



'Caring Together' Strategic Commission Plan 2022 to 2030



Version Control

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Director's Foreword

Welcome to our new North Ayrshire Health and Social Care Strategic Plan 2022 to 2030, 'Caring Together'. This plan, developed through engagement and collaboration with local people, service users, members of staff and other key stakeholders, sets out our long-term ambitions for improving the health and wellbeing of everyone who lives in North Ayrshire. Through delivery of this plan, we hope to help create a North Ayrshire where everyone can live a safe, healthy, and active life.

In April 2021, we published our one-year strategic bridging plan (2021 to 22) to provide direction during an uncertain time, as we recognised that our staff and communities remained in the midst of responding to the unprecedented challenges of Covid-19. Our services and local partners have worked tirelessly to ensure that the most vulnerable in our communities have continued to receive the much-needed health and social care support they need.

Whilst we are optimistic that we may be over the worst of the direct impact of the pandemic, its long-term impact is not as well understood. We expect our services to face on-going challenges, including supporting those who have not been able to access a health and social care professional due to demands and restrictions, and addressing the rise in poor mental wellbeing in our communities. We have learned much from our pandemic experience, such as recognising the strength and resilience within our communities, discovering how truly determined and hard-working our workforce is, and finding greater ways to work in collaboration with our partners.

This strategic plan sets out our priorities to help achieve our vision as we move forward with our staff and communities to recover and rebuild our services. As we have done since 2015, we continue to prioritise early and effective support for local people. By providing effective support at the earliest possible stage, we hope to maintain people's good physical and mental health and wellbeing for longer and help prevent a crisis response to how we care for people.

Our health and social care services should reflect and respond to the needs of local people. To support this, we will help to build greater capacity in our communities



and provide more ways for service users and local people to share their views with us to help shape services. We are fully committed to planning and designing services together with local people, our staff and our key partners including acute health services, housing, community planning and the third and independent sectors.

Working together, we can develop a vibrant and proactive health and social care service, that is adaptable to the changing needs and demands of North Ayrshire and continue to provide our communities with the right service at the right time. We are ambitious in how we want to change and modernise our services, key to delivering on this ambition are our Caring for Ayrshire locality and service priorities which will be delivered in partnership alongside this plan.

Now more than ever the importance and value of our workforce is prominent, their contribution throughout the pandemic and in supporting our Covid-19 recovery is critical and this is recognised in the plan with developing and supporting our workforce being one of our five strategic priorities. We are likely to face periods of additional challenges and uncertainty over the life of this plan, as we continue our recovery from Covid-19 and in preparation for the establishment of a National Care Service. However, I look forward with optimism and confidence in the knowledge that our close working relationships with local people, service users and our partners, will help us to work together to improve the health and wellbeing of the people of North Ayrshire.

Caroline Cameron

Caroline Cameron, Director, North Ayrshire Health and Social Care Partnership

Chief Officer, North Ayrshire Integration Joint Board

Who we are and what we do

North Ayrshire Health and Social Care Partnership (the Partnership) provides locality-based health and social care services for people throughout their life: from birth through childhood, teenage years, adulthood and end of life.

Our service areas and key partners include:

- **Delivery Services**
 - Children, Families and Justice Services
 - Adult Health and Community Care Services
 - Mental Health, Addictions and Learning Disability Services
- **Support Services**
 - Business Support Services
 - Finance and Transformation
- **Key Partners**
 - Citizens of North Ayrshire
 - North Ayrshire Third Sector Interface
 - Independent Sector
 - Wider Community Planning Partners (Ayrshire Justice Partnership, Scottish Fire and Rescue, Police Scotland)



Partnership Services

The majority of our services are delivered in collaboration between North Ayrshire Council and NHS Ayrshire and Arran.

Our service delivery teams include Allied Health Professionals (dietitians, physiotherapists, occupational therapists, speech and language therapists), addictions workers, care at home, care homes, child immunisation, community alarm and digital health, community link workers,

welfare rights officers, nurses (including specialist nurses), paid carers, psychologists and psychiatrists, social workers (across all age groups) and social work assistants, residential adult and childcare staff and volunteers in a range of teams. In many services, we also have peer support workers, who are staff members with lived experience of services.

In addition, dentists, GPs, optometrists, and pharmacists (primary care professionals) work together with us. We also work closely with the Third sector, the Independent Sector, Housing Services, NHS acute hospitals, Alcohol and Drug Partnerships, the other Ayrshire Health and Social Care Partnerships, Police Scotland, local councillors and many others.

To ensure our service delivery and frontline services are able to do their job as best they can, our Business Support Services work to provide essential clerical, administration and technical support. Business Support plays a key role in supporting the wellbeing of all Partnership staff, providing guidance on health and safety, wellbeing at work and supporting staff attendance.

Our Finance and Transformation service provides key strategic support for the Partnership. The service oversees the Partnership's funding allocation, manages how we commission and procure services, undertakes our planning and performance function, and leads on our key transformation and change projects.

In delivering effective health and social care services, we appreciate many things are out with the scope of either the NHS or North Ayrshire Council to achieve. That is why our partnership includes representation from the Third Sector Interface and from the local independent sector.



North Ayrshire Third Sector Interface

Third Sector Interface (TSI) North Ayrshire provides a single point of reference for all third sector organisations and community groups.

TSI North Ayrshire is best placed to support the development and growth of local voluntary services that can provide invaluable health, care and wellbeing support for local people.

The TSI North Ayrshire's vision is of improved quality of life for the people and communities of North Ayrshire by building a strong, effective, and sustainable Third Sector.

In North Ayrshire, the TSI is a partnership made up of Arran Community and Voluntary Service (Arran CVS) and The Ayrshire Community Trust (TACT). Both organisations have a long history of engaging with the local community, volunteers, community organisations and service providers.

The TSI are represented in the locality planning structures of both the HSCP and the CPP, ensuring strong links are maintained with the third sector.

The role of the TSI in North Ayrshire is:

- To be a central source of knowledge about the local Third Sector
- Ensuring a strong third sector voice at a strategic level within local planning structures and nationally
- Developing the capacity of volunteering, community groups, voluntary organisations and social enterprise to achieve positive change
- Providing leadership, vision and coordination to the local third sector to better respond to local priorities, including through partnership and collaboration
- Supporting a community-based response to national priorities, such as EU Exit or Covid-19 recovery

In discharging their role, Chief Officers from each organisation have agreed strategic lead responsibilities (regardless of geography), with Arran CVS having lead responsibility for third sector Health & Social Care and Children's Services.



Independent Care Sector

The independent sector in Scotland provides a wide range of care services for older people, those with long term conditions, learning disabilities, physical disabilities, dementia or mental health problems.

Working together, we endeavour to meet the increasing local demand for community based social care services. This includes:

- Independent Care Home Provision
- Delivery of Care at Home Services

Our independent care colleagues work closely with HSCP staff to meet our health and social care vision for the people of North Ayrshire and there is independent sector representation on the Integration Joint Board.

Together, we endeavour to ensure people in North Ayrshire can access community support in their locality as required, **and** contact the right health and social care professional, at the right time.

We all work together to provide high quality, safe and sustainable care, as seamlessly as possible for the person needing support.

Lead Partnership Arrangements

The Partnership also delivers a Lead Partnership role across all of Ayrshire.

The arrangement describes what care services the North Ayrshire Integration Joint Board (IJB) will manage on behalf of NHS Ayrshire and Arran (NHSA&A). East and South Ayrshire HSCPs also have Lead Partnership Arrangements, where both council authorities have their own delegation schemes with NHSA&A.

Across Ayrshire, the following services are managed by a lead partnership:

- Mental Health Services (Psychiatry, Psychology, CAMHS, Inpatient Services) and Children's Health Visiting Service - managed by North Ayrshire HSCP
- Primary Care Services (GP practices, Dentistry, Optometry) - managed by East Ayrshire HSCP

- Integrated Continence Services, Joint Equipment Store and Family Nurse Partnership - managed by South Ayrshire HSCP

Further information in relation to Ayrshire's lead partnership arrangements can be found in our [joint Lead Partnership Statement](#).



Our Bridging Plan

Our one-year Strategic Bridging Plan was published in April 2021 and a snapshot of some of our achievements against our 2021/22 priorities are set out below. When published, the Partnership's Annual Performance Report (2021-22), providing more information on our performance, will be available on our website.

Our Learning - Examples of continuous improvement and new ways of working

As a partnership, we always strive to deliver the best possible services for the people of North Ayrshire and providing effective responses to identify needs in our communities. This means we are always eager to learn from best practice and implement improvements into our services. We have continued this approach over the past year, adopting new practices as we have continued to learn throughout the pandemic.

Prevention and Early Intervention

Support to the National COVID-19 Vaccination Programme

Throughout the Covid-19 pandemic, the HSCP has supported the local delivery of the national vaccination programme, ensuring the maximum roll out of approved vaccines to local people. As of February 2022, for those 12 years and over:

- 111,361 people had received a 1st dose, this is 94.3% of the local population
- 105,038, people had received a second dose, equating to 88.9% of the local population, and
- 85,581, local people, or 72.5% of the population, had received their 3rd dose of a vaccine.

We have supported the programme through provision of local premises for use as vaccination centres. At the height of the programme, we provided 18 premises across North Ayrshire for use, ensuring vaccinations centres were locally available.

Breastfeeding Happily in North Ayrshire

Over many years, breastfeeding rates across many areas of Scotland have remained stubbornly low, despite efforts by many. North Ayrshire has been no different, with significant differences in breastfeeding rates between our most and least deprived communities.

Recent figures released by Public Health Scotland have shown a welcome increase in rates of babies exclusively breastfeeding at 6 to 8 weeks in North Ayrshire from 17.53% in 2019 to 2020 to 18.9% in 2020 to 2021. Arran has the highest rate at 41.6%.

No doubt contributing to this progress has been the intensive efforts of midwifery, health visiting, Family Nurse Partnership and infant feeding staff who have supported families to choose to breastfeed by providing person-centred care with seamless transitions between services.

Digital Navigator Service

As the pandemic has progressed, we have employed greater levels of digital approaches to help us to effectively engage and support local people. However, we recognise that many local people require additional support to learn and effectively use digital and online services.

The Digital Navigator service was implemented to support those 65 and over, living with a long-term health condition. It supports people to use technology to help them live well, safely and independently in their own homes. The digital navigator can introduce people to technology that can help them with their health conditions, perhaps through integrated home and mobile monitoring solutions or wellbeing apps or even video enabled care solutions.

The service provides personalised wellbeing plans that focus on supporting people to take control of their own health and wellbeing. A key component of the plan is connecting people to local activities and services that can help them maintain their independence and quality of life

Engaging Communities

Flexible support approaches

The pandemic has presented many challenges to the continual delivery of safe and effective services. Due to restrictions placing limitations on physical visits and appointments, delivering traditional 'clinic based' services was limited. In response to this many services offered a range of blended support options, making best use of available communications technology, such as 'Near Me' (video consulting software) in medical practices, telephone support, and where safe to do so, home visits.

The blended approaches have helped us to continue delivering vital health and social care services during a very challenging period, allowing us to keep in contact with service users and also offering much needed emotional support and guidance.

Family Centred Wellbeing Service – Engaging communities

In response to a clear need, we developed our Family Centred Wellbeing Service, with a vision that:

'We aim to work alongside families in a flexible, collaborative way, to empower them to use their own unique strengths to flourish'

Parents/carers, children and young people and professionals recognised that there was a gap in early intervention family support in North Ayrshire. Research indicates the importance of whole family support to support the mental health and wellbeing needs of children and young people.

North Ayrshire already has a key focus on positive relationships, nurturing approaches and positive mental health and wellbeing as part of its approach to supporting children and young people. By developing this service, we hope to build a sustainable, multiagency, holistic, strengths focussed, community-based assessment and support service for families, building on the wealth of skills within North Ayrshire HSCP and the Communities and Education Directorate.

Neighbourhood Networks

The Learning Disability Service, with the support of the Partnership, commissioned Neighbourhood Networks to work in the Garnock Valley, connecting people with learning disabilities with peers and new opportunities within their communities. Over the course of 2021, Neighbourhood Networks supported its members to connect with others and develop new skills.

Their success in this led to a second network being commissioned in the Garnock Valley, but with a broader remit: as well as supporting people with learning disabilities, they would also support those experiencing mental health issues. Following on from this, 4 additional networks were commissioned, 2 operating in Stevenston, and 2 in Largs.

Tackling Inequalities

Employability and Skills Programme

Delivered in partnership with connected communities, our 12-week employability and skills programme is aimed at parents/carers supported by North Ayrshire HSCP Rosemount service. The course covered basic IT skills, advice on health and wellbeing, getting outdoors, building confidence, setting goals, and getting connected in the local community. Our aim was to mitigate the impact of the COVID-19 pandemic on the job market, by giving parents/carers skills that could lead to opportunities for employment, training or education.

Six participants took part in the programme. Each was provided with a Chromebook, allowing for a focus on IT skills, helping participants to grow their confidence online to help access service, apply for jobs and research college courses.

Active, Connected, Included

As part of the delivery of the Community Mental Health and Wellbeing fund by Arran CVS (a partner in the North Ayrshire Third Sector Interface), staff from the Learning Disability Service promoted the circulation of the [Active, Connected, Included resource](#). This resource was developed by the Scottish Commission for Learning Disability (SCLD) with the aim of it supporting individuals and communities to think broadly about accessibility, and how inclusive our communities are. With the support of SCLD, all those 57 successful applicants to the Communities Mental Health and Wellbeing fund were provided with a hard copy of the resource and encouraged to use it to look more closely at the accessibility and inclusivity of their opportunities.

Improved Financial Advice and Support

High levels of deprivation and poverty have been present in North Ayrshire for many years. The pandemic and lockdown periods have only served to heighten people's financial concerns. To help address this, the Community Link Worker Service is working closely with our Money Matters team to embed the service into 9 GP practices in the more deprived areas across North Ayrshire.

This new approach will provide greater levels of access to financial support services for people across Ayrshire.

Improving Mental Health and Wellbeing

Partnership working to improve Mental Health Supports in the community

In response to shared locality priority of improving mental health and wellbeing support, by all HSCP locality planning forums and CPP Locality Partnerships working groups have been created in both Irvine and Garnock Valley localities to identify joint actions and solutions. These groups include representation from the HSCP, Community Link Work Service, NHS Public Health, North Ayrshire's Connected Communities Service and partners from Third Sector Organisation.

These groups aim to consider the current gaps in mental health and wellbeing supports for local people, and work together to develop shared solutions and opportunities. A positive example is the development of a community drop-in service to provide advice and support to people in the Garnock Valley. This service has been jointly designed with local people, Turning Point, Connected Communities, and the ADP PEAR service.

Both the Garnock Valley and Irvine groups are undertaking a mapping exercise of locally available mental health and wellbeing supports. When completed, this information will be shared across all partnership networks and be made readily available to the public.

Partnership working with the TSI: Scottish Government Communities Mental Health Fund

As part of the Scottish Government's Recovery and Renewal Fund, £407,213 was allocated to North Ayrshire to support community-based initiatives that promote and develop good mental health and wellbeing within the adult population. The North Ayrshire Third Sector Interface led the local fund initiative, with NAHSCP supporting the planning, process design, communication and implementation along with others.

As well as aligning with our Locality priorities, our strategic priorities and CPP Locality priorities, the Fund aims also overlapped with our longer-term strategic response to Scottish Government's Mental Health Strategy. To help ensure greatest relevance to the needs of North-Ayrshire, the TSI used the LPF and CPP Locality priorities in the communications, process design and project assessments.

Thanks to this alignment of priorities, additional local funding of £353,134 was provided from our Community Planning Partners, and £52,999, provided through Children and Young People's Community Wellbeing fund. This meant, £813,346 was made available and will be invested in local community programmes that will address Scottish Government and North Ayrshire Locality priorities. A fantastic example of positive partnership working.

Support for expectant and new mums in North Ayrshire

We have expanded the early intervention Perinatal Mental Health team. The service ensures all expectant and new mums in North Ayrshire, who may be experiencing mild to moderate mental health difficulties, can be offered early support. The team accept requests for assistance from community midwives and health visitors in all areas of North Ayrshire and from GPs and Mental Health Practitioners in Kilwinning and Irvine. To date, and since 2018, 324 women have been supported.

Young Person's Suicide Support Pathway

Suicide in young people has been identified as a key concern for the Partnership. To help support those at risk, the North Ayrshire Young People's Suicide Taskforce have implemented the Young Person's Suicide Support Pathway within our Service Access team. The pathway sets out a clear process for Service Access staff to follow when a young person is referred following an attempted suicide or significant self-harm attempt.

The pathway is open to all young people up to the age of 18 who have made a significant attempt at taking their life (e.g. non-fatal overdose, act of self-harm significant enough to require treatment or intervention) who are not open to, or known to any other health or social care service.

This approach was created with the aim to provide a clear and robust approach for young people at risk of suicide to be support quickly and effectively, particularly for those previously unknown to services, and to provide a more consistent and coherent approach to support serviced and information for young people affected.

Recovery Development Workers

A Test of Change was initiated in December 2020 to set up a process that would enable Service Access and the Multi-Agency Assessment Screening Hub (MAASH) Teams to access Recovery Development Workers (RDW) from North Ayrshire Drug and Alcohol Recovery Service (NADARS) in order to provide an Early and Effective Intervention for Adults within our local communities to address their addictions and therefore improve their living environments/mental health and wellbeing and their life chances. This would be an earlier, softer and more appropriate and person-centred approach to engage individuals with any addiction issues and to encourage individuals to consider a recovery pathway.

Following the success and impact of this pilot 3-year funding has been secured via CORRA Partnership Drug Initiative for two full time Recovery Development Workers to be located in Service Access/MAASH as part of a prevention and early intervention strategy.

