complete at end of 2022.
We focus on Prevention and tackling inequality	Family First Schools project	Extend the current model to cover all South Ayrshire, working with whole families, and a relationship , trauma informed approach underpinned by The Promise, Nurture Principles and Signs of Safety. Including Education, Thriving Communities.	TBC (Current Budget)	TBC	TBC	TBC		New model to be developed with partners and identify anticipated outcomes
We focus on Prevention and tackling inequality	Therapeutic Interventions	Recruitment of a Play Therapist to promote the health and wellbeing of looked after children and young people who have been impacted upon as a consequence of trauma, abuse and neglect.	100 (Current Budget)	Feb-23	Jan-24	Reduce Breakdown of Kinship and Foster Care Reduce the number of multiple placements		Approved IJB 16th November, recruitment to be progressed
We are an ambitious and effective partnership	Transform and Modernise the Children with Disability Team	Resource & Transition Support - which will assess and support cases, neurodevelopmental case work, including transition to adult services, reviewing packages of care and champion SDS. 1FTE Team Leader and 2 FTE Family Care Posts. Statutory work - assess, supervise, intervene in Child Protection - 1 FTE Family Carer role	183 (Current Budget)	Feb-23	Jan-24	Improve on timelines for assessment Increase uptake of SDS options 1 and 2		
We focus on Prevention and tackling inequality	Create Neurodevelopment support within Wallacetown	Band 5 nurse to work within Wallcetown and associated Primary Schools to support those families at the earliest identification of Neurodevelopmental concerns.	TBC	2 years funding to be considered from CSPG WFWF.		Increase in no. of persons accessing nurse support		Children Services Planning Group to work on proposal and funding allocation from Whole Family Wellbeing Fund.
We work together to give you the right care in the right place	Redesign Young Persons Support and Transition Team	To create two teams out of the current one YPST. One with a focus on Throughcare and Aftercare to support the implementation of the promise, and one to focus on the Youth Justice EEI agenda, with specific support to those with mental health and drugs and alcohol misuse. Uplift G11 to G12 Team Lead	5 (Current Budget)	Jan-23	Dec-23	Improve integrated working with ADP and Justice Services Improve Throughcare and Aftercare outcomes		

APPENDIX SIX
ALLIED HEALTH PROFESSIONALS SERVICES

Strategic Priority	Project	Description	Investment (£000's)	Start Date	End Date (Expected)	Expected outcomes	BRAG Status	Status Update
Allied Health Professionals								
We focus on tackling prevention and inequality	Improve access to specialist clinical assistance across AHP services.	Building Rehabilitation Capacity and specialist skills in the Community to support earlier access to rehabilitation to improve outcomes for individuals and prevent escalation to requiring further / intervention and or care.	299 (Budget Pressure 22-23)	May-22	Oct-23	Reduce waiting times Urgent referral response within appropriate timeline Increase no of people seen within 7 days following stroke Prevent care needs escalating Reduce readmissions AHP's aligned to localities		Recruitment challenging now almost complete. Work underway across services to reduce waiting times, improve triage and make access easier
We focus on tackling prevention and inequality	Improve access to information and opportunities for earlier assistance to improve health and wellbeing for individuals, families and communities	Additional capacity and change in skill mix will release some capacity to develop sources of information advice and education for service users their families, carers and other members of wider MDT	Current Budgets	Apr-22	Mar-24	Provide information to manage own conditions/ support others Information will be available in a range of accessible formats		AHP's developing a range of education material for websites, apps or leaflets For service users , families, carers. MDT's or colleagues in education or third sector
We focus on tackling prevention and inequality	Promote strengths-based reablement and self-management approaches across whole system	AHP's working with colleagues and partners and volunteers across health care and education system to promote strengths-based reablement and self-management approaches and improve reach.	Current Budgets	Apr-22	Mar-23	Prevent care needs escalating Prevent requirement for further interventions Improved outcomes for individuals and families Increased uptake of strengths-based reablement and self-management approaches		Development of Occupational Therapy Frailty Service and primary care OT's that will link with GP practices and MDT's for adults experiencing difficulties with function due to frailty Physical and /or mental ill health and advice for families Remobilising Pulmonary Rehabilitation and Cardiac Rehabilitation HARP and working with leisure and community partners
We work together to give you the right care in the right place	Redesign models of service delivery for Specialist and Core rehabilitation services across Ayrshire and Arran	AHP's working with colleagues in Acute and Community to redesign models of clinical care. Investment in Physiotherapy and SLT within unscheduled care, Podiatry, Stroke and CYP to assist with additional complexity and risk	298 (Budget Pressures 22-23)	Apr-22	Dec-23	Earlier access to AHP across specialist pathways Individuals seen within standards Improved outcomes for patients		Aligning AHP to localities Reconfiguration of AHP provision through acute specialist patient pathways (Trauma and Orthopaedics, Vascular, Gastric, National Treatment Centre) Redesign of podiatry workforce to streamline pathway across community and acute and improve continuity of person centred care. Recruitment not yet complete
We focus on tackling prevention and inequality	Address the inequities relating to Heathy Weight including public health priorities undernutrition for clinical and non-clinical reasons	Building capacity for early intervention and prevention through the development with Primary Care Dietetics	131	May-22	Dec-23	Prevention approaches to care needs escalating Improve outcomes for individuals		Practitioners in Post, Training ongoing, Unable as yet to recruit to team lead
We work together to give you the right care in the right place	Train AHP's as non-medical prescribers leading to independent prescribing	Developing AHP's in specific roles to become prescribers which will enhance service user experience free GP and Medical Capacity	Current Budgets	Apr-22	Mar-23	Earlier access to intervention Improves service user experience and outcomes		Consultant AHP training complete Dietetic service now has 2 Dieticians qualified as supplementary prescribers within dietetics 2 non – medical prescribers within Podiatry and 1 almost complete
We are an ambitious and effective partnership	Improve skill mix including advanced practitioners/first contact practitioners, and higher proportion of assistant practitioners/support workers within teams.	Introduce new roles into AHP workforce which will improve efficiency by improving skill mix and senior decision making. Developing career opportunities will improve recruitment and retention	291 (Winter Planning Investment)	Apr-22	Mar-23	Increase no of Health Care Support Workers (HCSW) Increase No of Assistant practitioners Increased no of advanced clinical posts Improved efficiency and clinical outcomes for team		Changes in Skill mix in HCSW roles across all professions. Additional clinical lead posts developed in a range of clinical settings and recruitment almost complete.