

Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board	
Held on	14th June 2023	
Agenda Item:	6	
Title:	Getting it Right for Ayr North (GIRFAN)	
Summary:		
<p>The purpose of this report is to set out a case for a new work and for additional investment in the Ayr North area in the form of a new Getting it Right for Ayr North (GIRFAN) team</p>		
Author:	Phil White- Partnership Facilitator	
Recommendations:		
<p>It is recommended that the Integration Joint Board</p> <ul style="list-style-type: none"> i. Approve the formation of a new Getting it Right for Ayr North Multi-disciplinary Team ii. Approve funding to support this work iii. Approve the governance and reporting outlined for the work in the report and the proposed route to robust clinical and care governance 		
Route to meeting:		
<p>The work has been discussed at DMT, SMT and at the Budget Working Group in outline</p>		
Directions:		Implications:
1. No Directions Required	<input type="checkbox"/>	Financial <input type="checkbox"/>
2. Directions to NHS Ayrshire & Arran	<input type="checkbox"/>	HR <input type="checkbox"/>
3. Directions to South Ayrshire Council	<input type="checkbox"/>	Legal <input type="checkbox"/>
4. Directions to both SAC & NHS	<input type="checkbox"/>	Equalities <input type="checkbox"/>
		Sustainability <input type="checkbox"/>
		Policy <input type="checkbox"/>
		ICT <input type="checkbox"/>

GETTING IT RIGHT FOR AYR NORTH

1. PURPOSE OF REPORT

The purpose of this report is to set out a case for additional investment in the Ayr North area in the form of a new Getting it Right for Ayr North (GIRFAN) team

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board

i. Approve the formation of a new Getting it Right for Ayr North Multi-disciplinary Team

ii. Approve funding to support this work set out in the report

iii. Approve the governance and reporting outlined for the work in the report and the proposed route to robust clinical and care governance

3. BACKGROUND INFORMATION

3.1 As part of a range of work linked to Wallacetown developments and the Shaping Places for Wellbeing Ayr pilot work, Public Health Scotland colleagues provided updated profiling information on the different neighbourhoods and communities within Ayr. (The summary report is appended)

3.2 These demonstrate significant health inequalities within the Ayr locality. Whilst Wallacetown has poor health and wider outcomes, this is the case for wider areas within the Ayr North locality and in some cases the outcomes are worse than in Wallacetown.

3.3 Examples of this information to provide illustration include:

The 13-year range in life expectancy across Ayr.

- Female life expectancy in **Ayr North Harbour, Wallacetown & Newton South** is 13 years lower than **Belmont** (72.2 years and 85.2 years respectively). The figure for **South Ayrshire** is 81.6.
- Male life expectancy in **Ayr North Harbour, Wallacetown & Newton South** is 13 years lower than **Alloway & Doonfoot** (69.2 years and 82 years respectively). The figure for **South Ayrshire** is 77.3.

The large differences in the mortality rate in younger people across Ayr.

- The mortality rate for people aged 15-44 is 8.5 times higher in **Ayr North Harbour, Wallacetown & Newton South** compared to **Holmston & Forehill** (438.2 and 51.3 per 100,000 respectively).
- The mortality rate for coronary heart disease in people aged under 75 is 10 times higher in **Ayr North Harbour, Wallacetown & Newton South** compared to **Dalmilling** (127.6 and 12.2 per 100,000 respectively).

Children living in poverty

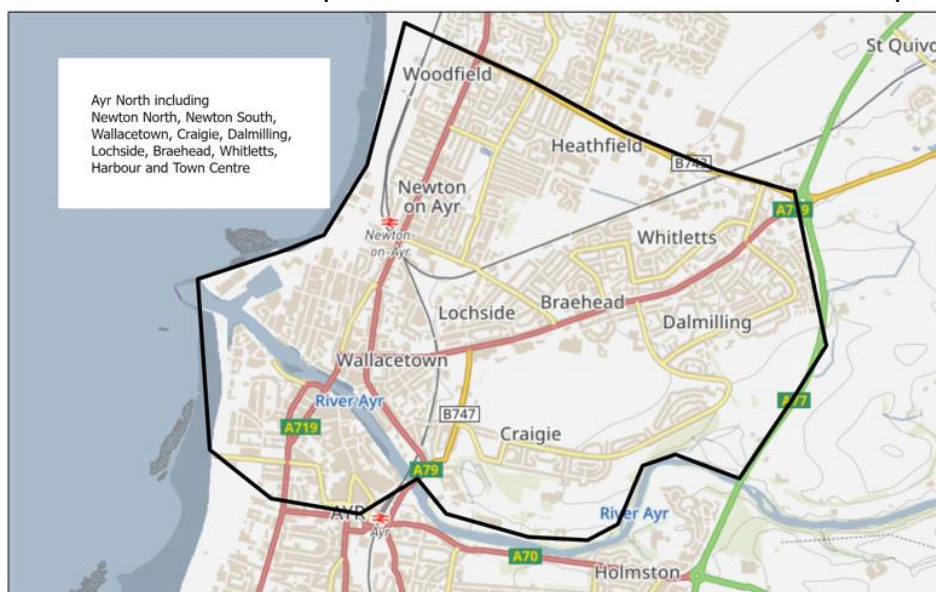
Just over one-in-five children are living in poverty in Ayr. This ranges from over one-in-three (36.9%) in **Dalmilling** to just over one-in-twenty (6%) in **Alloway & Doonfoot**.