Developing the Plan

Despite ongoing challenges around effective engagement and the long-term impacts of the pandemic, this long-term plan will succeed both 'Lets Deliver Care Together (2018-) and our Strategic Bridging Plan (2021-22). In developing this plan, we have built on the work established in our Bridging Plan and have progressed our engagement with both stakeholders, service users and members of the public.

In developing our Strategic Commissioning Plans, we value the input and contribution from all of our stakeholders. This includes:

- People who use our services
- Carers of people who use our services
- Local residents
- People who work in health and social care
- Local community groups and organisations
- Service providers

To engage with as many people as possible, we normally use a variety of methods, including workshops, meetings, local events and social media. Sadly, due to the on-going challenges in relation to the pandemic, we have been limited in the engagement approaches we can use. Currently, we are less able to host physical meetings, workshops, or other face-to-face engagement events. This has meant most of our engagement activity has been done online.

The North Ayrshire Wellbeing Conversation

To help inform the strategic bridging plan and this longer-term plan, we launched the North Ayrshire Wellbeing Conversation in October 2020. This online engagement questionnaire was live for 18 months and asked the people of North Ayrshire, what they did to keep themselves healthy and well. This was the longest piece of engagement work we have undertaken.

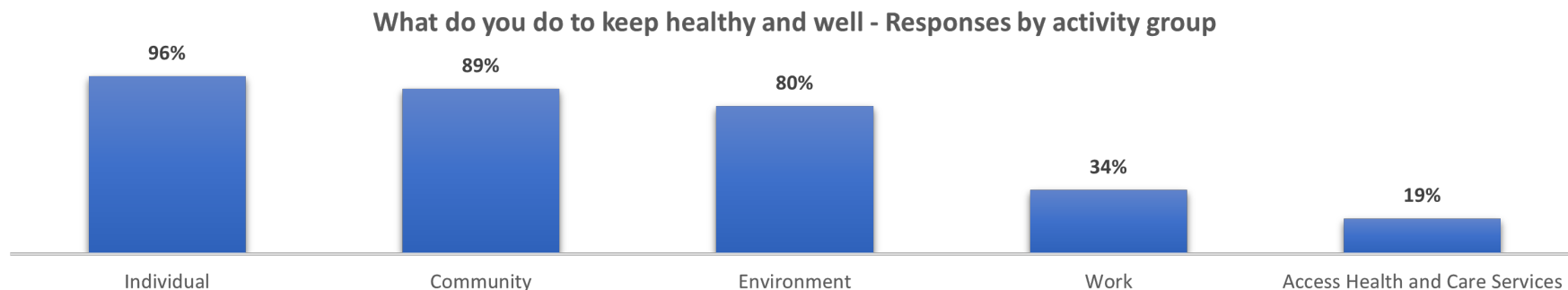
The conversation set out one question with people asked to tell us **'What do you do to keep yourself well?'**

In total, **726** local people responded to the conversation. People were given a list of possible activities to choose from, including, 'going for a walk', 'spending time with family or friends', 'reading', 'listening to music', and 'visiting your GP', and were invited to identify all that applied to them.

The largest number of responses by people were: 'Go for a walk', 'Spend time with friends and family', or 'Get enough sleep'.

To help understand the responses into specific activity groups, these were:

- Activities that were **individual**, which a person could do themselves (having time to yourself, read, listen to music)
- Activities that were based in the **community**, such as socialising with friends, volunteering or joining a local group or club
- **Environmental** activities, such as going for a walk, or visiting new places,
- **Work** related activities indicated where people felt that employment was good for their wellbeing,
- Activities that related to accessing formal **health and social care services**, such as visiting your GP or accessing befriending services.



Most respondents focused on local or personal factors. Overall, **96%** of respondents identified individual activities. **89%** of respondents, indicated they accessed Community based activities, and Environmental activities, such 'going for a walk' or 'visiting new places' were identified by **80%** of respondents.

34% of respondents, identified work as something they do to keep healthy and well, with only **19%** indicating they accessed Health and Care services to help keep themselves healthy and well.

In short, through the Wellbeing Conversation, you told us that what you do to keep healthy and well, is largely based in your own home, community and local environment.

Strategic Plan Consultation December 2021 to January 2022

From 1st December 2021 to 21 January 2022, we hosted a public consultation, inviting local people to tell us what they think of our strategic priorities. Covid-19 restrictions meant there were very limited opportunities for face-to-face engagement. The main method used to engage with people to enable them to inform the strategic plan was via an online survey.

The survey asked people their thoughts on: our proposed strategic and locality priorities; the actions that we should take to work towards addressing our priorities; and the values they look for in people who provide health and social care services.

Our [engagement report](#), detailing the findings of the survey is available.

Overall, the survey:

- Received responses from 240 local people
- Suggested high levels of support for our strategic priorities
- Found local people agreed with the priorities set out for our localities
- Told us what values people wish to see in people who deliver health and social care services.

Stakeholder engagements

To support the development of this plan we also engaged with a range of stakeholder groups.

Strategic Planning Group

Our Strategic Planning Group (SPG) has responsibility for producing and reviewing the Strategic Commissioning Plans. Our SPG is chaired by the Vice-Chair of the Integration Joint Board (IJB) and the group has a wide-ranging membership, including representation from: senior management, Partnership services, Third Sector Interface, Independent Sector, partner organisations including Housing and Libraries, service users, elected members and carers.

Together, our Strategic Planning Group agree on the strategic vision, direction and priorities for the Partnership, making recommendation for approval to the IJB for action.

Strategic Planning Sub-group

The strategic planning sub-group was established with the specific purpose of developing this Strategic Plan. The sub-group contained wide membership from Partnership services, Community Planning partners and third and independent sector representatives. This group was tasked with collecting and assessing all relevant information and identifying a coherent strategic vision and direction to 2030.

Locality Planning Forums

We have six Locality Planning Forums (LPFs) across North Ayrshire, which bring together local people and staff from partnership services, partner, and community organisations. Each forum chair becomes an IJB member and is supported by a Partnership Senior Manager and a local GP.

During 2021, the LPFs identify an updated set of local priorities for action. This was achieved by listening to the views of local staff and community members, reviewing local health and care statistics, identifying key needs, issues and strengths (assets) in their local community. [See page 38 for further details on localities].

HSCP Service Area Leads

We engaged with senior leaders and managers leads across our service delivery areas, including

- Children, Families and Justice
- Mental Health, Learning Disability and Addiction
- Health and Community Care, and
- Business Support

This engagement helped us to consider our strategic priorities, identify our service ambitions, and set out a clear action plan for delivery.

The Care Improvement Network

As part of the Wellbeing Conversation, we asked a second question:

‘Would you like to be more involved in shaping local health and social care services?’.

Those who responded ‘yes’ to this question were invited to join the Care Improvement Network

Members of the Care Improvement Network are invited to contribute to local discussion in a way that is

suitable for them, such as meeting face to face, attending workshops, participating in interviews or

responding to surveys and questionnaires. The goal of this network is to allow local people to be as involved

in local decision making, as they would like.

Over 240 local people expressed interest in helping to shape health and care services, and so far, the Care Improvement Network has gained 90 members, who have all been consulted on this strategic plan. The network, affords a more targeted approach to engagement, linking people to the parts of the service they have experience of, or demonstrated an interest in. There will be a real focus on developing the Care Improvement Network for people in North Ayrshire to share their views and ideas in the future development of our services.



Our Priorities and Ambitions to 2030

This is the first time the Health and Social Care Partnership has set out such a long-term plan for how we intend to improve services and the health and wellbeing of the local community. Since 2015, the North Ayrshire Health and Social Care Partnership has maintained the same vision for local people. Our vision is that:

People who live in North Ayrshire are able to have a safe, healthy and active life

As part of our engagement work in developing this plan, we asked local people to tell us what values they would expect to see from a Health and Social Care organisation. They told us they expect us to embody:



- By being a **Caring** Partnership, we look after and support the health and wellbeing needs of those who require it.
- By showing **Empathy**, we understand the needs, wishes and concerns of people accessing our services as we support them on their care journey.
- By showing **Respect**, we see people accessing services as unique individuals and actively involve them, and their family, in the planning and delivery of their care.

Going forward, we will strive to embody these values.

During our engagement, some people also identified *Honesty* and *Compassion* as values they would expect to see from a health and social care professional. While not included in the three values above, all people accessing health and social care services can expect to be treated with honesty and compassion.

Our Strategic Priorities

To help us realise our vision, we have revised our five strategic priorities. Since 2015, North Ayrshire Health and Social Care Partnership has prioritised the following areas for action:

- Engaging Communities
- Prevention and Early Intervention
- Improve Mental Health and Wellbeing
- Tackling Inequalities, and
- Bringing Services Together

These priorities were initially identified in our first strategic plan (2015-2018) and were maintained in our second plan from 2018-21 and our one-year bridging plan (2021-22).

Following review, it was agreed to retire the priority of 'Bringing Services Together'. All other priorities were mostly maintained, with revised wording. In addition, a new priority focussing on the development and wellbeing of the partnership workforce was identified.

Therefore, over the period of this strategic plan, the health and social care partnership will seek to:



We see these priorities as interlinked, and we expect that where we see success against one priority, it's effect will positively impact against others.

What these priorities mean, and our ambitions to address them, are set out below.

Enable Communities

We recognise the communities of North Ayrshire as a key partner of the Health and Social Care Partnership. We know that many of the solutions to improve the health and wellbeing of local people lie in our communities. Supporting them to improve local capacity, health literacy and resilience will help improve the overall health and wellbeing of communities.

We also recognise and value the knowledge local people have of their own area. Through our various engagement methods, we will continue to provide a voice for local people in the HSCP. As a partnership, we continually try to improve how we engage with, and include local people. To help continually improve a health and social care service and ensure it meets the needs and aspirations of the people of North Ayrshire, it is important that we work together to identify how we can do better. Input from service users, members of staff and local people is essential for us to get it right. That is why we will support local people and communities to have greater input into the strategic planning of the partnership.

Our Ambitions

We wish to continue to grow and strengthen our relationships with local people and communities as essential partners in helping to improve the health and wellbeing of everyone in North Ayrshire. We have ambitions to grow capacity in our communities, helping them to be more responsive and supportive to localised health and care needs.

By 2030, our ambitions for our communities include:

1. All families in North Ayrshire provide nurturing and loving support to their children and have fast and effective support to continue doing so when it is needed.
2. When a child can no longer remain in the family home, they stay with another close, nurturing family member who is well known to them, as a first preference.
3. Where it is not possible for children to remain within the family home or reside with another family member, we have a valuable resource of local foster carers who can provide long-term nurturing support and care in a safe, homely environment.
4. Fewer of our young people are cared for in a placement outside of North Ayrshire. Through greater local support and resource, more young people who require to be looked after can remain in their own community.

5. We provide greater investment in community-based support for people in recovery from mental illness.
6. Our partners in the Third Sector can fully support the local voluntary sector to develop local programmes to address identified health and social care need.
7. We have built effective engagement networks, including Locality Planning Forums, Care Improvement Network and peer support workers, that greatly improve the voice of local people, helping them to shape local health and care services.
8. Parents and Carers of children and young people receiving treatment for mental illness have support to help them throughout their child's treatment and recovery.

Develop and Support our Workforce

We face a challenge in ensuring the health and care workforce has the capacity to meet both current and future demands. We must ensure that our workforce meets the health and care demands of the local population. We must ensure we can effectively plan and build a health and social care workforce that is fit for the local population.

All our people, including our health and social care professionals, frontline workers, third and independent sector colleagues, and support staff, ensure we are able to provide vital health and care services to people across North Ayrshire every day. The importance of the work they do has been further highlighted over the past two years, against the backdrop of COVID-19. During the pandemic and lockdown periods staff from many partnership services continued to work to ensure care was provided to the most vulnerable people in our communities.

In addition to developing and supporting our workforce, we must also ensure we have appropriate places to operate from and to support the public. As such, we will look to review and maximise our HSCP premises to ensure they meet the needs of our workforce and local people now and into the future.

Our Ambitions

By 2030, our ambitions for our Workforce include:

1. Through effective workforce planning, we have a Health and Social Care Workforce that is caring, skilled, and adaptable to meet the current and future needs of the people of North Ayrshire

2. Through the Caring for Ayrshire programme and other locality modelling work, health and social care teams have appropriate premises from which to deliver services, that are fully accessible to local people and key service user groups.
3. The wellbeing of our workforce, and that of our partners, is positive and all members of staff have ready access to meaningful mental health, wellbeing and other supports.
4. We have streamlined our workforce information management systems to provide staff with improved access to workforce resources, including time and attendance recording systems, payroll information and employee benefits.
5. We will have a centralised business support function, ensuring a consistent administrative support service is provided across all partnership areas.

Provide Early and Effective Support

It is a key priority for the partnership to provide support to people as early as possible. Dealing with problems at an early stage can increase the chances of positive outcomes for people and prevent issues from becoming much more serious and difficult to address.

Prevention and early intervention work takes place across all Partnership services. In our children, families and justice service we work with at risk families to help prevent them from reaching crisis point. In our mental health services, we seek to support people at the earliest stage to prevent any mental health concern from growing into a complex mental health condition. In our health and community care services, we support people to stay healthy and well while remaining active in their own communities, to help them stay well and independent for longer.

By providing this 'upstream' support at an early stage, we can reduce the demand on intensive health and care service and re-invest in more community focused support services. However, we recognise that early and effective support is not always best provided through health and social care services. Through working with our partners in the Third Sector, we can identify, support and develop local community-based programmes, run by voluntary and independent organisations that focus on the health and care needs of local communities.

By 2030, we hope to have created a local health and social care service that is pre-emptive and supports the long-term health and wellbeing by providing support at the earliest possible stage. By doing so, we hope we can prevent smaller concerns from growing into complex issues.

Our Ambitions

By 2030, our ambitions for Providing Early and Effective Support are:

1. Our Community Link Worker service is an integral part of our primary care service, offering support and signposting to alternative health and care support available in local communities, further supporting early and effective support models.
2. People who require social care assessment and the provision of support are involved and able to make informed decisions on their own care. People are offered choice and are confident in identifying the self-directed support option that best suits their assessed need.
3. Adults and young people who provide care and support to family members, or other people in their community, are offered a carers assessment and have access to a range of meaningful support options, including respite provision, affording them a short break from their caring activities, and supporting them to continue in their caring role.
4. Children, young people and families who experience, or are at risk of, poor physical and mental health, substance use, or involvement in the justice system are fully supported as soon as possible.
5. Young people moving between services or key life stages are fully supported through our effective transition planning process. This includes a seamless transition to adult support services, or for those leaving care and seeking to live independently.
6. All young people, eligible for mental health support, receive a Global Assessment within one-week of referral in setting that is close to home.
7. Our Justice Services work closely with colleagues in the Alcohol and Drug Partnership (ADP) to provide an enhanced service support option for people in the justice system who are affected by alcohol or drug addiction.
8. Through provision of both community based and clinical support, we are able to prevent all alcohol or drug related deaths and have greatly reduced the levels of alcohol and drug related harm.
9. There is no waiting list for social care assessments, and adults and older people, referred for social care support, will receive an assessment of their needs without delay.

10. People receiving adult community care services will have their social care needs reviewed, at least, once a year.
11. No one will be delayed in their discharge from hospital due to awaiting health and social care supports in the community.
12. We have an integrated care hub on Arran that provides an effective 24/7 care service to those with complex care needs, reducing the need for admission to hospital or long-term care.
13. We have enhanced our community nursing service across North Ayrshire and are supporting more people with nursing care needs to remain at home, helping to reduce admissions to hospital and residential care.

Improve Mental and Physical Health and Wellbeing

Improving mental health and wellbeing has also been a priority for the partnership since 2015. The focus on supporting those with both complex mental health conditions and low-level mental wellbeing concerns will continue to be a priority for the HSCP. We know, through our service information and through speaking to our local communities, that mental health concerns across the board are increasing in the population. This means a greater demand for mental health services and community supports.

We also recognise the benefits physical wellbeing has on an individual. Many of our statutory services and community supports are focussed on improving the physical wellbeing of local people, for example helping to support children and young people to maintain a healthy body weight or providing rehabilitation support to those who have been in hospital. We know, that by supporting and maintaining the physical health of local people, they can remain in good overall health for longer, supporting their independence and overall wellbeing.

Our Ambitions

By 2030, our ambitions for supporting the Mental and Physical health and wellbeing of local people are:

1. We understand the longer-term impacts of the Covid-19 pandemic on children and young people, particularly those in the early developmental stages and can respond effectively to help improve long-term health and wellbeing outcomes.
2. We have robust Care at Home provision that can provide care and support packages to people in their own home as soon as they need it.

3. Through close working with our independent sector partners, we have a robust Care Home sector that is flexible and meets the needs of local people who require complex care that cannot be provided at home.
4. Through delivery of the Caring for Ayrshire programme, North Ayrshire has an effective primary care service that meets the current and future needs of local people. As part of this programme, we have:
 - a. Improved the primary care estate, ensuring all GP practices are fit for purpose to meet local need.
 - b. Developed effective multi-disciplinary teams in every GP practice in North Ayrshire, providing patients with the right care, from the right professional, at the right time.
 - c. Embedded close working relationships with GP practices and community health and social care services, to ensure seamless health and care support is provided to local people.
5. The New Models of Care are firmly embedded on the Isle of Arran, ensuring residents with complex physical health conditions are effectively supported through a robust multi-disciplinary team.
6. There is improved access to Allied Health Professional (AHP) services through Multi-Disciplinary Teams and enhanced digital services.
7. We have developed a 7-day rehabilitation support service in both Ward 1 (Woodland View) and Redburn Rehabilitation Ward (Ayrshire Central), reducing patient length of stay, and improving patient flows from acute services.
8. Across North Ayrshire, we recognise the difference between a mental health concern and a complex mental illness and recognise the most appropriate pathway for support.
9. We have developed an effective commissioning model for Mental Health Services, ensuring the most appropriate services are available to meet the need of local people.
10. Woodland View Community Hospital is fully reconfigured to effectively meet the inpatient need of local people.
11. People who require forensic rehabilitation receive treatment in a community-based facility, supporting their recovery and integration back into the community.
12. People who require complex inpatient mental health care, are supported through either quality inhouse provision, or through alternative independent support.

