



south ayrshire
health & social care
partnership

Summary Strategic Plan
Consultation Document
January 2021

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

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

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)**. 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 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.

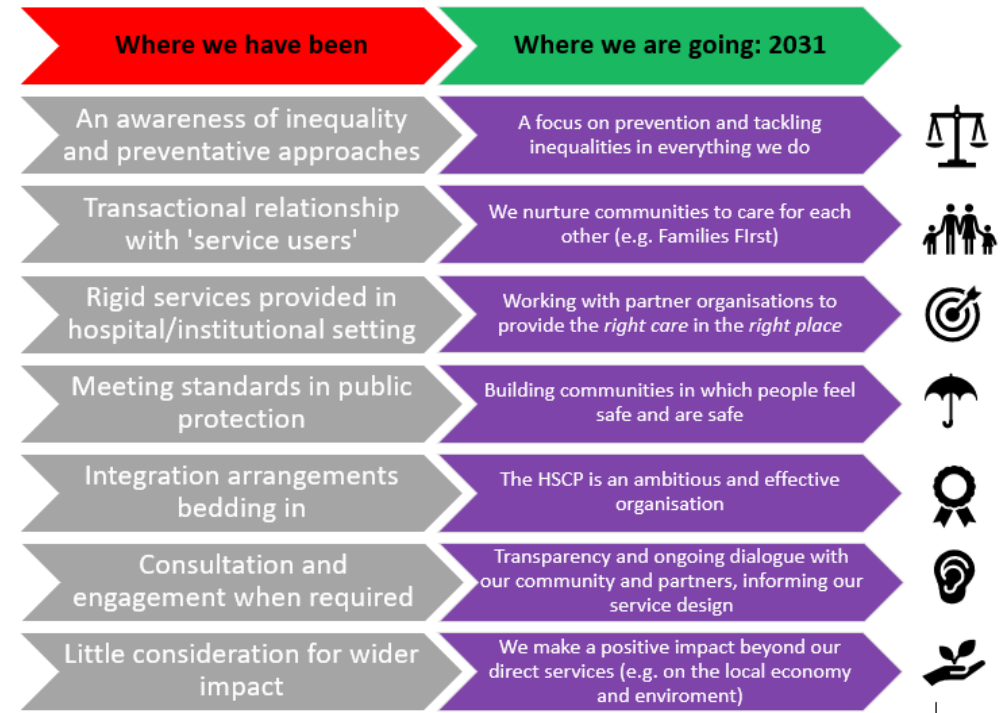
In developing this draft Strategic Plan, we reviewed our [performance against our previous priorities](#), developed a [strategic needs assessment](#) and [locality profiles](#), considered the emerging risks and consulted with people who use our services, our partners and our staff. This helped us to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

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).¹

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%.¹

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.²

¹ National Records of Scotland, Mid-year Population Estimates, 2019

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.

Locality planning

South Ayrshire is split into six localities:

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

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

² National Records of Scotland, 2018-based Sub-Council Population Projections

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 Dalmling areas with Girvan, Barassie, Craigie, Kincaidston, Ayr Town Centre and Maybole also suffering deprivation.³

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

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%).⁴

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.⁵ By reducing inequalities, deprivation and the impact of poverty, we can make a long-term improvement to the health of local people.

³ Scottish Index of Multiple Deprivation, 2020

⁴ End Child Poverty, Child Poverty Estimates 2017-18

⁵ ScotPHO, Average Life Expectancy, 2014-2018 (5-year aggregate)

⁶ National Records of Scotland, Death Records, 2018/19

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.⁶

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).⁷

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).⁹

In 2018/19, the rate of delayed discharges in South Ayrshire (19,033 per 100,000) was more than double that of Scotland (9,595 per 100,000) as a whole.⁸ The figures for both potentially preventable admission and delayed discharges are higher than the Scotland average across all locality areas.

⁷ Public Health Scotland SMR01, 2018/19

⁸ Public Health Scotland, Delayed Discharges, 2018/19

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 compared with 19% of people in the Troon Locality.⁹

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.