The combination of social inequalities including:

- 41% of the working age population are in receipt of out of work benefits in **Ayr North Harbour, Wallacetown & Newton South**. This compares to 6% in **Alloway & Doonfoot**.
- The crime rate in **Ayr** is over one-third higher than for **South Ayrshire** as a whole. It ranges from three times higher in **Ayr North Harbour, Wallacetown & Newton South** to over three times lower in **Alloway & Doonfoot**.

3.4 The profiling information has been instructive for HSCP and wider Community Planning colleagues for example:

- General agreement to change the Ayr locality boundaries to enable more focused efforts on the poorest areas – new area outlined in map below:



- A move to set the Wallacetown work within a wider Ayr North planning context

- Agreement to develop longer term development approaches that will have community engagement and development to the fore

3.5 *This paper, however, reflects the immediate challenges for people living in the Ayr North locality that is then apparent in presentations to services and through a range of outreach initiatives.*

3.6 The background to this proposal paper has also reflected the ongoing work of existing service staff (such as our homelessness clinicians) as well as case studies from a short term Public Health Nurse working within Wallacetown and beyond.

4. REPORT

4.1 What is presenting in a range of contexts is...

- People lost to or disengaged from mainstream services including primary care
- People living with a range of physical/mental health and wider social, financial, emotional and social challenges
- People presenting at community based spaces such as Riverside Community Trust, Salvation Army, Lochside Community Centre, the room at Newton Primary and other places.
- People engaged within homelessness services and contexts such as hostels
- Families where children and their parents are living in poverty and facing a range of challenges
- Families where there is compromised child development including their speech and language

4.2 Opportunities

There are many existing opportunities to build on existing or historic working, make more joined up and integrated use of existing resources and to look at some additional modest investment.

Existing work needs to acknowledge:

- The work of the existing homelessness focused nursing posts
- The work of the nursing posts previously deployed at North Ayr Health Centre to provide drop-in supports
- The commitment of a Community Link Practitioner post to Wallacetown and the associated learning
- The 6 month Public Health Nursing post providing information regarding a way forward (her summary reports are appended at the end of this document for more descriptive information re potential level of need)
- The ideas emerging from Children and Families HSCP Team

- Ideas coming from Speech and Language Therapy AHP based on work carried out elsewhere in Ayrshire
- The learning emerging from new AHP posts (eg OT Assistants linked to frailty)
- ADP work including the Peer Worker and outreach programmes
- The insights from Health Improvement and Public Health
- The insights from the Shaping Places for Wellbeing pilot work in Ayr
- The strong relationship and intelligence from Thriving Communities
- The needs emerging from Newton/Riverside/Lochside
- A recognition of the work that third sector organisations such as Vics in the Community/AUFA carry out in the area

The other significant opportunity is that there is an agreement for a more Community Planning based approach that will be adopted to plan for Ayr North building on the excellent Wallacetown partnership working that has been in place for a couple of years. Whilst the GIRFAN team is a focused operational delivery Team, it will be formed within this broader context of the Community Planning Partnership approach that will seek to create better long term outcomes for people in Ayr North and which greater emphasis on engagement, co-production, prevention and early intervention.

4.3 HSCP development process

- The challenges that are emerging have been presented at DMT
- A workshop was carried out with SMT members to explore further
- A proposal paper was then tabled at DMT and subsequently agreed in principal
- Other key stakeholders have also contributed to the thinking integral to this proposal including Community Planning Partners

4.4 Proposal

The proposal is to form a new multidisciplinary **Getting it Right for Ayr North (GIRFAN) Team** that brings together existing posts and strengthens these with new posts subject to investment resources being available.

The GIRFAN team will develop and deliver their service in a way that is embedded in trauma informed principles and practice and...

- Support people presenting at a range of key contexts such as Newton Primary Hub, Lochside Community Centre, Riverside, etc
- Support people within the Ayr North area living in particular challenging housing contexts such as hostels

- Develop broader 'front doors' and contact points to provide information, advice and support for example using North Ayr Health Centre
- Ensure people in Ayr North can get wider ranges of support through Primary Care and wider HSCP and Council services through strong links and relationships
- Develop approaches that are holistic and address physical, mental, emotional and social need
- An early years approach that provides a targeted flexible early intervention for speech language and communication needs, designed to suit the needs, environment and supports This dedicated SLT resource will focus on building relationships, developing a collaborative network, and focusing on co-production, developing a service that truly closes the gap and supports speech, language and communication development
- Creatively and proactively engage with people that statutory systems and services have difficulty connecting with.