Tackle Inequalities

North Ayrshire is an area with high levels of poverty and people living in relative deprivation. The Scottish Index of Multiple Deprivation (SIMD) indicates that over 40% of the people living in North Ayrshire live in areas considered to be among the most deprived in Scotland. As a result, many people experience poorer life chances and health outcomes than others. However, experiencing inequality can be the result of several factors: for example, people can face additional challenges on account of their age, if they have a physical or learning disability, a long-term medical condition (including addiction), if they are care experienced, or have experience of the justice system. Several factors can impact on the levels of inequality a person's experiences.

Tackling Inequalities has been a key priority for the HSCP since it published its first strategic plan in 2015 and continues to be. We believe by helping to reduce the impact of inequalities locally, we can improve the long-term economic, social and health outcomes for the people of North Ayrshire. However, we realise that addressing local inequalities is not something we can do alone. It will take a collaborative effort. As such, we will continue to work closely with our partners and local people to help tackle inequalities together.

Our Ambitions

By 2030, we hope to have made a significant impact to help reduce the high levels of local inequalities. We identified several key ambitions we hope to see realised over the medium and long term:

1. By delivering 'The Promise', our care system prioritises working closely with families to ensure their experience is as supportive and positive as it can be. The experience and journey of young people in care is greatly improved and informed through meaningful conversations with family and professionals.
2. As part of 'The Promise', we provide better support to families who experience domestic abuse, by prioritising care and support for the non-abusing parent and their children, through our 'Safe and Together' programme. We also support the perpetrator of domestic abuse through diversionary programmes, reducing reoffending.
3. Health and social care services are readily accessible for young people in schools across all North Ayrshire's six localities.
4. Through providing community alternatives and improved employment opportunities, people who are involved in the justice system are effectively supported to prevent re-offending, rehabilitate back into their community and improve their outcomes.

5. Women within the Justice System are provided a Whole Family Approach to support them in their rehabilitation
6. We have embedded our Money Matters service into local schools and GP practices in areas of higher deprivation, improving access to welfare rights and benefits advice for local families.
7. Older people in North Ayrshire have the opportunity to take part in a range of day opportunities, supporting them to continue being socially active and reducing the risk of social isolation.
8. People who with Autistic Spectrum Disorder or a Learning Disability live meaningful lives as an integral part of their community.
9. When people with Autistic Spectrum Disorder or a Learning Disability need to go into hospital, they are provided care and treatment in an appropriate and safe environment.

Locality Priorities

Our six Locality Planning Forums (LPFs) are one of our key mechanisms for engaging with local people. They are chaired by a member of our Integration Joint Board and membership is made up of a range of health and social care professionals, third and independent sector representatives and local community groups. Their role is to use their knowledge of services and the local area to support and engage with local people and communities, to identify locality priorities.

During 2021, each LPF reviewed and updated their locality priorities. These have been agreed by the Partnership's Strategic Planning Group. These priorities will inform local action by the HSCP and our partners to help address the concerns raised. The [development report](#) is available.

In all, nine priorities were identified - seven areas of concern and two areas of opportunity.

Priorities of Concern:

All mainland locality planning forums adopted the priorities below:

- Improving Mental Health and Wellbeing
- Reducing social Isolation
- Prevention, early intervention and recovery from drug and alcohol related harms and deaths
- Recovering from the COVID experience

Due to additional local concerns, other identified priorities were adopted in specific localities:

- Enabling financial inclusion and tackling poverty, was adopted in the Three Towns
- Enabling digital inclusion, was also adopted in Three Towns
- Preventing suicides, was adopted by the LPF in North Coast and Cumbrae



Priorities of opportunity:

The following priorities are shared by all Locality Planning Forums

- Capitalising on the Covid experience – continuing the legacy of the great partnership working that was developed in the early stages of the pandemic
- Developing personal self-care/ self-management, coping skills and health literacy

Supporting the local priorities

To help address the identified priorities, our locality planning forums will continue to play a key role in understanding and identifying local need, and continue to feed into the Strategic Planning Group, ensuring the profile of our localities is at the heart of our strategic planning process.

Some examples of work planned to help address the priorities identified by the LPFs include:

- Continuing to support the TSI in distributing of the Scottish Government Community Mental Health and Wellbeing Fund to local organisations across North Ayrshire (more information on this fund is available on page xx) that will help address many priority areas, including Improving Mental Health, enabling Financial Inclusion, reducing Social Isolation, and Preventing Suicide.
- Implementing 'Neighbourhood Networks' to create social groups in our more rural areas, helping reduce social isolation for people with a learning disability.
- Supporting Participatory Budgeting events to provide funding to local groups to address the impact of drug and alcohol related harm
- Supporting improvements in our Primary Care service that will help address the long-term impact of Covid-19, including our Community Link Worker service that will help reduce pressure on local GPs by guiding people into other appropriate community-based supports.
- Delivering our Digital Navigator programme to support local people to access health and social care resources on-line.

Assets, Challenges and Investment – North Ayrshire Today

North Ayrshire is home to approximately 135,000 people, who live across the area’s many towns, villages and islands. It is home to many communities, each with unique characteristics, strengths and challenges. Unfortunately, North Ayrshire has areas of high deprivation and poverty, and in many cases this has contributed to high levels of poor health and wellbeing for many local people.

Understanding the needs of our communities is essential to be able to respond effectively and provide the support needed for local people to live an active, health and safe life. But we also recognise that there is great strength in our communities. By engaging closely with them and helping to build their capacity, our communities are a key partner in helping us to improve the health and wellbeing for all in North Ayrshire.

Locality Strengths and Assets

North Ayrshire has many strengths and assets that can be employed to help improve the lives and wellbeing of local people. We engaged with our Locality Planning Forums to help us identify what strengths there are across North Ayrshire. Our forums highlighted the tangible and intangible assets (see the figure) they valued: From the warm, welcoming people, the community centres, strong sense of community, libraries, parks and shops to the stunning, picturesque landscapes, coast and beaches.



The onset of the Coronavirus pandemic especially highlighted how North Ayrshire people could rise to the occasion and collaborate to tackle the challenges they faced. For example, Volunteer Scotland reported that North Ayrshire was one of the local authority areas that had recruited relatively more volunteers than other areas in Scotland.

Locality Planning Forum members have expressed the need to build on all these strengths, particularly the community spirit and collaboration. Members underlined the connectedness of health and wellbeing with such things as skills development, employment and the physical environment.

This strategy document describes how NAHSCP, in collaboration with the contribution and investment of partners, can achieve its vision through building on the strengths of North Ayrshire and addressing its strategic and local priorities.

As well as being home to vibrant and supportive communities, North Ayrshire has many ambitious programmes in place to help transform the area and make it a great place to live, work and visit.

Community Wealth Building

North Ayrshire is the first [Community Wealth Building](#) Council in Scotland. Through the Community Wealth Building Strategy, North Ayrshire Council will invest a greater amount of resource into the local economy and environment. The Community Wealth Building strategy will set out NAC's ambitious plans to work in partnership with local communities and businesses to create a fair local economy, reducing poverty and inequality. The strategy has several key objectives:

- Improve procurement process to focus on investing in local, sustainable businesses and services and embedding ethical procurement practices
- Encourage fair employment, creating more local jobs with progression opportunities
- Support the regeneration of local communities by maximising the use of North Ayrshire's land and assets.
- Support the creation and sustainability of a range of business models including Small to Medium Enterprises, social enterprise, employee ownership, cooperatives, municipal activity and community enterprises.
- Encourage greater investment in North Ayrshire from regional and national organisations.

Ayrshire Growth Deal

The Ayrshire Growth Deal is a partnership being driven forward by the Scottish Government, the UK Government and East, North and South Ayrshire Councils. Following confirmed investment of £103 million from both the UK and Scottish Government and additional funding from each Ayrshire Council, there is a real opportunity to build a world class business region for many key sectors.

Investment opportunities in North Ayrshire include:

- £21 million for i3: Irvine to develop the life sciences sector
- £11 million for a subsea fibre optic cable to have its landing point in Irvine.
- £14 million investment for Great Harbour, Irvine and Ardeer Peninsular to develop the area's tourism potential
- £18 million investment to develop a Centre for Research into Low Carbon Energy and Circular Economy (CECE) at the Hunterston Strategic West Scotland Industrial Hub
- £10.5 million for a new International Marine Science and Environmental Centre based at Ardrossan
- £9.5 million in Marine Tourism, which will focus on securing infrastructure that supports key components such as sailing and boating, marine leisure and recreation

More information on the [Ayrshire Growth Deal](#) can be found on its website.

Caring For Ayrshire – NHS Ayrshire and Arran

Caring for Ayrshire is an exciting and ambitious programme that aims to transform health and care services across Ayrshire and Arran. More people are living into old age, and whilst this is good news, we need to make sure that people lead not just longer lives, but longer, healthier lives. Our health and care services need to evolve to make sure we can look after more people and in better ways.

The NHS Ayrshire and Arran Caring for Ayrshire vision, that aligns with NAHSCP's vision, is that care shall be delivered as close to home as possible, supported by a network of community services with safe, effective and timely access to high quality specialist services for those whose needs cannot be met in the community.

Mental Health Recovery and Renewal Fund

As we continue to recover from the impacts of Covid-19 and in response to the mental health needs arising from the pandemic, the Scottish Government has launched the £120m Recovery and Renewal Fund to help ensure the delivery of the commitments set out in the Mental Health Transition and Recovery Plan.

This fund will prioritise improvements in specialist CAMHS services, address waiting lists, and clear service backlogs. With £10m allocated nationally to clearing backlogs in Psychological Therapies.

In addition, £15m from this pot has been allocated to a Communities Mental Health Fund, to support community-based initiatives that promote and develop good mental health and wellbeing within the adult population.

In North Ayrshire, £407,213 was allocated from this Fund, which aims to support community recovery through:

- Promoting and developing good mental health and wellbeing and mitigating against the impact of distress and mental ill health within the adult population
- Supporting small grass roots community groups and organisations (voluntary or community organisations; registered charities; groups or clubs; and not-for-profit company or Community Interest Company)

While the long-term commitment of this fund is unclear, the investment will be essential in the early life of this Strategic Plan as we rebuild and recover from the Pandemic.

Our Challenges

The Health and Social Care Partnership continues to face many challenges as it endeavours to support and improve the health and wellbeing of the people of North Ayrshire. The population of North Ayrshire is expected to change significantly over the next 10 years, with an expected increase in older people being offset by a reduction in younger and working-age people. Further, over the next ten years many local people are likely to face significant social and economic challenges, all of which suggest demand for health and social care services will continue to rise in the foreseeable future.

Some other key challenges are detailed below.

COVID-19 – Longer-term impact and recovery

The impact of COVID-19 is evident for all. The pandemic has affected all our lives to a great extent, impacting on our ability to live our day to day safely. We have all responded to the pandemic as best we could. For local people this has meant adhering to safety guidelines and practicing social distancing. For the Health and Social Care Partnership, this has meant adapting our approaches to continue delivery essential services to local people during this challenging time.

We continue to progress our remobilisation plans, considering carefully how we can safely restore all the health and social care services that were regularly provided before the pandemic began. As we do, we continue to prioritise and focus our services for those who are most vulnerable in our communities and who need it most.

As we remobilise, we will endeavour to support and treat the many local people who have been unable to access a health professional due to restrictions. It is anticipated that this will place additional demands on our primary care services as we try to 'catch-up' on caring for patients.

The longer-term impacts of Covid-19 are currently unknown. It is unclear what the effects of long-covid will be on people who were affected by the virus, and what future demands this will place on health and social care services. Further, growing evidence suggests that the pandemic has had negative socio-economic effects that have led to increased health inequalities and contributed to an increase in both poor mental wellbeing and mental health.

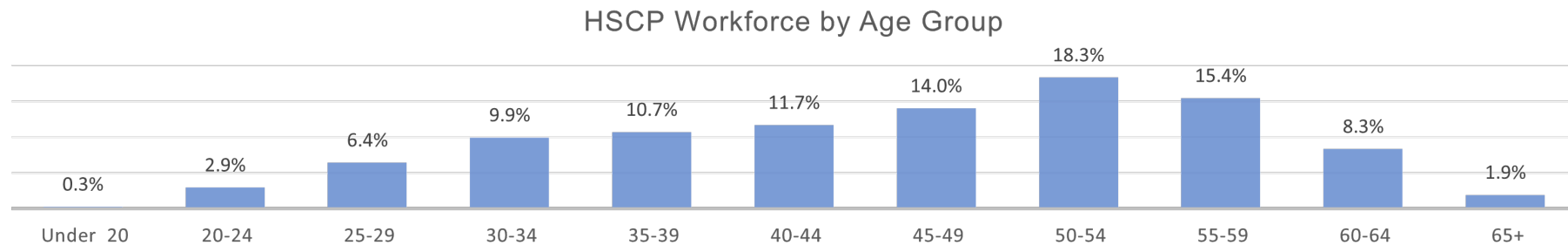
From a staffing perspective, the health and social care workforce have been on the frontline since the pandemic began, continuing to support local people and service users, often in very challenging and demanding circumstances. Again, the long-term impact of this on staff is unclear, but there is a likelihood of staff burn

The Health and Social Care Workforce

Since the advent of the Pandemic, the Health and Social Care Workforce has experienced significant pressures. As a result, we are beginning to see the level of demand for health and social care support exceed our current service capacity. We know this is a challenge for Health and Social Care Partnerships across Scotland. We will continue to work collaboratively with the Scottish Government and other HSCP areas to help meet this current challenge.

On 31st December 2021, North Ayrshire HSCP had a workforce of 3,502 people across all our services. Of this, just under 52% of staff were employed by North Ayrshire Council, with the remaining 48% employees of NHS Ayrshire and Arran.

While our workforce includes people across most age groups, a large proportion (44%) are over the age of 50. This indicates we may see a large proportion of our experienced workforce lost in the coming years to retirement



While all staff possess high levels of qualification and skills, it is important to recognise the additional knowledge of more experienced members of staff. It is essential that this invaluable experience is not lost when members of staff choose to retire and is shared to help support younger colleagues as they grow in their careers.

Over the longer term, we know that the demographic structure of North Ayrshire is changing, and with that, local health and care challenges are likely to change too. For example, the growing elderly population means people are there are likely to be a greater proportion of the population living with a long-term condition. This suggests we are likely to need more health and care professionals in the future to support to local people remain in good health for as long-as possible and support them to retain their independence.

Some of our other demographic challenges that the HSCP workforce will need to prepare for include:

- A reduction in the younger and adult populations, suggesting a reduction in available family carers to support older relatives.
- An increasing prevalence of both low-level and complex mental health concerns
- High levels of poverty, deprivation is likely to impact on the individual opportunities and health outcomes.
- High deprivation is a contributing factor to poor physical or mental health and substance misuse.

- Growing numbers of children of an unhealthy weight or have poor dental health. If not addressed this could lead to greater health issues in adult life

A National Care Service

Following the publication of the Independent Review of Adult Social Care (2021), and following its recommendations, the Scottish Government has agreed to progress legislation to develop a National Care Service. This would mean Scottish Ministers would be ultimately accountable for adult community health and social care support. It is proposed that the service will be operational by the end of this parliamentary term (2026). While the overall intention is to ultimately improve services for people who need them, it is unclear at present how the implementation of a National Care Service will impact on the quality and quantity of health and social care services in North Ayrshire.

Benefits of a National Care Service highlighted include improved commissioning models across Scotland, improving workforce conditions, embedding human and person-centred rights across the system and ensuring there is no more 'postcode lottery' of service provision, where the service you receive is dependent on where you live.

However, there were key questions raised through local engagement relating to the centralised approach of a national service. Delivering a top-down care service risks conflicting with the community based, locality driven strategic planning processes that are a bedrock of health and social care partnerships. There is the risk that the loss of input from local people and communities could bring a negative impact to health and care planning.

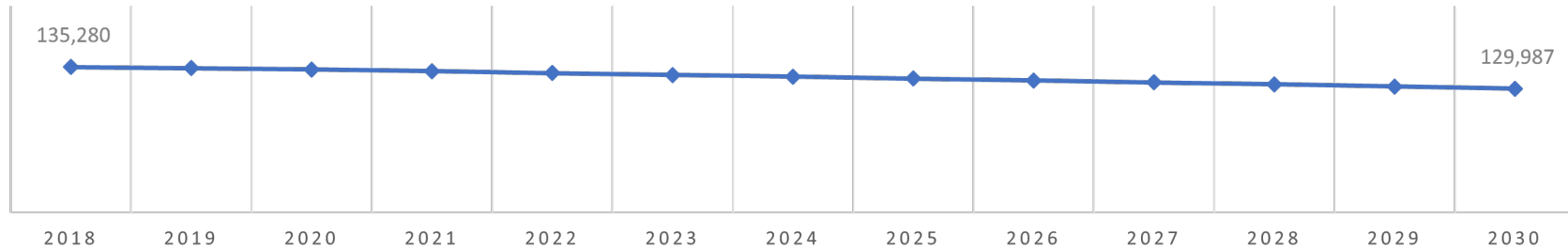
What the creation of a National Care Service means for local Integration Joint Boards and Health and Social Care Partnerships is unclear at present. We will be mindful of this national development as it progresses and what it means for the people of North Ayrshire.