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).¹⁰

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.¹¹

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.¹²

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 2018.¹³

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.¹⁷

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 25.4.¹⁴

⁹ ScotPHO, % population prescribed medication for ADP, 2018/19

¹⁰ ScotPHO, Alcohol-related Admissions Rate, 2018/19

¹¹ Mental Health Foundation Scotland *Coronavirus. The divergence of mental health experiences during the pandemic* July 2020

¹² 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

¹³ Local social work system, 2019

¹⁴ 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 local organisations including:

- ❖ South Ayrshire Council
- ❖ NHS Ayrshire and Arran
- ❖ Community Planning Partnership
- ❖ Ayrshire Equality Partnership

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](#).

The Partnership must be flexible and responsive to national priorities and ensure alignment to:

- the [National Performance Framework](#).
- [Protecting Scotland - Renewing Scotland](#)
- [Public Health Priorities](#)
- [The Promise](#)
- The [Independent Review of Adult Social Care](#)
- [Framework for Community Health and Social Care Integrated Services](#)
- the [Scottish Approach to Service Design](#)

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. 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
- A developing crisis in mental health and wellbeing
- COVID-19 recovery
- The constraints associated with limitations of finance
- The concerns matching workforce supply with increasing demand in health and care disciplines
- Long-standing ICT issues
- 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
- There are challenges associated with the current NHS estate and IT infrastructure
- There are barriers relating to digital exclusion

However, there are very real **opportunities**:

- Our dedicated **workforce** and our resilient **community**.

- The **partnership with third, independent and community sectors** has been further strengthened through the COVID-19 period
- There is a stronger, strategic plan for **investment** in the area
- The **Caring for Ayrshire** programme
- There is also significant investment and vision around transforming the way that we currently deliver services
- The enforced **COVID-19 challenges** have, in fact, led to large acceleration in reform in how work is appropriately delivered.
- Linked to the above point, a greater focus in South Ayrshire on **partnership working**
- A clearer focus on the link between health and housing/homelessness as shown in the **Housing Contribution Statement**
- The **Primary Care Improvement Plan**
- There is also, threaded throughout the above, the recognition of the **considerable local assets** that are available to us.

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 (Voluntary Action South Ayrshire).

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)

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 constantly 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.