4.5 Types of people

- Almost more important than the specific MDT skills and competencies is the people skills of the team members
- They need to be multi-skilled, flexible, adaptable, resourceful, take measured risks, outward facing and creative and work well as a small team
- They will need to be approachable, non-judgemental and embody a compassionate approach to people with real challenges
- They will also pro-actively engage with people, particularly those traditionally classified as 'hard to reach'

4.6 Base

The GIRFAN Team would be based in the Ayr North area, work within a variety of outreach contexts to provide as many 'front doors' as is possible but also providing homelessness specific services. The children and families focused work will link closely with early years and other educational establishments.

4.7 Age Focus

The Team would work with all ages.

4.8 Composition

The proposed GIRFAN Team would be made up of:

- 1 wte B7 Public Health Nurse Team Leader
- 3 wte B6 Public Health Nurses (one with responsibility for hostel working)

- 1 B4 OT Assistant Practitioner
- 1 wte B4 Community Links Practitioner
- 1 wte B4 Speech and Language Therapy assistant Practitioner
- 1 wte B4 Health Visitor assistant
- 0.4 wte B6 Speech and Language Therapist (this might be time limited)

4.9 Links to other teams:

The GIRFAN Team would establish strong links to services and teams such as:

- Generic HSCP services within Children and Families, Community Justice, Addictions, Mental Health, etc (for example, including newly structured local adult Social Work Team)
- Ayr Town Centre GP Practices
- HV support workers and wider HV/FNP staff
- ADP Recovery work and staff
- Key local Hubs – Newton Primary – George Street
- Key Council services such as Thriving Communities and Information and Advice Hub
- Links to key third sector organisations, for example Riverside Community Trust, Vics in the Community, Ayr United Football Academy, Salvation Army, FLAIR and others
- Engaging and being informed by people with lived experience
- For the speech and language focused work there will be links with pre-5 and primary schools as well as generic HSCP Children and Family services including Social Work, Health Visitors and Family Nurse Partnership teams

4.10 Information and recording

There will be sensitivities in relation to confidential clinical and care information that might need to be recorded and shared across organisations and disciplines

Information sharing protocols established with core GP Practices similar to some of the current arrangements for, for example, homelessness services and CLP for Wallacetown

4.11 Management and Reporting

- Because the Team will include HSCP staff from Adult/OP, Children and Families and AHPs we will seek to have some simplicity of locus within the HSCP, perhaps reporting through to the newly formed Ayr Locality Manager and their staff but with clear links to other service managers

- Because there will be interest from a range of audiences, there would need to be clear contexts for reporting on progress through IJB/HSCP groups and in a wider CPP context.
- A small Implementation Group will be established to oversee the work chaired by the Ayr Locality Manager
- In the short term there will be regular updates to the 'thematic' Friday HSCP DMT (two weekly initially)

4.12 Clinical and Care Governance

The nature of the potential service users is that they will live with complexity, multiple conditions, other social challenges and be the subject of a range of clinical and other services (from GPs to AHPs to Social Work to MH/Addiction Teams to Health Visitors and Family Nurses to ED and acute services) so there needs to be recognition of this complexity and some coherent and manageable way of providing clinical and care oversight and governance recognising that many service users will be in high risk categories. The professional leads in the HSCP will be asked to provide a suggested practical form of clinical and care governance for the Team.

4.13 Monitoring/Evaluation

There will need to be a comprehensive framework developed to evaluate impact which should seek to capture learning on factors that influence and enable engagement from a service delivery and service user perspective.

In addition, the evaluation should seek to understand previous barriers to engagement for wider service development and change.

It needs to include routine clinical, care and other information together with qualitative information, for example, through case studies.

Another function of the team over the first year, would be to act to some extent as an Action-Research Team that further clarifies the future service models that we deploy.

4.14 Funding requirements

There are already significant recurrently funded posts (such as the Homeless Nursing Team) that total **£214,449** (this includes the funding of one of the Nurses from SAC Housing monies).

The total staff cost for the proposed newly formed GIRFAN team is **£383,712**

The consequent funding needed to support the new Team is **£169,263**.

5. STRATEGIC CONTEXT

5.1 This work will address the following key objectives.

We focus on prevention and tackling inequality

We nurture & are part of communities that care for each other

We work together to give you the right care in the right place

We help build communities where people are safe

We make a positive impact beyond the services we deliver

6. IMPLICATIONS

6.1.1 Financial Implications

As set out in the financial section

6.1.2 Human Resource Implications

6.1.2.1 There will be a process with NHS HR to consider the appropriate grading of the proposed staffing team

6.1.3 Legal Implications

6.1.3.1 N/A

6.1.4 Equalities implications

6.1.4.1 The proposed approach is directly addressing stark inequalities in health outcomes within Ayr

6.1.5 Sustainability implications

6.1.5.1 No issues.

6.1.6 Clinical/professional assessment

6.1.6.1 As stated in the body of the report, the clinical and care leads in the HSCP need to consider the most appropriate and effective arrangements for ensuring clinical and care governance.

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 The work has been considered by a range of HSCP staff including DMT/SMT as well as key Teams (such as Homelessness Nursing), Clinical Director and Stakeholder GP, ADP Co-ordinator and CPP colleagues.

8. RISK ASSESSMENT

8.1. Low risk



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BACKGROUND PAPERS

26/05/23