Strategic Needs Assessment

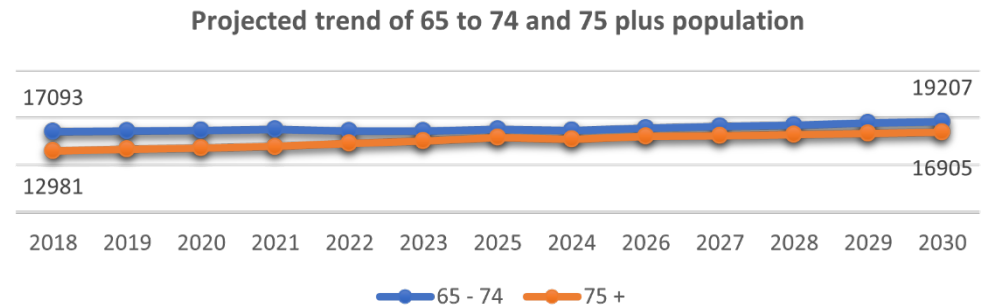
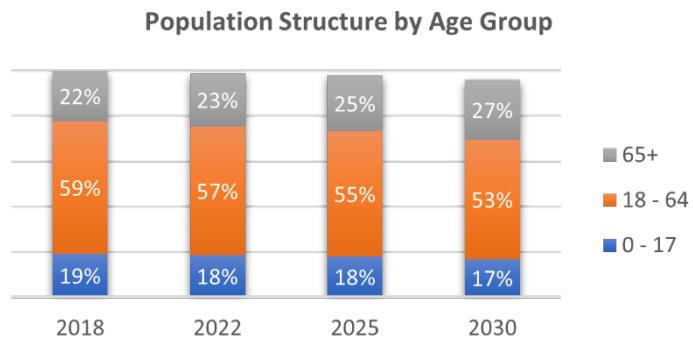
To better understand the health and care needs of the people of North Ayrshire, we produce a strategic needs assessment, which is available on request. The following summary provides some of the key findings.

1. Population projections continue to suggest two population changes which will have an impact on health and social care in the future:
 - a) The North Ayrshire population continues to decrease and is expected to shrink by 3.9% between 2018 and 2030, falling to 129,987.

NORTH AYRSHIRE POPULATION PROJECTIONS 2018 - 2030



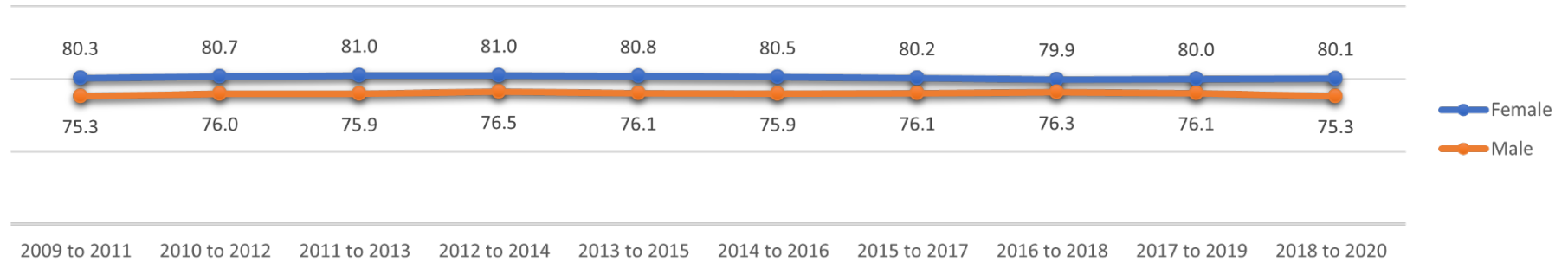
b) Within this falling population, we will continue to see a growing older people population, with those 65+ accounting for 25% of the population by 2025, and almost 27% by 2030. This correlates with a shrinking younger (0-15) and working age (16-64) population.



Of further concern is the growth in those over 75 years. From 2018 and 2030, the 65-74 age group will increase by 12% (from 17,093 in 2018 to 19,207 in 2030). However, over the same period, the population who are 75 or over will increase 30% (12,981 in 2018 to 16,905 in 2030). Considering the complexity of health concerns increase as we age (see paragraph 3 below) this increase in this population implies a greater demand on Health and social care services in the future.

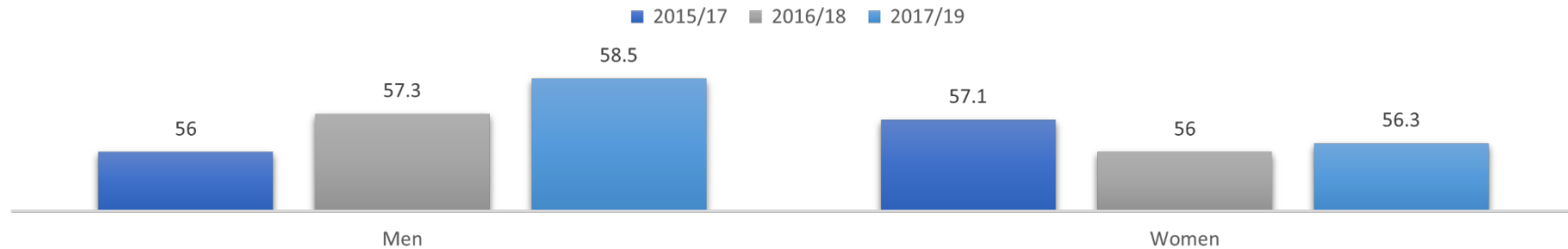
- Since 2012, the life expectancy for both men and women in North Ayrshire has seen a decrease. In the reporting period 2012/214, life expectancy in North Ayrshire was 80.8 years for women and 76.1 years for men. In 2018/20, this has dropped to 80.1 years for women, and 75.3 years for men.

Average Life Expectancy in North Ayrshire



However, Healthy life expectancy for men North Ayrshire has increased in recent years. However, we see a decreasing trend for women. In the latest time period available (2018-2020 3-year aggregate), the average healthy life expectancy in North Ayrshire was 58.5 years for men and 56.3 years for women in 2017-2019.

Health Life Expectancy Trend

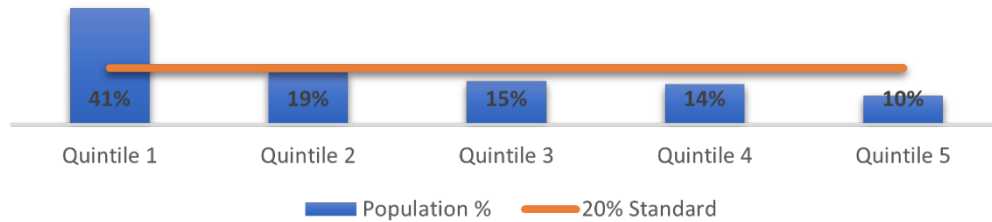


When compared against life expectancy, this suggests, that while women will generally live longer than men, they will spend a greater proportion of their life in ill health. In 2019, men could expect to live 23% of their life in ill health, compared to 30% for women.

- North Ayrshire continues to have areas of high deprivation contributing to social and health inequalities across the population.

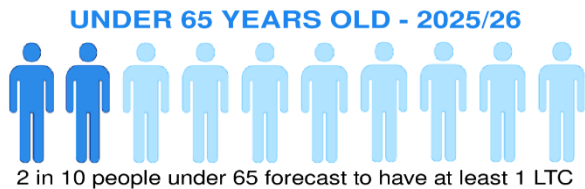
The most recently published Scottish Index of Multiple Deprivation figures suggest as much as 41% of North Ayrshire's population live with areas that are considered among the most deprived areas in Scotland.

Percentage NA population by SIMD quintile



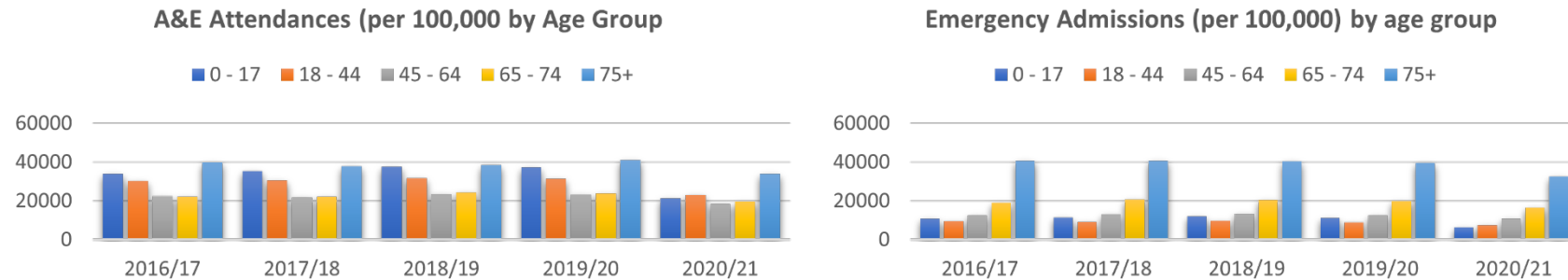
In addition, information published by the charity EndPovertyNow, also suggests that more than 1 in 4 children (28.3%) in North Ayrshire live in poverty.

4. Currently, 27% of local people are living with a Long-Term Condition (LTC) which could include; Arthritis, Asthma, Diabetes, COPD). Projected prevalence up to 2025/26 shows there is to be a gradual increase in the population living with an LTC. Long-term conditions are more common in older age groups, with the proportion of people living with one or more LTC increasing with age. As the next images show. By 2026, only 2 in every 10 people in North Ayrshire under the age of 65 will have a long-term condition. For those 85 and over, 8.2 in every 10 people will live with an LTC.



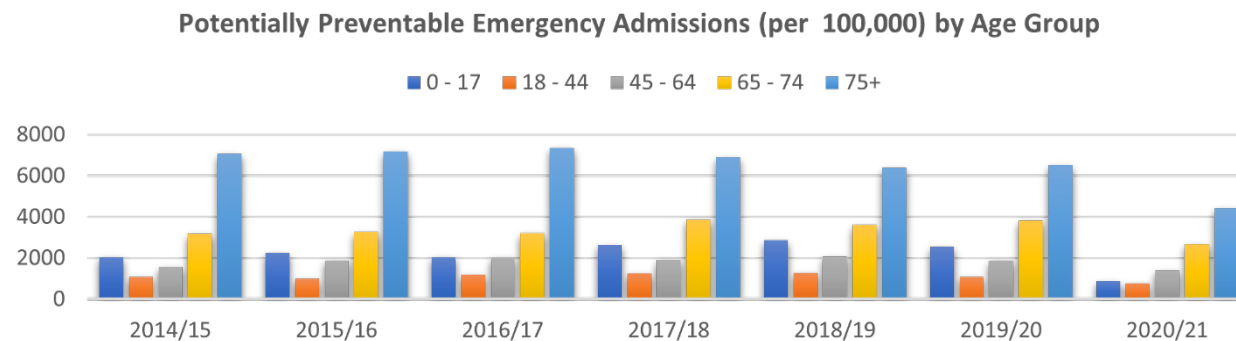
Further, the proportion of people living with more than one long-term condition (multi-morbidity) increases with age, with approximately 15% of over 65s with multi-morbidities, compared with less than 5% of under 65s for 3 LTCs.

- Across most acute hospital measures (including, Emergency Admissions, Unscheduled Bed days, Delayed Discharges and preventable admissions), we see higher proportions of people from older age groups, and as mentioned before, those proportions increase with age.

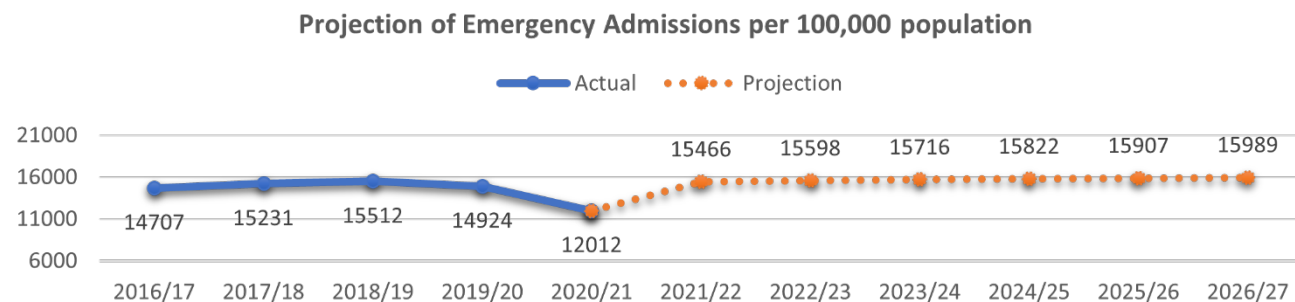


Those aged 75 or over account for the greatest volume of emergency admissions, unscheduled bed days and delayed discharges. While a decrease in hospital measures across all age groups was noted in 2020/21, this is likely due to COVID impacts. When taking overall trends into context with the population projections, a growing population of those 75+ is likely to place additional demands on hospital services in the future.

However, those 75+ also account for the greatest volume of potentially preventable admissions, which suggests more community-based services could help reduce demand on acute hospitals.



6. Forecasts across all hospital measures, suggest growing demand in future years. The number of emergency admission is expected to see an increase of 3.07% between 2018/19 to 2026/27



Similarly, we see other expected trends across other hospital measures:

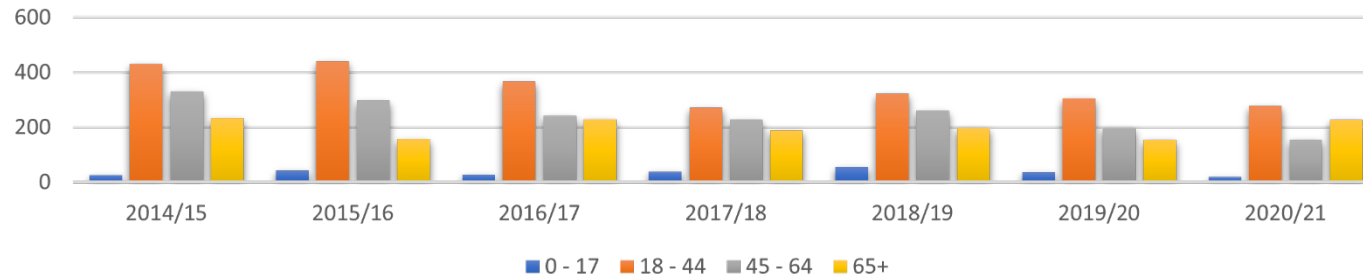
- Unscheduled bed days: Expected increase of 15.4% from 98,727 in 2018/19 to 113,941 in 2026/27.
- Delayed discharges: Projected largest increase of 45% from 17,676 in 2018/19 to 25,652 in 2026/2027.
- ED Attendances: is the only area where projections suggest a slight decrease of 0.9%, from 30,155 to 29,877 across the same time period.

Please note, projections do not take into account any potential service or the ongoing impact of Covid-19.

7. Mental Health concerns continue to rise, with 22% of local people receiving some form of Mental Health medication in 2018/19. North Ayrshire is continually higher than the overall percentage for the health board area (21%) and Scotland (20%). This suggests a greater demand for local Mental Health support.

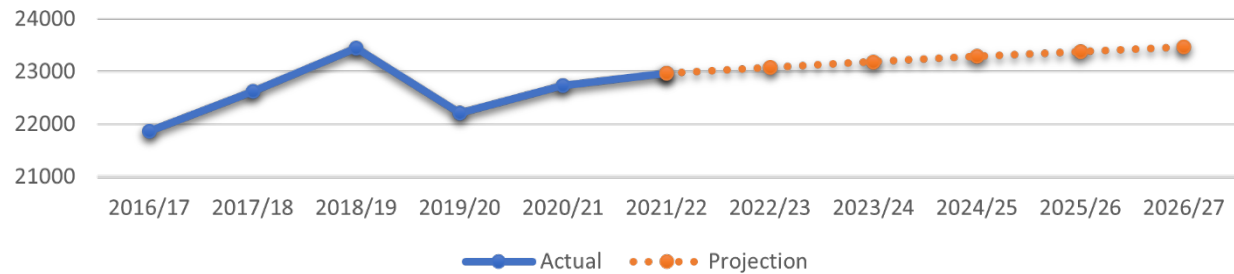
When considering hospital admissions, North Ayrshire’s rates are below that of Scotland as a whole (182 per 100,000 for NA in 2020/21 compared to 254 per 100,000 for Scotland), and mostly in line with the NHS Ayrshire and Arran health board area (181 per 100,000). However, unlike general acute admissions, the highest proportion of Mental Health admissions are among adults aged 18-44, suggesting a greater demand within this age group for mental health services.

Mental Health Emergency Admissions (per 100,000) by Age Group

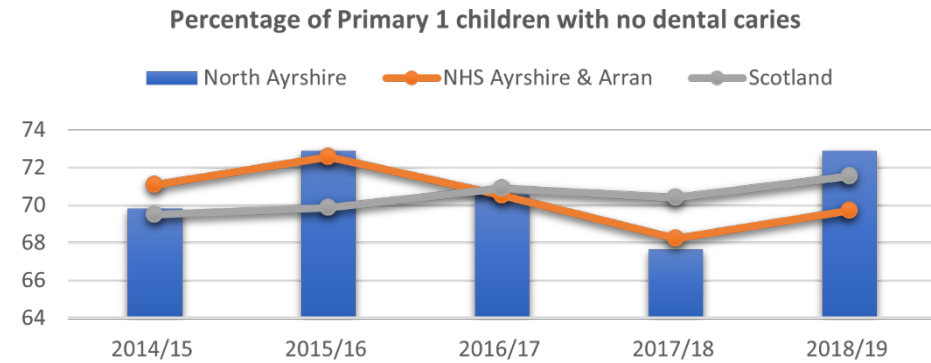
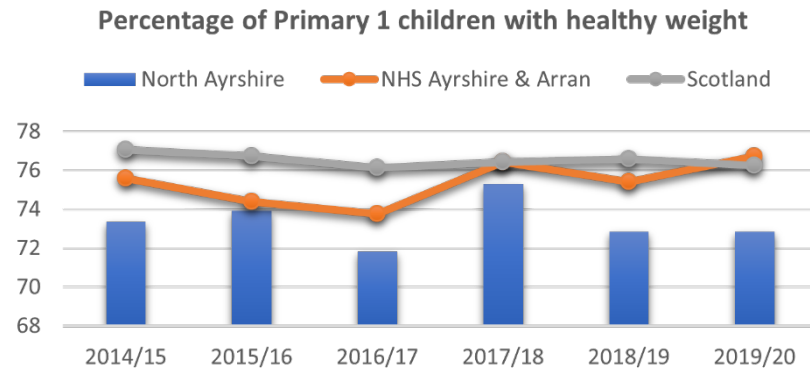


8. For Mental Health Unscheduled bed days, despite a decrease in 2019/21, Projections show a trend increase from 22,968 in 2021/22 to 23,465 in 2026/27.