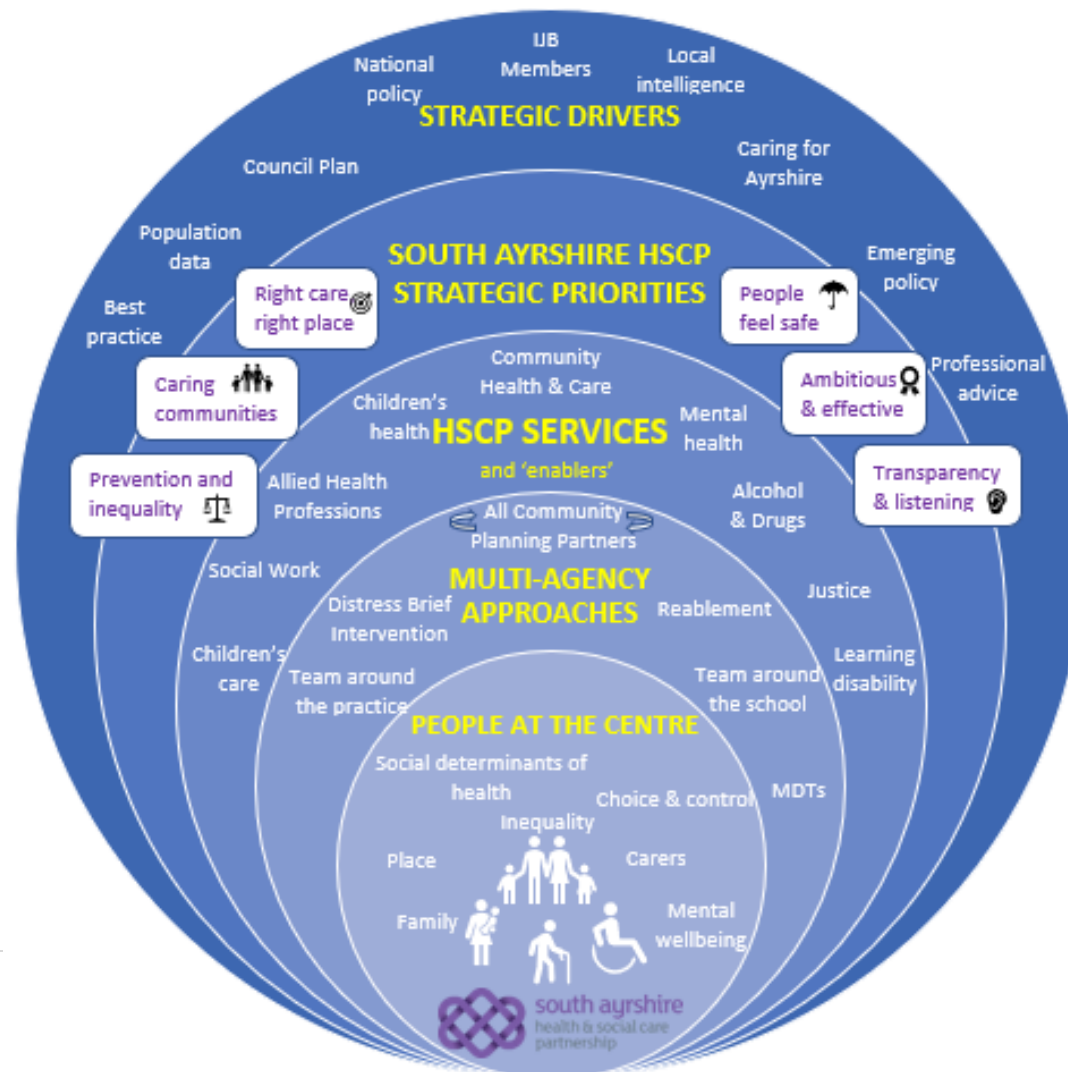
We will refresh our Communications and our Community Engagement and Participation Strategies to help guide and inform consultation activity in the future. This will provide us with a framework on how we can improve our engagement with those who do not traditionally take part and provide direction on how best we can engage with communities reflecting measures caused by the COVID-19 pandemic.

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.

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:

<p>We will be:</p> <ul style="list-style-type: none"> • Caring • Positive • Respectful 	<p>We will demonstrate:</p> <ul style="list-style-type: none"> • Engagement • Integrity
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- 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.

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. This will require a new relationship between the HSCP and the community along the following lines:

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

The HSCP will make use of existing routes into the community (such as the South Ayrshire 1000 citizens panel) to develop the notion of a 'deal' further but we will also explore how these can

be strengthened with a specific focus on wellbeing and the HSCP in collaboration with our community planning partners.

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

Consultation question 5: Please rank in order of preference/priority the vision, values and principles for the new Strategic Plan and provide any other comments.

Consultation question 5: What is your view on the 'Deal' and what part can you play in making this a reality? Are there any particular engagement approaches (e.g. a citizens' panel) would you like the HSCP to use to further develop the 'deal'?

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

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**. We will

take a locality-based approach to supporting communities to be resilient.

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 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

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. 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.

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.

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.