Projection of MH Unscheduled bed days (per 100,000)

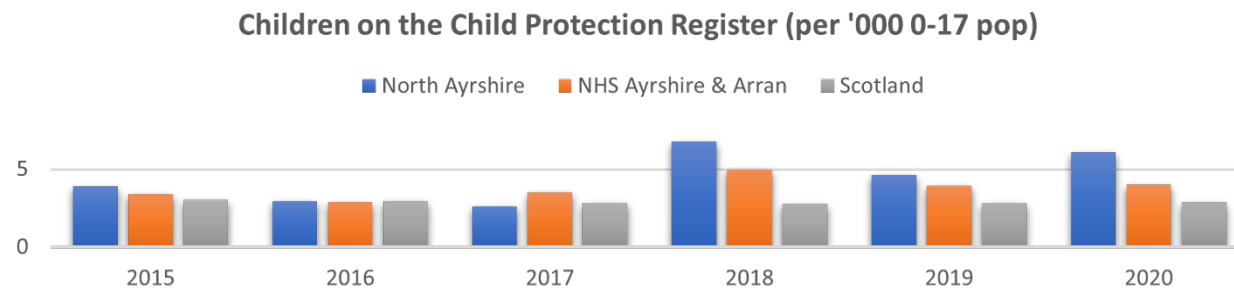


9. In 2019/20, 73% of primary 1 children in North Ayrshire were reported as being of a healthy weight and 72% as having no tooth decay (dental caries).



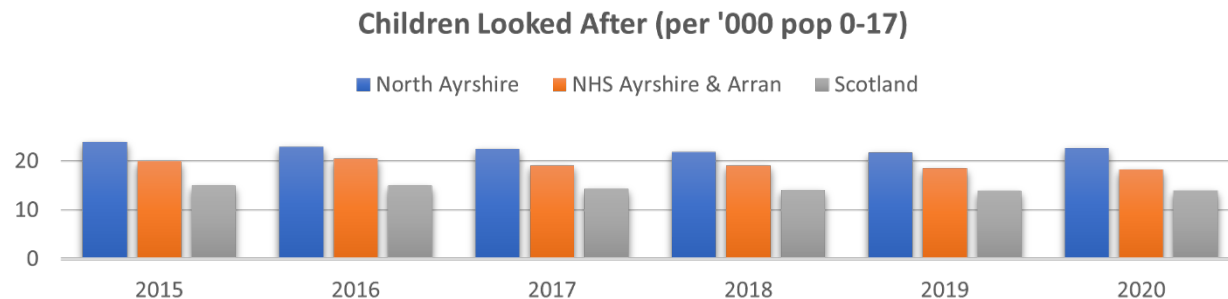
While figures are positive, it suggests that many local children are not of a healthy weight and have concerns over their dental health. In 2019/20 for healthy weight, North Ayrshire compares unfavourably with the health board area (77%) and with Scotland as a whole (76%). For dental caries, North Ayrshire compared favourably with the health board area (70%) and with Scotland as a whole (72%).

- An ongoing priority for the HSCP is the care and protection of children. Information provided through the needs assessment identified the trend of the number of children aged between 0 and 15 on the Child Protection Register. It showed the number of local children on the register increased by 57% over a 7-year period from 2015 (3.88 per '000) to 2020 (6.1 per '000).



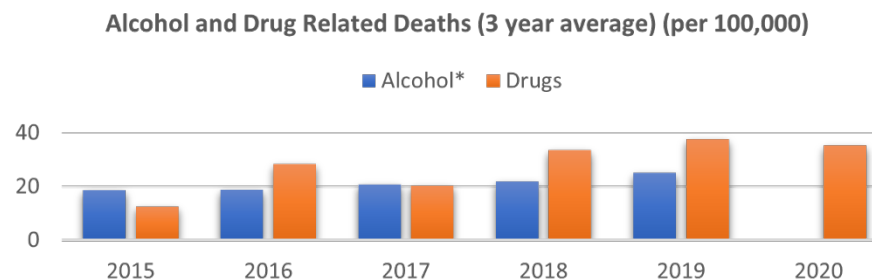
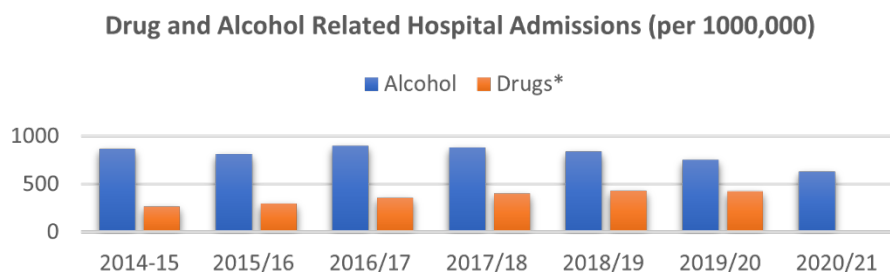
National comparison showed that in 2020, the number of children on the North Ayrshire CP register was more than double that observed across the whole of Scotland (2.88 per '000).

11. The rate Children Looked After in North Ayrshire has seen a decreasing trend since 2015. Reporting a rate of 23.9 (per 1000 0-17 population) in 2015, this decreased by 9% to 21.7 in 2019. A small increase in 2020 was experience in 2020, however this may be COVID related.



However, the decrease has been experienced at the National level, and the North Ayrshire rate is consistently higher than those of Ayrshire & Arran board area and Scotland as a whole. In 2020, the rate in North Ayrshire was 23.9, per 1000, this is higher than the 20 reported at the Ayrshire and Arran Board level and the Scotland figure of 14.9.

12. Alcohol related admissions to hospital appear to be decreasing overall, North Ayrshire reports higher levels of admissions when compared with NHS A&A and Scotland as a whole. Drug-related hospital admissions are seeing annual increases and are consistently higher in comparison to the health board and Scotland. Note no drug related admissions information was available for 2021.



Alcohol related deaths are reported as increasing. At the latest reporting period in 2019, with 24.9 (per 100,000), deaths in North Ayrshire were higher when compared with the health board area (19.5) and Scotland as a whole (20.4). No data was available for 2020.

North Ayrshire has seen an increase in drug related deaths over the past few years. This is a trend that is replicated across Scotland. However, North Ayrshire continually reports higher proportions of drug related deaths when compared to both the health board area and Scotland as a whole. In 2020, the rate per 100,000 of drug related deaths in North Ayrshire was 35.26. This compared unfavourably with Ayrshire and Arran, 33.18 and Scotland with 25.44.

Policy Developments Supporting our Ambitions

As a Health and Social Care Partnership, we recognise that to truly achieve our ambitions we must work closely with our partner organisations at both the local and national level and ensure that our strategic intentions are well aligned.

Development of a National Care Service

Following the publication of the Independent Review of Adult Social Care (2021) the Scottish Government has agreed to progress legislation to develop a National Care Service. The Scottish Government will continue to develop legislation and make preparations for the creation of this new national service, which is expected to be implemented by the end of the current parliamentary period in 2026.

In October 2021, the North Ayrshire Integration Joint Board submitted a response to the consultation on the creation of National Care Service. In addition, we also facilitated several locality-based engagement conversations, gathering the views of local people. We identified several positive opportunities that this new national service will bring, but also a number of challenges that must be addressed. We will continue to actively engage with national colleagues as this policy area develops.

We anticipate, during the development period, that we will be encouraged to ensure our working practices are complementary to the creation of a new national service, for example ensuring we meet ethical commissioning practices. We will review these practices to ensure their implementation does not negatively impact on the quality of service we provide to local people.

Local Outcome Improvement Plan 2022-2030

The North Ayrshire Community Planning Partnership (CPP) produces a Local Outcome Improvement Plan (LOIP), that sets out a strategic vision and direction for improving the lives of the people living in North Ayrshire. Publishing in April 2022, the new LOIP will cover the eight-year period up to 2030, in line with the Partnership's own Strategic Plan.

The LOIP has identified three key areas for focus:

- **Wellbeing** – providing a focus on the health and wellbeing of local people, with an aim of reducing local health inequalities through targeted support to improve individual, family and community health and wellbeing. This area will aim to:
 - Address health inequalities
 - Promote children and young people’s wellbeing, and
 - Enable community wellbeing
- **Work** – focussing on the local economy and improving the local skills base to help address the root causes of poverty and deprivation. This area will aim to:
 - Increase local employment
 - Develop volunteering
 - Better support our young people to develop the skills they need to play a strong role in our local economy
- **World** – focussing on efforts to address climate change, reduce carbon emissions and improve the local natural environment.
 - Work together to reduce carbon emissions and mitigate the impacts of climate change
 - Increase active travel, and
 - Increase carbon literacy within our organisations and communities

With a key focus on health and wellbeing and on addressing social, economic and health inequalities, the LOIP 2022-30 is in close alignment with our own Partnership Strategic priorities, in particular our priorities to ‘Improve Mental and Physical Health and Wellbeing’, and to ‘Tackle Inequalities’.

Going forward we will continue to work closely with our CPP colleagues to identify and deliver joint actions to achieve our goals.

In addition, going forward the Partnership will have a greater obligation for ensuring ethical and environmental practices are mainstream in our day-to-day work. This will include, considering and reducing our environmental impact, and undertaking ethical commissioning practices.

North Ayrshire Council Plan

The North Ayrshire Council Plan 2019-24 sets out the Council's priority areas to achieve the vision of a "North Ayrshire that is 'Fair For All'". Community Wealth Building is a key driver behind the Council's three priorities which are:

- Aspiring Communities – A society where everyone has the same life chances to grow, prosper and have fulfilling and healthy lives.
- Inspiring Place – An enterprising, vibrant and sustainable environment that is appealing to investors, attractive for visitors and a place where our residents are proud to live and work.
- A Council for the Future – Ensuring the Council is forward thinking and motivated to improve the services we provide for our communities through innovation.

Public Health, NHS Ayrshire and Arran and Public Health Scotland

Local Public Health/Health Improvement Team strategies and actions are aligned to the Public Health Priorities for Scotland. These priorities are not just for Public Health professionals but for our whole system, for public services, third sector, community organisations and others, to work together to improve Scotland's health, and to empower people and communities. The priorities are:

- Priority 1: A Scotland where we live in vibrant, healthy and safe places and communities
- Priority 2: A Scotland where we flourish in our early years
- Priority 3: A Scotland where we have good mental wellbeing
- Priority 4: A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs
- Priority 5: A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all
- Priority 6: A Scotland where we eat well, have a healthy weight and are physically active

The recently formed Public Health Scotland has launched its first strategic plan, 'A Scotland where everybody thrives'. This strategy for Scotland recognises many of the same challenges to health and wellbeing as we do in North Ayrshire, including inequalities, poor life expectancy and COVID-19. To help address these challenges, it recognises the need for a different approach to lay a solid foundation to support long lasting health and wellbeing, especially for the most disadvantaged in our communities. Through its strategy, Public Health Scotland will focus on four key areas:

- COVID-19: response, recovery and renewal
- Poverty and children
- Mental health
- Communities and Place

To achieve these goals, local Public Health/Health Improvement Teams, along with Public Health Scotland, will work collaboratively at the national, local, and community level. This will be supported by adopting an outcomes focused approach and making better use of data, intelligence and evidence to inform health and wellbeing improvement.

The Promise

The Partnership will work closely with our national and local partners as we help to deliver 'The Promise' for Children, Young People and Families. The promise is responsible for driving the work of change demanded by the findings of the Independent Care Review. Made on 5th February 2020, the Promise seeks to improve the experience of all children, young people and their families if they require additional support. The promise will create a more compassionate care system for young people and families.

In keeping the promise, five key foundations have been outlined against which all change must be grounded.

- **Voice:** All children must be listened to and respected and appropriately involved in decisions about their care. Our decision-making culture must be compassionate and caring
- **Family:** Children must remain with their families when they feel safe and loved. Families will be supported to overcome challenges, and to continue to love and nurture their children.
- **Care:** When remaining with their family is not possible, siblings will not be separated and placed together in a nurturing, loving home.
- **People:** Those who deliver care services to children and families will be supported to develop compassionate working relationships with those they support. These closer working relationships will lead to more compassionate decisions making and care.
- **Scaffolding:** Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required.

[The Promise Plan for 2021-24](#) is available for you to view.

Primary Care Improvement Plan - Ambitious for Ayrshire

In April 2018, the new Scottish General Medical Services (GMS) Contract came into effect. This contract changed the way how local GP and Medical Practices operate, and effectively changes the role of GPs. The contract aims to build on the strengths and values of traditional general practice by building multi-disciplinary teams. These teams contain a range of health professionals, including Advance Nurse Practitioners, Mental Health workers, Community Link Workers and Allied Health Professionals. The aim of this approach is to ensure you get the right care you need at the right time. By redirecting many tasks traditionally done by GPs to more appropriate health professionals, you will receive better care - and freeing up GP capacity to focus on more complex health cases.

Locally, the three Ayrshire Health and Social Care Partnerships have worked together to deliver the local Primary Care Improvement Plan (PCIP), 'Ambitious for Ayrshire' and have agreed the following vision for primary care:

To deliver safe, effective, person centred, sustainable Primary Care Services at the heart of the healthcare system for the people of Ayrshire and Arran

Through the implementation of the PCIP will remodel how we deliver primary care locally, ensuring that multi-disciplinary teams are available in each medical practice across North Ayrshire. This will help ensure that when needed local people will get the right care and support they need.

The PCIP will link closely to the Caring for Ayrshire Programme of work. The focus for Caring for Ayrshire is to bring a greater proportion of health provision into local communities. The Caring for Ayrshire work will ensure local GP practices are fit for purpose and have the capacity to host multi-disciplinary teams and meet local health and care needs.

Caring for Ayrshire

Going forward the programme will develop clear health and care pathways for the people of Ayrshire and Arran. Greater emphasis and resources will be focussed on providing care as close to home as possible, ensuring people can access appropriate health and care support in their own communities.

This work will explore local Health and Wellbeing Hubs providing more localised alternatives to acute hospital attendances and admissions.

These could provide a wide range of services currently provided within acute hospital settings including:

- Treatment for minor injuries and illnesses
- Primary Care out of hours services
- Rehabilitation after a stay in hospital (stepdown beds)
- Midwife-led maternity service
- Day surgery and planned investigations
- CT scanning
- Endoscopy
- Renal dialysis (day service)

- Blood analysis.
- Chemotherapy (day service)
- An overnight stay in a bed if you can't be cared for at home but don't need to go into hospital (step-up beds)

Caring for Ayrshire - North Ayrshire Priorities

A large part of the Caring for Ayrshire Programme is to assess the current physical capacity in the primary care system and ensure it can meet future need. Throughout 2021, work was undertaken to identify local priority areas. This work looked to identify the current provision of primary care premises to assess their suitability and capacity for accommodation the future models of care identified by both the Caring for Ayrshire programme and the Primary Care Improvement Plan.

A review of all GP Practices and Medical Centres in North Ayrshire was undertaken, and several key areas for priority action were identified. Over the life of Caring for Ayrshire, a phased approach based on identified operational pressures has been proposed. The three phases are:

Phase 1 – High priority

The following GP Practices have been recommended as high priority and will be actioned in the first phase of work:

- Oxenward Practice – Kilwinning
- Beith Health Centre – Garnock Valley
- Frew Terrace - Irvine
- Skelmorlie – North Coast

Phase 2 – Medium Term (1 to 5 years)

The following practices have been identified for action over the next five years

- All remaining Irvine GP Practices (Frew Terrace in Phase 1)
- All remaining Kilwinning GP Practices (Oxenward Phase 1)
- Arran Integrated Services
- All Three Towns practices, including West Kilbride satellite-practice

Phase 3 – Longer term (5 to 10 years)

- Kilbirnie Medical Practice – Garnock Valley
- Dalry Medical Practice – Garnock Valley
- All remaining North Coast and Cumbrae GP Practices (Skelmorlie in phase 1, West Kilbride Phase 2)

Each recommendation will be subject to an options appraisal process to identify the best model of medical practice for each area, ensuring local people are able to access health and care advice quickly and in an easily accessible location.

The priorities for North Ayrshire have been approved through Caring for Ayrshire governance structures. The priorities will now be considered within the NHS Ayrshire and Arran Capital Investment Prioritisation process, and will be included in the planned programme of development for Caring for Ayrshire.

Mental Health Strategy 2017-27

In March 2017, the Scottish Government published its Mental Health Strategy, providing a 10-year vision to improve Mental Health services and improve support to those affected by poor mental health and other complex conditions. The national strategy had a large focus on prevention and early intervention of mental health concerns, with a goal of ensuring mental health problems are given the same consideration as physical health problems.

In 2019 we undertook the Ayrshire Mental Health Conversation and engaged with people across Ayrshire to co-produce a strategic response the national strategy. We published our local [Priorities and Outcomes](#).

In summary, seven priorities were identified for action:

- Improve mental health and wellbeing of local people, across the lifespan, through promotion, prevention, and early intervention
- Promote community-based support for people experiencing mental health challenges including self-management and peer support
- Make it easier for people to access appropriate support when they are experiencing mental health problems or distress
- Provide appropriate training, development, and support for all who are supporting people with mental health challenges
- Ensure people with lived experience of mental health challenges and their carers are fully involved in the design and delivery of services
- Work in partnership across professional and organisational boundaries and with family and carers to ensure services and supports are integrated and focused on need
- Our children and young people receive the support to promote good mental health and wellbeing

Marking the mid-way point, a review of the national strategy will be published by the end of 2022. A review of the Ayrshire response will also be taken in alignment with the national strategy.

Learning Disability Strategy

The work of North Ayrshire Learning Disability Services is informed by the recent Towards Transformation plan from Scottish Government, as well as continuing to reflect the aims and aspirations of the preceding Keys to Life Strategy, and its accompanying Implementation Framework.'

The main purpose of the Towards Transformation Plan is to:

- *Shape supports, services and attitudes to ensure that the human rights of autistic people and people with learning/intellectual disabilities are respected and protected and that they are empowered to live their lives, the same as everyone else.*

This vision is echoed in our own ambitions for local people living with Autism or learning disability. The [Towards Transformation Strategy](#) is available for you to view.

In addition, in February 2022 the Scottish Government published the ‘Coming Home’ report. This report highlighted the experience of many people with a learning disability or complex need who are living far from home or in an NHS hospital setting. The report confirmed a high number of people with complex support needs are cared out-with their own community or local authority. Going forward, we will consider the findings and recommendations with this report as we develop more community-based services in North Ayrshire to support local people with complex support needs.

Following the learning and direction of these national documents, the Partnership will renew its own learning disability strategy early in the life of the new plan.

Housing Contribution Statement

Successful integration of health and social care services should provide for more people to be cared for and supported at home, or in a homely setting. To achieve this, the homes of local people must be suitable environments for them to receive care and maintain their health.

North Ayrshire Housing Services Local Housing Strategy (2022-27), sets out how it will achieve its vision that,

“...All our people to live in the right homes, in great places, with access to any support services they need.”

To support, Housing Services have set out four overarching outcomes:

- Our places support thriving communities and inclusive support
- Our people have affordable homes in the place they choose to live
- Our homes are energy efficient and release less emissions
- Our homes are in good condition and people can access any support services they need

In working with housing colleagues, the Partnership has produced a Housing Contribution Statement (HCS). This document highlights how our Partnership priorities align to those of the Local Housing Strategy and demonstrates how housing services have a role in the Partnership's strategic planning processes. The HCS also identifies some of the key local housing challenges that impact on the delivery of effective health and social care service. Some examples include:

- Ensuring housing is suitable for adaptation for people as they age and develop support needs
- Development of supported housing accommodation for those with learning disabilities or other complex needs
- Support to formerly care experienced young people as they seek their first home when leaving care
- Ensuring support is available to those with drug or alcohol addiction, to help maintain their homes

We will continue to work closely with our colleagues in housing services to ensure local homes are able to facilitate community-based health and care services, helping people to remain in good health, at home, for as long as possible.

National Drugs Mission

In early 2021, the Scottish Government announced a new National Mission to reduce drug related deaths and harms. The aim of this mission is to save and improve lives through:

- fast and appropriate access to treatment and support through all services
- improved frontline drugs services (including third sector)
- services in place and working together to react immediately and maintain support for as long as needed
- increased capacity in and use of residential rehabilitation
- more joined-up approach across policies to address underlying issue

This mission will provide national funding of £50 million per year and will be allocated across all Alcohol and Drug Partnership areas. The mission seeks to address the crisis of drug related deaths and harms through a number of key approaches, including

- emergency life-saving interventions – naloxone, safer consumption, non-fatal overdoses, targeting those at risk (including assertive outreach).
- implementation of Medication-Assisted Treatment Standards- making support consistent, flexible, effective and faster.
- linking policies on poverty, deprivation, trauma and ACES with work to drug prevention and treatment.

- empowering people to seek support from services.
- supporting people with multiple, complex needs - in addictions, homelessness and mental health settings and in contact with the justice systems.
- supporting children and families affected by problematic drug use.

The national drug mission will help inform the local action we take as Health and Social Care Partnership to reduce drug related harms and deaths. More information on the [national mission](#) is available.

This mission will also be supported at the local level through the North Ayrshire Alcohol and Drug Partnership Strategy for 2019-24, which is available on request. It sets out clear priorities that focus on, prevention and early intervention, whole family approaches, being recovery orientated, public health approach to justice, and a reduction in the availability and attractiveness of alcohol.

Carers Act

There are thousands of people across North Ayrshire providing much needed care to vulnerable family and friends. We call these people carers, or sometimes unpaid carers, and the support they provide to local people is truly invaluable. Without the support and care, local carers provide to their loved ones, our health and social care system would be truly overwhelmed.

As such, it is important that local carers, if willing and able to continue in their caring role, are supported on a more consistent basis so that they can continue to care, if they so wish, in good health and wellbeing, allowing them to have a life alongside caring. The overriding intention for young carers is that they should have a childhood similar to their non-carer peers. We want to ensure that young carers are enabled to be children and young people first and foremost and relieved of any inappropriate caring roles to allow them to have a quality of life.

In North Ayrshire anyone who provides support to a family member, friend or neighbour due to illness, disability, mental health, addiction issues or needs extra help as they grow older, is an unpaid carer. Such a carer can be caring for one or more “cared-for persons”, and they do not need to live together in the same household. Support may be physical or emotional and no longer needs to be a substantial amount of care provided on a regular basis. Adult carers and young carers must be offered the opportunity to complete an Adult Carers Support Plan or Young Carers Statement on identification. Formal support is offered to every carer from NAHSCP if they meet substantial and critical carer thresholds once completing their assessment.

The Carers (Scotland) Act 2016 is a key piece of legislation that promises to ‘promote, defend and extend the rights’ of adult and young carers across Scotland. This Act became law on 1st April 2018. The Act aims to improve the support and recognition for those who provide unpaid care in our communities. The Act is within the context of the integration of health and social care, building a fairer Scotland and a strong, sustainable economy, tackling inequalities, and delivering public services with communities. The Carers Act will work alongside other initiatives to support carers and the people they care for, including transforming primary care, reforming adult social care, and improving choice and control.

Scottish Living Wage

The Partnership is dedicated to tackling inequalities and addressing the high levels of poverty that many local people face. As a large local employer, it is essential that people who work for the partnership receive a fair wage that affords them a decent standard of living.

To support this approach, the Partnership is dedicated to ensuring each of our employees receive the ‘Real Living Wage’. This wage is independently calculated by the Resolution Foundation, who undertake regular analysis on the cost of living (including, housing costs, childcare, food costs and transport).

In November 2021, the Real Living Wage was increased to £9.90. This has been implemented by both North Ayrshire Council NHS Ayrshire and Arran and will be received, as a minimum hourly rate, by all Partnership employees.

The Real Living Wage goes beyond the National Living Wage and the National Minimum Wage. By providing the living, we help to tackle local poverty and inequalities and ensure all partnership employees are valued for the work they do.

Equality Outcomes

Since the establishment of the Equality Act 2010, all Scottish public bodies must demonstrate how they will meet the public sector equality duty. In effect, this duty places an obligation on public bodies to consider how they can positively contribute to a more equal society. This is achieved by ensuring people from minority or under-represented groups (those who identify with a protected characteristic) are treated the same and provided the same opportunities as all others in their community.

As a listed public body, the Partnership must do its part by ensuring, in our day-to-day business that for all protected characteristics we:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

The Partnership has agreed a set of high-level, long-term outcomes that it shares with other public bodies across Ayrshire. By sharing outcomes with our partners in this way, we can ensure a more consistent approach to equality improvement across Ayrshire.

These outcomes are that, in Ayrshire:

1. People experience safe and inclusive communities
2. People have equal opportunity to access and shape our public services
3. People have opportunities to fulfil their potential throughout life
4. Public bodies will be inclusive and diverse employers

To support these outcomes, The Partnership has a local outcomes plan that identifies what we do as a Partnership to meet the equality duty. Examples of our activity include:

- Undertaking equality impact assessments on new policy or budget proposals
- Considering the equality implications throughout our commissioning processes
- Supporting those with protected characteristics (young people, those with disabilities, older people) to live active and safe lives.

More information on our equality outcomes can be found on our [North Ayrshire Health and Social Care Partnership website](#).

Enabling our Strategic Plan

To help achieve our Strategic Ambitions, we will have the following enablers in place:

Medium Term Financial Outlook (2022-25)

The Partnership has a Medium-Term Financial Outlook (MTFO) covering the period from 2022-2025. This is a critical part of the strategic planning process as it sets out the resources which the Partnership expects to have available to deliver services. It assists with ensuring that these resources are aligned to the strategic priorities as well as with annual financial planning.

The financial context for the public sector remains extremely challenging and so it is vital that our strategic ambitions are set against the financial resources which are anticipated to be available. The MTFO looks at the economy, the fiscal outlook and the resource spending outlook in the context of national policies and demand pressures and local priorities. It projects the financial gap which will need to be addressed through service transformation and financial savings to deliver the services which will help us achieve our strategic priorities.

The Scottish Government has published a one-year budget for 2022-23 and so the financial position for 2023-24 and 2024-25 is projected through three different scenarios – best, medium, and worst case. The Government has committed to publishing medium-term financial settlements in Summer 2022 and this will facilitate future refresh of the MTFO.

Transformation Plan

Our Transformation Plan sets out our key areas of focus for redesigning and improving our services and business processes. Our transformation projects are identified across all service areas with the aim of ensuring the Partnership continues to deliver effective and cost-efficient services. As such, our transformation plan is regularly reviewed, ensuring we continue to respond effectively to local need and fiscal pressures while also safeguarding sustainable services.

Overseen by the Transformation Board, all projects or savings outlined in the plan are monitored at monthly meetings, with mitigation plans being put in place as necessary. Each transformation project is designated a Responsible Senior Management Lead, a Support Officer and a Finance Support Officer to ensure project goals are managed as effectively as possible.

In addition to transformation projects, the Transformation Board also for reports on Key Service Priorities. These are major transformation developments and priorities across HSCP directorates including commissioning and remobilisation plans.

Strategic Commissioning

The Contract and Commissioning Team undertake a range of tasks to support the HSCP to meet ongoing legislative requirements. The team also worked closely with each service to create individualised annual Contract and Commissioning Plans. Our Contract and Commissioning Plans outline current contractual commitments and commissioning intentions for the next three years. Plans are reviewed 6 monthly in partnership with HSCP colleagues.

The procurement team ensures an ethical and sustainable process is followed throughout so that each service is delivered to the highest quality in a timely, efficient and commercially sustainable way.

Going forward, we will embrace the direction of North Ayrshire Council's Community Wealth Building Strategy, providing greater opportunities for local organisations and companies to deliver community-based health and social care services on behalf of the Partnership. This approach will help us to build capacity and wealth in our local communities, as well as helping to address many locality-based health and social care concerns.

Workforce Plan

People who work in the Partnership use their skills, experience and compassion every day to provide health and care services to the people of North Ayrshire. Over the past two years, our staff members have worked tirelessly to support the people of North Ayrshire throughout the Pandemic, a period that has seen increasing demands and pressures on our services. We recognise the additional stress this has put on everyone who works in the Partnership.

It is important that we support our workforce as much as we can to ensure they can continue to care for local people. In 2021, we published our Interim Workforce Plan 2021-22, that set out key approaches for supporting the wellbeing of our staff, and included:

- Staff wellbeing hubs
- Provision of wellbeing and leisure resources
- Offer of access to support services

- Establishment of a wellbeing operational management group
- Support to improve home working

This plan also set out additional challenges for our workforce, including difficulties in recruitment and skills shortages across service areas. We have worked in collaboration with the Scottish Government, using additional targeted funding to increase our front-line workforce to support local people throughout the winter months.

In summer 2022, we will publish a 3-year workforce strategy that will set out how we will grow the North Ayrshire Health and Social care workforce to meet future demand.

The ongoing development of our workforce is essential to ensure we can deliver high quality sustainable services, now and in the future. We will value the contribution of all our employees and support them to continually develop their skills and expertise. As well as offering clear career pathways for new colleagues, we will also focus on succession planning, ensuring we effectively prepare promising colleagues for future leadership roles.

Health and Social Care Partnership Infrastructure

A significant enabler for the Partnership is our existing infrastructure. Partnership services are based across all areas of North Ayrshire. This includes service delivery premises and office accommodation. Since the launch of the Health and Social Care Partnership in 2015, we endeavoured to bring more of our services together into shared spaces. Making best use of our physical infrastructure and bringing our teams together, means we can deliver a seamless health and social care service to local people and ensures people have easier access to the support they need.

In addition, our digital infrastructure continues to improve as we adopt new and more efficient IT and communication systems across all partnership services. Making best use of current technology helps us to improve our services by, communicating faster, improving our patient and service user case management records, and producing greater levels of service information and statistics.

We will continue to review and make best use of our Partnership infrastructure, particularly as we continue to create more services at the local level. We will ensure that our locality-based services and multi-disciplinary teams are supported in the right accommodation with the right tools at their disposal.

Other Key Enablers

Partnership working

Many of the factors that can impact on a person's health and wellbeing, such as, the environment, housing, the economy, our education system, or public safety are mostly out-with the remit of the Health and Social Care Partnership. Therefore, we work closely with local partners to jointly plan and deliver services.

As part of the North Ayrshire Community Planning Partnership (CPP), we work together with public organisations across North Ayrshire to jointly plan and deliver better services to local people.

More information on [North Ayrshire Community Planning Partnership \(CPP\)](#), including a list of all partners, is available.

In addition to working with the CPP, we will continue to work closely with any organisation or group that helps to support the health and wellbeing of local people. Some of our local and national partners include:

- Public Health
- KA Leisure
- Community Justice Ayrshire
- Ayrshire Carers Centre
- North Ayrshire Libraries
- North Ayrshire Connected Communities
- Ayrshire Equality Partnership
- AIMS Advocacy
- Ayrshire Independent Living Network (AILN)



Supporting local carers

We recognise that local carers are a unique asset. Their contribution cannot be underestimated. In 2015, North Ayrshire had more than 14,000 carers. In other words, about 10% of the local population provided care to family and friends.

Without our carers and the support, they provide, there would be an additional demand on local health and social care services. We understand the commitment and valuable contribution our carers show every day to their families, friends, neighbours and loved ones. We will support local carers to continue in their caring role. We will work with them to ensure that their caring responsibilities are manageable. We will encourage carers to look after their own physical and mental health.

In aligning with the Carers Act, we will support local carers, we will:

- Provide a support plan to all carers
- Apply our eligibility criteria for local carers
- Provide carers with the opportunity for respite or short breaks
- Ensuring more personalised and effective delivery of support to carers improving their physical and emotional wellbeing
- Engage with carers regularly, listening to their views particularly in relating to how we deliver local health and care services
- Offer accessible and proportionate information via Unity North Ayrshire Carers Service who are well placed in helping to deliver independent information and advice services to carers
- Preparation of strategic documents – Update Short Breaks Service Statement and Carer Strategy
- Ensure carers are fully represented on the Integrated Joint Board

Engagement and Participation Strategy

We understand that meaningful participation and engagement are important parts of enabling healthier and more empowered communities. Since the Partnership began in 2015, we have worked hard to review and improve how we engage with local people and communities to ensure their views are at the heart of how we deliver our services.

All services we provide have the goal of improving and maintaining the health and wellbeing of local people. As such, it is important that people who use our services share a key role in shaping how they are designed and delivered. Through our various engagement methods, we ensure the voice of the people of North Ayrshire is used to inform our decisions making.

To help improve the long-term health and wellbeing outcomes, we must meaningfully involve those closest to our services. This includes the people who access health and social care services, unpaid carers and young carers, families, and the staff and volunteers who are involved in the provision of health or social care across all sectors including public, third and independent sectors

To help provide the right service, it is important we meaningfully involve all our stakeholders. This includes people who access health and social care services, local carers and young carers, families, HSCP staff, local volunteers, and those who represent the Third and Independent Sectors. Our Participation and Engagement Strategy, provides more detail on our engagement approaches. It is available on the NAHSCP website

When we undertake any engagement activity - at any level - will use the five key principles of participation and engagement:

- Inform
- Consult
- Involve
- Collaborate
- Empower (co-produce)

This will ensure we use the best approach whenever we engage with our stakeholders and members of the public, supporting us to better understand their ideas and views and help us to plan and deliver better services to local people.

Our approach will focus on engaging with existing community groups, organisations, and forums in North Ayrshire, ensuring we are communicating and having positive dialogue with people from different communities and backgrounds. Further development of our *Care Improvement Network* will be prioritised to ensure people can engage with HSCP in a way that is suited to them.

Digital Approaches

The COVID-19 pandemic underlined the importance of employing digital technology in delivering effective health and social care. During a period when in person and traditional working and engagement practices were not available, we made the best use of our digital approaches to effectively support local people:

- In collaboration with the Scottish Government and NHS Partners, we were able to effectively identify and offer support to those who were under Shielding Status
- Using both local and national data, we could identify individuals who may have been more vulnerable to the impact of COVID-19 and provide targeted support.
- Using a variety of digital and communications technology, we were able to safely maintain contact and support local people remotely.
- Our communities made best use of existing social media platforms to help social engagement and provide important information to local communities

Going forward, the Health and Social Care Partnership will continue to make best use of its digital assets. Our collection of digital assets includes the information management systems we use to collect service information, nationally published statistical datasets, and the engagement feedback we collect through our online surveys and questionnaires. We will use all of this information to help progress data driven improvements in health and social care.

Early in the life of the new plan, the HSCP will seek to develop a Digital Strategy to set out a clear vision for how we will make best use of digital technology in the delivery of health and social care services. This will include consolidating many of our current information capture systems into improved case and management information systems, improve data sharing procedures with partners and build on existing data driven analysis to help inform service planning, delivery, and improvement.

ICT and Digital services are provided and controlled by our parent organisations NHS Ayrshire and Arran and North Ayrshire Council. We will continue to work together to develop local solutions to support our development of a local digital strategy to include the benefits of new local solutions such as the proposed 5G telecommunication masts to be erected throughout North Ayrshire. We will be also guided by the Digital Health and Care Strategy for Scotland and associated decisions relating to the National Care Service.