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

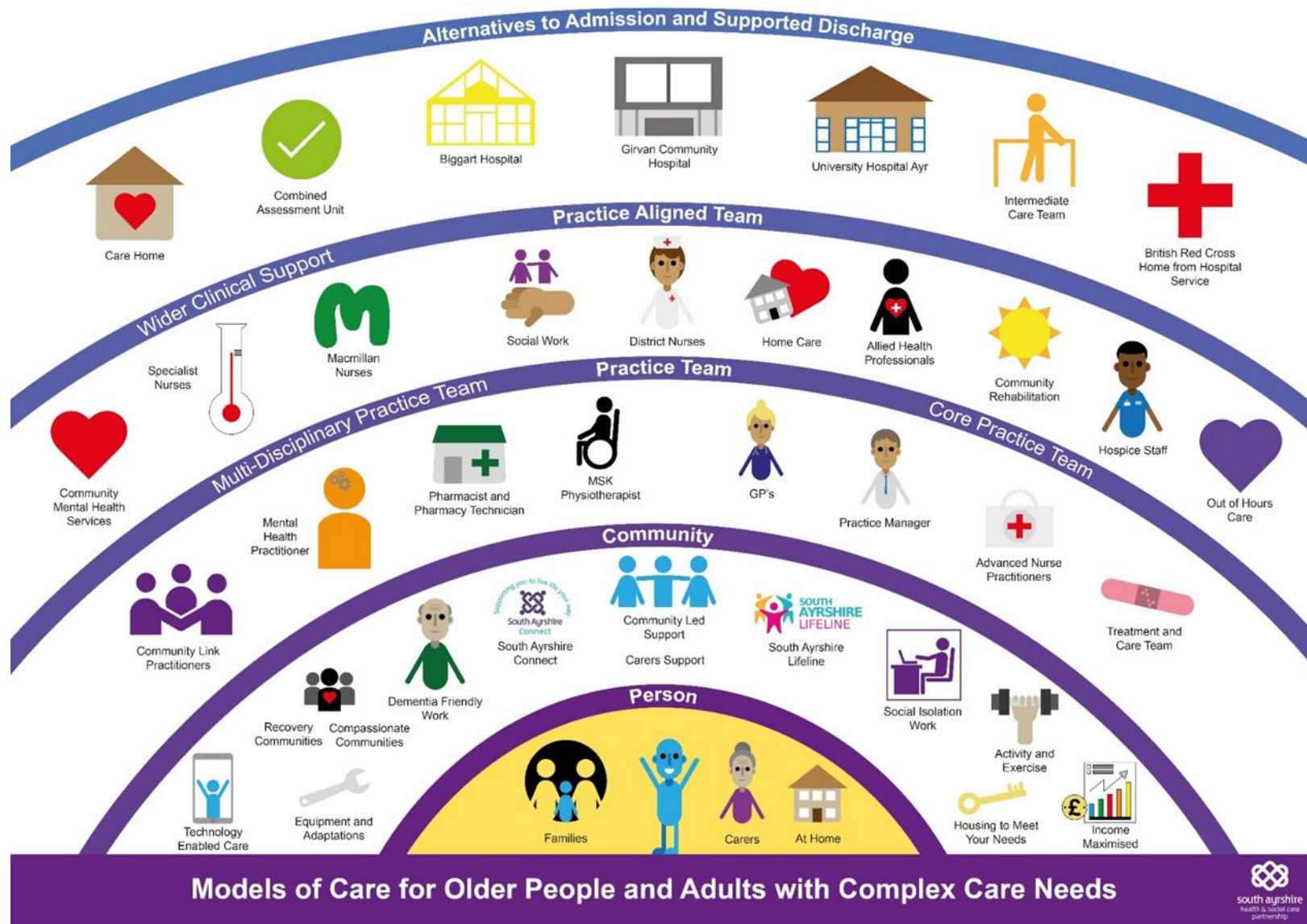
Some of our planned and existing activity is drawn out in this section below to provide an indication of our direction of travel and the flagship areas of work that will help us achieve the objectives set by the partnership.