Measuring our Performance

The Partnership has robust performance monitoring processes in place. These processes allow us to see how well we are doing in delivering health and care services to the people of North Ayrshire. Our frameworks help us review how we are performing against national standards and against locally identified performance measures.

National Performance

Key elements of our performance framework are set out in national legislation. As part of our annual performance reporting, we must demonstrate how we perform against the nine national health and wellbeing outcomes. These outcomes are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

These nine national health and wellbeing outcomes are underpinned by 23 performance measures which are reported through our Annual Performance Reports and are available for review on the [Public Health Scotland website](#).

In addition to reporting on the 23 national indicators, we also publish information on a further suite of six indicators set out by Scottish Governments Ministerial Strategic Group for Health and Community Care.

All statutory indicators are listed at Appendix A.

In addition to the nine national health and wellbeing outcomes, we also have an additional six outcomes that reflect our aspirations for children and families, and for those in the justice system:

Outcomes for children

- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- We have improved the life chances for children, young people and families at risk.
- Our children have the best start in life and are ready to succeed.

Outcomes for people in the justice system

- Public protection and community safety.
- Reduction of re-offending.
- Social inclusion to support desistance from offending.

Our strategy and the identified supporting actions will be aligned to these identified outcomes and reported through our performance frameworks.

Internal Performance

We use a robust performance framework to manage and review our performance. Everything we do is focussed on improving people's health and wellbeing outcomes and our actions align with our five strategic priorities.

We have a regular reporting cycle to staff and stakeholders, including North Ayrshire Council, NHS Ayrshire and Arran, the Scottish Government, and others. Areas of excellence are highlighted; underperformance is discussed, and mitigating actions are put in place. In addition to our local operational management information, our reporting includes:

- Three-monthly review by North Ayrshire IJB Performance and Audit Committee
- Bi-annual review by North Ayrshire Strategic Planning Group

Financial performance

Complementing the operational framework outlined above, we also use robust financial performance monitoring procedures. Financial sustainability and delivering services within available funding is essential. Our reporting and monitoring includes:

- Regular financial reports reviewed by IJB and shared with NHS Ayrshire and Arran and North Ayrshire Council
- Regular financial review of progress and delivery of projects designed to enhance financial sustainability

Appendices

Appendix A

Statutory Performance Indicators

National Health and Wellbeing indicators

Outcome indicators

Indicator	Title	Partnership rate	Scotland rate
NI - 1	Percentage of adults able to look after their health very well or quite well	91.8%	92.9%
NI - 2	Percentage of adults supported at home who agree that they are supported to live as independently as possible	84.2%	80.8%
NI - 3	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	74.5%	75.4%
NI - 4	Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	76.2%	73.5%
NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good	77.2%	80.2%
NI - 6	Percentage of people with positive experience of care at their GP practice	72.9%	78.7%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	79.3%	80.0%
NI - 8	Percentage of carers who feel supported to continue in their caring role	30.7%	34.3%
NI - 9	Percentage of adults supported at home who agree they felt safe	85.2%	82.8%
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	Not applicable	Not applicable

Data indicators

Indicator	Title	Partnership rate	Scotland rate
NI - 11	Premature mortality rate per 100,000 persons	516	457
NI - 12	Emergency admission rate (per 100,000 population)	14,057	11,111
NI - 13	Emergency bed day rate (per 100,000 population)	136,865	102,961
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	114	115
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	89.3%	90.0%
NI - 16	Falls rate per 1,000 population aged 65+	18.3	21.7
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	88.1%	82.5%
NI - 18	Percentage of adults with intensive care needs receiving care at home	72.6%	62.9%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	386	488
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	26.6%	21.2%
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	Not applicable	Not applicable
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	Not applicable	Not applicable
NI - 23	Expenditure on end of life care, cost in last 6 months per death	Not applicable	Not applicable

Ministerial Strategic Group Indicators

1. Unplanned admissions;
2. Occupied bed days for unscheduled care;
3. ED performance;
4. Delayed discharges;
5. End of life care; and
6. The balance of spend across institutional and community services.

Appendix B

Joint Lead Partnership Statement

Introduction

This statement identifies the areas of lead partnership responsibility for the delivery of primary care services across Ayrshire and Arran.

East Ayrshire HSCP

East Ayrshire HSCP will continue to manage and deliver the following services on behalf of the North and South Partnerships under the new arrangements established in 2020 for the Primary and Urgent Care services Directorate:

- General medical services;
- Community pharmacy;
- Community Optometry;
- Dental Services: General Dental Service and the Public Dental Service; and
- Ayrshire Urgent Care Service

The vision for Primary Care services in Ayrshire and Arran is to have sustainable, safe, effective and person-centred services, which will be delivered in partnership between communities, Primary Care, Health and Social Care Partnerships and the Acute and Third Sectors. The Ayrshire and Arran vision aligns to the Scottish Government's vision for the future of Primary Care service delivery, which is for multi-disciplinary teams, comprising a variety of health professionals, to work together to support people in the community.

General Medical Services

General practice brings a range of healthcare services to work alongside people and families in local communities. The current General Medical Services (GMS) contract across Ayrshire and Arran has been in since April 2018. The guiding principles of the contract are to support:

- Accessible contact for individuals and communities;
- Comprehensive care of people (physical and mental health);
- Long-term continuity of care enabling an effective therapeutic relationship; and
- Co-ordinating care from a range of service providers.

This integrated health and care brings a number of additional professionals and multi-disciplinary team services, including: nursing staff, pharmacists, mental health practitioners, MSK physiotherapists and community link workers in addition to signposting patients, where appropriate, to other primary healthcare professionals within the community. Alongside the NHS Ayrshire and Arran Caring for Ayrshire vision which focusses on individuals, families and communities with general practice and primary care providing accessible, continuing and co-ordinated care.

The introduction of more digital approaches, the deployment of Wi-Fi, additional bandwidth provision to premises and improvements with the remote access platform will be required and will support the multidisciplinary team members working across various sites as well as extended roll out of 'NHS Near Me' video conferencing for patient contact.

Community Pharmacy

NHS Pharmacy First Scotland was introduced in July 2020, replacing the Minor Ailments Service. This service is delivered by every pharmacy in Scotland and is primarily a consultation-based service, designed to encourage the use of community pharmacy as the first port of call for all minor illnesses and common clinical conditions.

The Care at Home Pharmacy Technician Service (CAP) supports elderly and/or vulnerable patients to better understand and manage their medicines and to complete comprehensive reviews of medicines. The CAP service also supports patients with any medicine-related issues and can refer on to other services if required. The investment in developing GP practice-based pharmacy teams has greatly improved joint working between GP practices and local community pharmacies, resulting in better patient care and medicines management.

Community Optometry

Community Optometrists provide a comprehensive eye examination service model to care for an aging population. The eye examination is universally funded and therefore free of charge to all eligible patients. Geographical access to eye care at optometrist practices across all HSCPs in NHS Ayrshire and Arran is good. Some fixed site practices also provide a domiciliary service and further coverage is available from large mobile optometry providers, which offers a service to those who are unable to access high street practices for their eye care needs.

Launched in February 2017, the 'Eyecare Ayrshire' (ECA) re-direction initiative shifts the balance of care for eye problems from GP practices and EDs to local optometry practices and promotes the use of the optometrist as first point of contact for eye problems, advising patients that eye drops will be available free of charge dispensed from community pharmacists.

The cohort of Independent Prescribing Optometrists in NHS Ayrshire and Arran continues to grow. These contractors are able to manage and treat a wider range of presenting eye conditions than ECA, within the scope of their practice and in the community setting. This reduces the referrals made to the HES Eye Casualty department and supports the national Right Person, Right Place campaign.

Access to 'Near ME' remote consultation technology was made available to all Optometrists in 2020, which supports the triage and management of patients who do not need to attend their Optometrist practice to obtain the care they require. Community Optometrists have an important role in signposting patients experiencing social isolation and loneliness to appropriate supports. Community Optometrists are also provided with information and training in relation to identifying, supporting and signposting patients experiencing domestic abuse to appropriate help.

Dental Services

The Scottish Government published the Oral Health Improvement Plan (OHIP) in January 2018. The aims of the OHIP are to focus on prevention, encouraging a more preventive approach to oral health care for patients of all ages to ensure that everyone can have the best oral health possible and that education and information sharing is specifically targeted at individuals and groups most at risk such as those who do not attend regularly for check-ups, communities in low income areas and particularly those people who either smoke or drink heavily.

New approaches will be introduced to facilitate treatment for older people who live in care homes or are cared for in their own home and to enable those dentists with enhanced skills to provide services that would otherwise be provided in a Hospital Dental Service such as oral surgery, treatment under sedation and complex restorative services. As with all Primary Care services, delivery of the OHIP programme has been put on hold until the full remobilisation of dental services due to the impact of COVID-19.

Ayrshire Urgent Care Services

The 'Ayrshire Urgent Care Service' (AUCS) was launched in November 2017. This brought together Primary Care, Social Work, and Mental Health services into an 'urgent care hub', operating from the Lister Centre at University Hospital Crosshouse. This is supported by local urgent care centres and the home visiting service as required. In partnership with NHS24, there is continued promotion of self-care and redirection to the most appropriate services, i.e local pharmacists.

More recently, NHS Ayrshire and Arran were an early pilot in the Re-Design of Urgent Programme and began implementing the redesign programme from 3 November 2020, with the Redesign of Urgent Care Programme being rolled out nationally from 1 December 2020. This redesign has been welcomed to provide safe, person centred urgent care now over a 24/7 period to support General Practice and out of hours as well as Emergency Department and Combined Assessment Unit in Ayrshire and Arran.

The intent was to deliver improved patient and system experience at a local level and to provide learning both at local and national levels. A significant initial focus is in relation to patients self-presenting at Emergency Departments or presenting through NHS24. In NHS Ayrshire and Arran, we also seek to provide options in enhanced pathways for patients accessing the system through General Practices. The benefit to progressing with the re-design of urgent care services in Ayrshire and Arran is to test out a joined-up system to improve patient and workforce experience and support service sustainability.

North Ayrshire HSCP

North Ayrshire Health and Social Care Partnership will continue to manage and deliver the following services on behalf of the East and South Partnerships.

Mental Health Inpatient Services

NAHSCP leads on a wide range of Mental Health Inpatient services across Ayrshire, including:

- Acute inpatient assessment for individuals experiencing functional and/or organic presentation
- Low Secure male inpatient services
- Intensive Psychiatric care provision
- Generic and forensic rehabilitation services
- Hospital Based Complex Continuing Care for individuals 65 and over on Ailsa site
- Inpatient addiction service, offering inpatient detoxification programme, residential and day attendance rehabilitation programme

Also included within the inpatient portfolio of services are:

- Community Forensic Team
- Elderly, Psychiatric and Alcohol Liaison Services
- Mental Health Advanced Nurse Practitioners
- Acorn – service based at Ailsa offering structured activity, sheltered employment opportunity and supporting individuals who have/are experiencing mental disorder to develop a range of skills

Inpatient services are split between Woodland View on Ayrshire Central Hospital site in Irvine and on Ailsa Hospital site in Ayr, the majority of adult services being based at the new bespoke provision within Woodland View.

Crisis Resolution Team

The Ayrshire Crisis Resolution Team offers a home based alternative to in-patient care for adults (aged 16-65) experiencing acute and severe mental health crisis. The service offers short term support up to 21 days, in line with the national standards for crisis services.

Learning Disability Assessment and Treatment Service

People with a learning disability have a significant, lifelong condition that affected their development and which means they need help to; understand information, learn skills, and cope independently.

The Learning Disability Assessment and Treatment Service is a 10 bed inpatient admissions unit based at Woodland View, Irvine. The unit provides access to specialist a range of specialist professionals and intensive multi-disciplinary services for all adults living in Ayrshire who have a learning disability.

The unit accepts both planned and unplanned admissions:

- A planned admission to Woodland View provides short-term intensive assessment and treatment. Where a planned admission is deemed appropriate, a pre-admission meeting will take place with the individual and family members and a range of support staff including; Community Learning Disability Team, designated Social Worker, and Third sector representatives
- Emergency admissions to Woodland View are facilitated by members of the Community Learning Disability Team. Admissions are agreed with a Responsible Medical Officer and members of the Community Learning Disability Team will be in contact with Woodland View nursing staff to facilitate the admission process.

The following is a list of criteria for why an individual would be admitted to Woodland View:

- The person requires a period of complex nursing and therapeutic care which cannot be met elsewhere.
- The person has severe emotional, behavioural or mental health difficulties which cannot be appropriately assessed or treated elsewhere.
- The person requires a period of sustained specialist led support and rehabilitation.
- Where risk evaluation indicates that hospital admission is most likely to reduce short and medium-term risks which are significant and likely to pose a hazard to the patient and/or others.

Psychology Services

Psychological Services are provided across Ayrshire and Arran and are embedded within various specialist teams. Specialities covered are:

- Child Psychology
- Adult Mental Health
- Older Adults, physical health and neuropsychology, and
- Learning disability services

The service deploys a range of staff within these specialist roles to undertake focused work, such as primary care mental health, community mental health and eating disorders.

Child and Adolescent Mental Health Service (CAMHS)

The CAMHS service is available to young people aged 5 to 18 years old and offers short term treatments for those with mild to moderate mental health problems; to more complex treatments for children and young people experiencing more severe and complex problems.

North Ayrshire shall deliver mental health services in line with the 10-year National Mental Health Strategy 2017-2027. This strategy aims to ensure that mental health problems are treated with the same commitment and passion as physical health problems. We will work to improve: Prevention and early intervention; Access to treatment and joined up accessible services; the physical wellbeing of people with mental health problems; Rights, information use, and planning.

In addition, North Ayrshire has lead responsibility for the following Early Years Services:

Child Immunisation Team

In East and South Ayrshire, the HSCP Immunisation Team deliver all immunisation clinics, where in North clinics are delivered by both the Immunisation Team and many GP surgeries. The team is also responsible for the pupil immunisation programme in all Ayrshire schools.

Community Infant Feeding Service

The community infant feeding nurse works across Ayrshire to provide a specialist service to families experiencing complex challenges with infant feeding. The service supports health visiting staff with advice and provides direct support to families via telephone, face to face discussions or home visits.

Child Health Administration

Child Health Administration team co-ordinates, manages and supports the delivery of Ayrshire's child immunisation programme and development screening programmes. The team maintains all records and information in relation to its remit and provides information to the Information Statistics Division (ISD) via nationally established data systems.

Over the next three years, the early years teams will support the implementation of the 3 year Vaccination Transformation Programme and will prepare for the replacement of the current Child Health & Community Health Index (CHI) system, expected by 2020.

South Ayrshire HSCP

South Ayrshire Health and Social Care Partnership will manage and deliver the following services on behalf of the East and South Partnerships.

Integrated Continence Service

The Integrated Continence Service promotes continence by empowering patients to self-manage through behaviour and lifestyle interventions. The objectives of the service are to offer intermediate clinics across Ayrshire and to offer an advisory service to patients, carers, care homes and voluntary organisations. Whilst also providing educational service to NHS clinicians.

Joint Equipment Store

South and East Health and Social Care Partnerships and NHS Ayrshire & Arran have developed a proposal to establish a joint store for the provision of equipment to people living in the community. The equipment referred to is wide ranging and intended to enable people to live safely within their own homes.

Family Nurse Partnership (FNP)

The Family Nurse Partnership programme (FNP) is a licensed, intensive preventative home visiting programme. FNP focuses on helping first-time mothers 19 years old and under to engage in preventative health practices, supporting parents to provide responsive, sensitive and positive parenting, and helping them to develop self-efficacy to both identify and achieve their future goals. Family Nurses in Scotland also deliver the Universal Health Visiting Pathway to the families they serve, alongside the FNP home visiting schedule.

Family Nurse Partnership is a structured programme of tailored visits delivered by specially trained Family Nurses. This begins early in pregnancy and continues until the child's second birthday.

Appendix C

Engagement Report

Methodology

The main method used to engage with people to enable them to inform the strategic plan was via an online survey. The current covid-19 restrictions have meant there have been very limited opportunities for face-to-face engagement. The survey asked people their thoughts on; our proposed strategic and locality priorities; the actions that we should take to work towards addressing our priorities; and the values that they look for in their health and social care services. Additionally, we facilitated online sessions with our staff and the Care Improvement Network. The data collected via the consultation on the proposals for the National Care Service for Scotland will also inform the strategic plan.

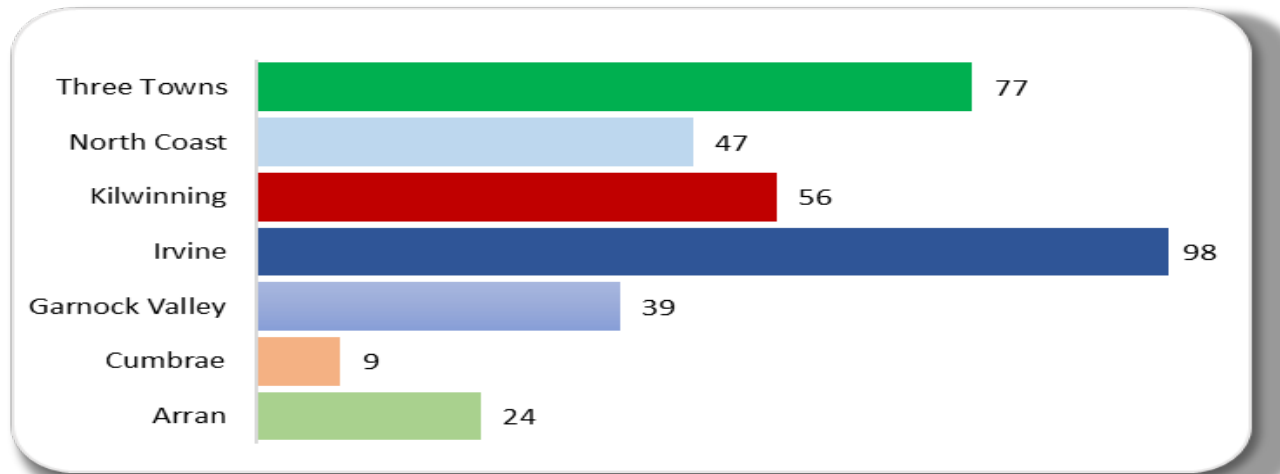
Who took part in the survey?