Partnership wide

1. **Learning from COVID-19**
2. **Community engagement**
3. **Improving our approach to commissioning**
4. **Third sector and independent sector engagement**
5. **Workforce and organisational development**
6. **Governance framework**
7. **Digital**
8. **Social, economic and environmental impact**
9. **Partnerships**
10. **Contributing to community capacity building**
11. **Support for carers**
12. **Mental wellbeing and loneliness**
13. **Self-directed support**
14. **Demonstrating our impact**
15. **Business support and systems**
16. **Quality Improvement**

Community health and care

1. Investing in and redesigning our new **Reablement Service**.
2. **Transforming Care at Home Services**
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
5. Increasing our **mobile attendant service** to provide capacity to transport individuals home out of hours
6. Further developing our **Home First** approach
7. Participating in the Improvements to **Urgent Care** across Ayrshire.
8. Working with Allied Health Professions to continue to embed an **enablement ethos**
9. **Review of day care services**, pending findings of the Review of Adult Social Care
10. Focusing on **community led support** building on enhanced third sector capacity.
11. Further embedding our **locality model** (the graphic below sets out our overall vision for care):



Learning Disability

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

1. Strengthening opportunities to use **Self-Directed Support**
2. **Improving organisational culture**
3. **Develop Social Housing specifically for people with Learning Disabilities.**
4. **Develop assets-based approaches to community inclusion.**
5. **Social connectedness** is improved
6. 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,**
2. An extreme teams approach to reviewing how **Child and Adolescent Mental Health Services (CAMHS)** are delivered across Ayrshire.
3. Enhancing **Mental Health Officer** capacity
4. **Working with housing** to develop a range of supported accommodation models.
5. Develop **Distress Brief Intervention (DBI)**
6. Independent review of **transfer of mental health service.**

7. Evaluate links between Mental Health needs and inequality
8. Crisis situations will be examined and managed with a focus on **recovery planning**
9. Links will be made with services such as those considered by the **Alcohol and Drug Strategy**
10. Independent services such as **Advocacy** will be made available
11. Continue to strengthen **the links with other agencies**

Alcohol and Drugs

1. **A focus on working with families.**
2. Working with partners to reduce **alcohol and drug related deaths.**
3. **Support for young people** with alcohol or drug related issues.
4. Support for people in times of **transition** also a key priority area.
5. **Joint working with housing**
6. Seeking to reduce **loneliness and isolation.** There are high levels of stigma even for families.

Children's Care

We are committed to investing in our Children and Families in South Ayrshire to ensure that the needs of Children are met locally and within nurturing, kind, and loving care.

1. **Whole Family Whole Systems Approach**
2. Enhanced provision at **Cunningham Place**.
3. The implementation of the **Signs of Safety** approach
4. Developing **mental health supports and services**
5. Extending our South Ayrshire **foster carer** provision
6. Enhancing our support to our **Kinship Carers**.
7. Provide high-level support to our **Care Leavers**.
8. Implementation of the **Independent Care Review's "The Promise"**
9. Specific support to help **young people with drugs and alcohol use**
10. We will support Young People who become involved in **offending** behaviours.
11. **Intensive Family Support Team and Functional Family Therapy teams**
12. We will continue to work with children within South Ayrshire who have **additional needs** and require support from specialist social workers
13. We will commit to supporting our **Young Carers** with our partners
14. Implementation of the **United Nations Convention on the Rights of the Child**

15. **Support the reform of youth justice/Young Persons Support and Transitions Service.**

16. **Work on joint commissioning with Housing** to provide a range of housing models and support for young people aged 16-25 years.

17. Align our practice with the review of **National Child Protection Guidelines**.

Children's Health

1. Improved support for families in areas such as **parenting support, emotional health and wellbeing, financial inclusion**.
2. 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**
5. Transfer of the **National Pre-school Immunisation 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**

10. Closer links with Children's Houses and private providers

Justice Services

1. Continue to prioritise **public protection**
2. **Engage with service users** and work on addressing the stigma and marginalisation they face.
3. Focus on **supporting families** and the wider implications of a service user being imprisoned on the family
4. Build on the **links with adult services** to ensure that older service users receive the support they need.
5. Provide service users with **Unpaid Work opportunities**.
6. We will seek to deliver a **trauma informed** Justice Service.

Allied Health Professions (AHPs)

Our Allied Health Professions (AHPs) include **Dietetics, Occupational Therapy, Physiotherapy, Podiatry and Speech and Language Therapy** and are integrated right across our service areas making a vital contribution to operational plans as appropriate.

1. **Improve system-wide tiered approach to accessing specialist clinical assistance.**
2. **Improve access to information and opportunities for earlier assistance.**

3. **Integrate with the MDTs** around practices and care homes.
4. **Promote strengths-based reablement and self-management** approaches
5. Redesign models of service delivery for **Specialist and Core rehabilitation services**
6. Address the inequities relating to **Heathy Weight** including
7. Implement integrated and accessible **digital systems**
8. **Workforce: Training AHP's as non-medical prescribers**

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.

2021-22 Annual Budgeting Exercise

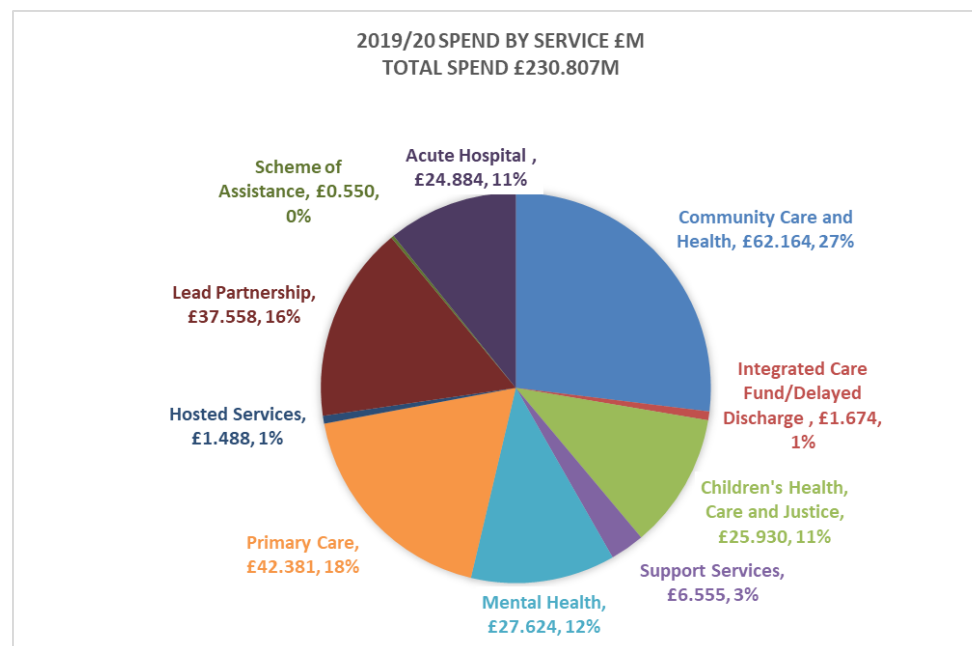
The annual budget setting is required to direct funding to meet the health and social care needs of South Ayrshire citizens. This includes analysis of local, national and global factors impacting on the demand for, and cost of, services increasing at a faster rate than the available resources.

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.

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.

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**
- **Engagement with providers**
- **Quality assurance**
- **Best value**

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.

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.

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.

Digital transformation will be a key project going forward. Furthermore, the experience of COVID-19 has sharpened the HSCP's focus on digital technology

Housing

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

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.

Reporting and Impact

Measuring the performance and impact of our services is a vital part of what the HSCP does. The HSCP reports on a range of indicators determined by the legislation or by national agreement, including:

- **The 15 National Health and Wellbeing Outcomes**
- **The Ministerial Strategic Group for Health and Community Care Core Indicators**
- **The National Outcomes for Community Justice Services**
- **Financial reporting**
- **Adult and Child Protection data**

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.

The HSCP will also assess impact by carrying out thorough:

- Equalities Impact Assessments
- Strategic Environmental Assessments
- Children's Rights Impact Assessment

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