A total of 240 people completed the survey. The graphic below identifies the type of relationship people have to the HSCP.



Knowledge of localities

We asked people to identify which localities within North Ayrshire they felt they knew best. This was to acknowledge that people participating might not live-in certain localities but have a good knowledge of them.



Identifying local priorities

We asked people to identify their top 3 priorities for their local area. From the responses the top 3 priorities were:

1. Improving Mental Health and Wellbeing
2. Recovering from the Covid-19 'experience' and tackling the backlog/surge in demand for services
3. Reducing social isolation and loneliness

We asked people to tell us if there were health and social care priorities that we hadn't included as part of the list. Some examples include:

- "More access to up-to-date information on local support services, particularly around Self-Directed support and the 4 options available"

- “Ensuring that the people who use services and their carers are supported and empowered to make their own choices about how they will live their lives and what outcomes they want to achieve.”
- “Ensuring those with a disability or additional support need are truly included within society and have access to the right support from services in Education, Health and social care.”

Our strategic priorities

We asked people to state to what extent they agreed or disagreed with our proposed strategic priorities.

- **Improve mental health & physical health and wellbeing** (87.3% of respondents strongly agree with this being a priority.)
- **Provide early & effective support** (88.9% of respondents strongly agreed or agreed with this priority.)
- **Enable Communities** (82.9% of respondents strongly agreed with this being a priority.)
- **Tackle Inequalities** (85.4% of people strongly agreed or agreed with this being a priority.)
- **Develop and support our workforce** (86.3% of people strongly agreed with this being a priority.)

Additional Comments

“All are great priorities but if we enable the workforce, they are then more capable of providing better support to the local community.”

“Social isolation is often associated with elderly people, however I work with many children and young people whose life's are impacted by isolation and loneliness.”

“I think these are all generally good priorities but as they are quite broad, how they are implemented is more important especially with limited resources. For example, I think the idea of having more community-based services is great in theory but not if we lose capacity or create longer waiting times by de-centralising services.”

Our partnership values

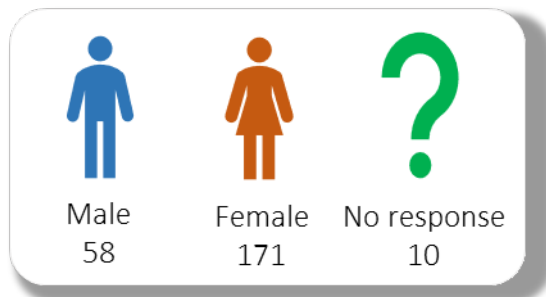
We asked participants to identify three values they look for in people who work in health and social care. The top three answers were:

- Caring
- Empathy
- Respect

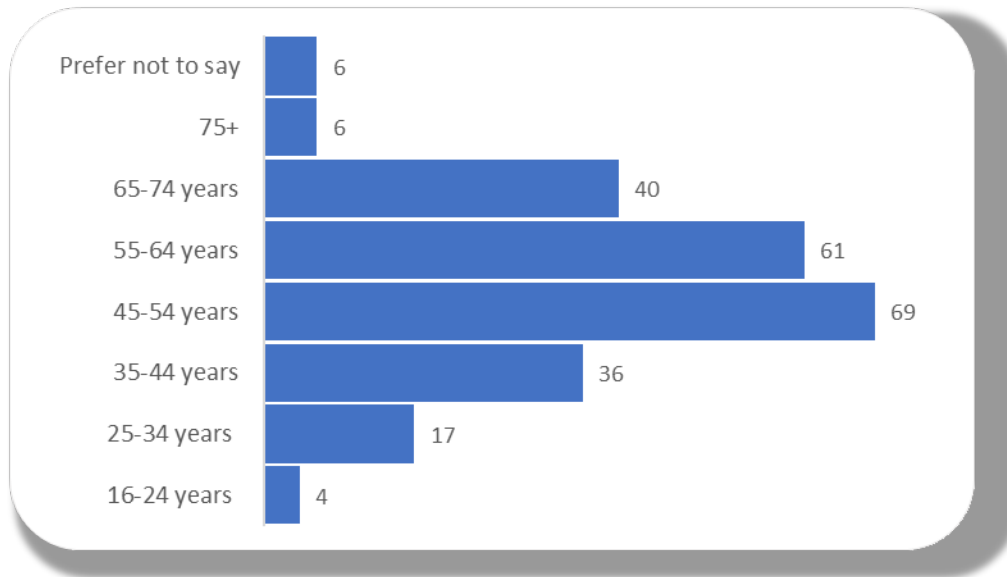
Who took part in the survey

We asked people some personal questions because it is important for us to recognise the diversity of people in North Ayrshire. By providing this information, we can gain a better understanding of the needs and aspirations of diverse and often under-represented groups.

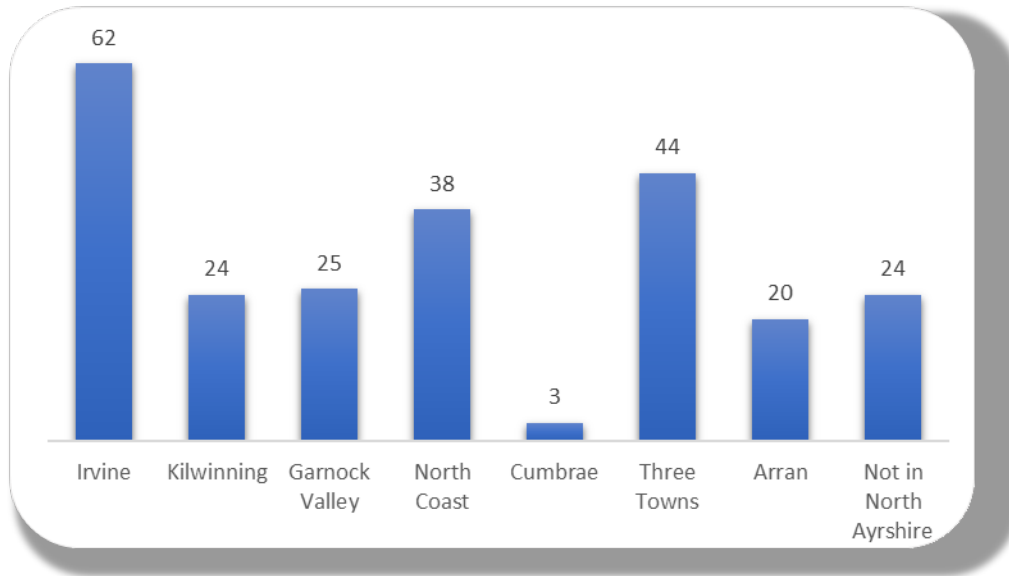
Responses by Sex



Response by age



Respondents by locality



Responses by Disability



Appendix D

Local Priority Development

Purpose of this appendix

This appendix lists the affirmed priorities (in 2021) of Three Towns, Irvine, Kilwinning, Garnock Valley and North Coast and Cumbrae Locally Planning Forums of North Ayrshire Health and Social Care Partnership.

Background

The LPF priorities were affirmed by a programme of online meetings with LPF members as follows:

- Part 1 LPFs met to consider their role and look at the “character” and “strengths” of their Localities.
- Part 2 LPFs met to look at their priorities in terms of health and social care.
- Part 3 Using an online survey platform, LPF members “weighted” the identified priorities and fleshed out some of the descriptions to state the key issues and how they might be addressed or progressed.
- Part 4 LPF Chair, GP and HSCP Senior Manager met to affirm the findings of the process to date (not necessarily relying on the numerical approach included in Part 3).

Priorities affirmed by the LPFs

Summary of priorities of the LPFs 2021

The notation higher priority represents an urgent, important, and ongoing priority and lower priority represents an important priority area to be revisited.

Emerging priority based on need	Three Towns	Kilwinning	Irvine	North Coast and Cumbrae	Garnock Valley
Improving mental health and wellbeing	Higher priority	Higher priority	Higher priority	Lower priority	Higher priority
Reducing social isolation and loneliness	Higher priority	Higher priority	Higher priority	Lower priority	Higher priority
Prevention, early intervention and recovery from drug & alcohol related harms and deaths.	Higher priority	Higher priority	Higher priority	Higher priority	Higher priority
Recovering from the Covid Experience and tackling the surge	Higher priority	Higher priority	Higher priority	Higher priority	Higher priority
Enabling financial inclusion and tackling poverty	Higher priority	None	None	None	None
Enabling digital inclusion	Higher priority	None	None	None	None
Preventing suicides	Higher priority	None	None	Higher priority	None

Notes and emphases from the LPFs:

- social isolation/loneliness – all ages to include young people.
- surge equals backlog and delayed actions due to Covid. Large, but full extent of the “surge” is unknown - but anticipated to be significant and enduring (more than one year); also requires urgent action – possibly on public messaging and pathways
- Three Towns – Enabling financial inclusion/tackling poverty and enabling digital inclusion might be particularly relevant to the CPP
- North Coast and Cumbrae – mental health/wellbeing and social isolation and loneliness at all ages are important but LPF wanted a tighter, achievable focus in the first instance on the other three priorities
- actions to be specific (don’t bundle actions or priorities together and risk having too general a priority or action).
- actions to be locality-specific interventions with measurable outputs

Building or building on Locality capacity: Asset priorities identified by LPFs

LPFs identified Locality assets that might form part of the solutions and actions to the priorities above.

- Capitalising on the Covid experience - continuing the legacy of the community hubs and partnership.
- Developing personal self-care /self-management, coping skills and health literacy.

Next steps

NAHSCP Services will consider the priorities and identify actions to address them. The actions will be tailored, where suitable, to the locality. Furthermore, where possible, the actions will build on the “asset priorities” and use these as part of the solutions or actions.

LPFs can support engagement with our new Care Improvement Network in supporting the actions. The aspiration is that the Network, and the LPFs, will provide further resident comment, input and support in action delivery. Monitoring observations, comments and guidance will be fed back to the PSMT who can update their plans and actions accordingly over the period of the various interventions.

Comments on and explanations of the priority areas provided by LPF members

This section uses a range of quotes from LPF members from each of the LPFs to provide some context and provide considerations in terms of what actions or solutions might involve. A full collection of comments provided by LPF members is available on request.

Improving mental health and well-being

Context

- Create more low-level community opportunities that cater to a wide age range and recognize that some "low level presentation" is a part of everyday life.
- Need more local services for either counselling or CBT that are low cost or free. NHS Mental Health Services tell most patients they want people to have tried other community support first before they will help - however with such long waiting lists it's a difficult task for people. People who have been through terrible trauma are struggling to find support anywhere. Key thing to think about is getting the trained staff to provide this service. Timescale would be as soon as possible as people are waiting longer and longer and mental health is getting worse.

Actions and solutions might involve:

- Focus on what's there already - walking groups, community gardening initiatives, gentle exercise, mental health groups, promote opportunities to involve and include.
- Short term supports to assist with self-management allowing people to feel that they are not facing things alone and help build the confidence of individuals.
- Needs to be better awareness of the existence of mental health practitioners within practices and better availability of these, plus more awareness and better access to Community Link Workers. Better community education as to how to take care of your own mental health
- Creation of more peer led groups with assistance and funding. Affordable counselling support which will enable people to recover and move forward without the need for referral to statutory services
- Practical and emotional trauma informed and recovery focused support to children and families who have experienced trauma and or adversity in their lives.

- There are some really good projects going on such as the Douglas Park project. Something along these lines where the whole community can benefit through exercise, chatting, fresh air and providing a sense of community.
- Rapid access to assessment for children and young people with suspected conditions such as ASD / ADHD / FASD - parents need to know how to access services now through schools - there is still a lack of understanding [of
- the referral process].

Reducing social isolation and loneliness in all ages

Context

- **Does not just affect elderly.**
- Focus is usually on older people - we need to consider single parents and carers (it can be very isolating bringing up a child with a disability; I believe this is not an issue that affects only the elderly. The pandemic has seen an increase in social isolation and loneliness in all age groups from young to old.
- Has become a huge issue over the last year due to the pandemic. Escalates with other factors - rural transport, poverty, pandemic, reduced capacity on ferry, groups not meeting.

Actions and solutions might involve:

- There should be more groups aimed at people under 50. Most isolation support is for over 50.
- This can be addressed by default if we use the covid experience positively and learn from it. This is a feature which has become more apparent with the pandemic but always existed to an extent. Local groups and supports which did exist are no longer available. If some of these restarted a lot of this could be addressed.
- Phased recovery will ease as activities return. Community initiatives and neighbourliness schemes. Dementia Friendly Largs group. Face to face befrienders, especially in the elderly population who are really feeling with covid.
- Plans in place for a further Keep well and connected initiative run and developed by the GV CLWs last Christmas aimed at this priority. Maybe stronger focus on volunteer recruitment and opportunities in area to harness engagement of pandemic but to encourage reconnection post covid. Would need third sector support.

Prevention, early intervention and recovery from drug & alcohol related harms and deaths.

Context

- A local and national priority. Scotland has the worst drug related death rate in Europe. North Ayrshire has one of the highest DRD rates in Scotland. Work with the local ADP in delivering its strategy - a part of a 3 plus year plan.
- This is a huge issue both locally and nationally and we know it is affecting our community ... tackling this actually means tackling other things like education, isolation, health outcomes and so on.

Actions and solutions might involve:

- More of a whole family approach to supporting families impacted by drugs and alcohol. More early intervention services and use of those with lived experience; Recovery Development Workers to prevent progression to statutory services.
- Great work already happening in the area [GV] through groups such as Turning Point but would like a more joined up approach across services to pull resource and align approaches. Again, maybe the formation of a GV task force aimed at ensuring delivery of grass roots services, approaches and engagement involving multi agencies such as GPs and wider practice teams, CLSs, SW, NADARS, ADP, Turning Point, Third sector orgs and local groups such as AA and CA. **Make the approach Garnock focussed** and target those most in need in our area.

Recovering from the Covid Experience and tackling the surge

The “surge” is a short-hand term in this report to refer to the backlog of expected strain on resources once people feel more able or disposed to accessing services when restrictions release. It also refers to the long-term legacy of pandemic.

Context

As a GP this is the most massive issue to me. I cannot tell you the increase in severe illness I have seen as a result of both people delaying presenting and of secondary care having halted routine work for so much of the past year, plus the fact we in primary care had to suspend chronic disease clinics. The legacy of these issues will take years to sort out and is placing an increasing and very significant burden on primary care, we are not coping already and are unable to meet demand.

Actions and solutions might involve:

- Extra support for patients waiting for hospital treatment needs to be looked at as they are constantly in touch with GP to manage their symptoms whilst waiting for their treatment, extra staff and funding for primary care to catch up with chronic disease management is required, extra secondary care catch up lists and clinics are necessary. Also, I would say equally important is general public education/awareness that it is not appropriate to insist that their referrals are all upgraded to urgent when not medically indicated as this will bring the system crashing down.
- Co-design with the community a covid recovery plan that will offer a range of community led activities focusing on wellbeing, relationships and hope. These may include key activities that have proved successful previously such as indoor and outdoor creative art activities for families, meal preparation, supported cooking and smart shopping initiatives, conversation cafes or walk and talk groups and a real focus on movement and outdoor opportunities for young people and their families drawing on partnerships with local services such as active schools, North Ayrshire Ranger and Ayrshire Wildlife Trust.

Capitalising on the Covid experience and continuing the legacy of the community hubs and partnership working

Context

- The response from public has been overwhelming - if we are to learn/change anything from Covid this has to be it.
- The Community Hubs that were established during the pandemic evidenced that services can come together quickly and deliver joint preventative services within our communities. This impact of the Hubs was demonstrated in the many case studies which evidenced that this not only approach prevented to statutory services.

Actions and solutions might involve:

- Learning from/building on the covid experience: including using the strength of community: more people walking, more people using digital tools; closer links between education, health and community groups already in place.
- We need to look at not reverting to the "default" of every patient contact needing to be face-to-face. Lots of things can be at least initially managed via a phone or video consult. **But we need to look at how to work things for our deaf clients, or those without access to phone/internet etc.**
- Better relationships between all groups/services in the community would vastly improve what we are able to offer individuals. This has been demonstrated via links to community pharmacies, schools, community groups, links to the community hub and health during the peak pandemic also.

Developing personal self-care /self-management, coping skills and health literacy

Context

- Massive issue: people's lack of awareness/education on how to manage their own health conditions places a significant burden on NHS services - there seems to be a lack of understanding in the public domain about how to manage minor self-limiting health issues and the importance of self-management of chronic issues such as diabetes, heart disease, hypertension, obesity, asthma and COPD . . .
- A huge impact on wellbeing and all health and social services is poor health literacy and poor mechanisms of self-management for self-limiting disease. This would have positive impact on the individual, but also on the system as a whole.
- My feeling is that community resources need to go in to helping with self-management and coping skills, helping people of all ages deal with distress, social isolation, mental health issues, and unmet care needs.

Actions and solutions might involve

- Health literacy and education need to be done at school and need to be done well - ability to understand health and self-manage is the only way health and social care will survive in the longer term.
- Simplified health/well-being information.
- I honestly feel that there should be mass education campaigns at government level re this i.e., TV ads etc.

Enabling financial inclusion and tackling poverty

Context

- If we deal with poverty, we will be able to sort a number of the mentioned priorities e.g., mental health and wellbeing, suicide prevention, health literacy,
- substance misuse. Or at least make a huge impact.
- Acknowledge that poverty is not just a lack of money but an entire system that
- does not help - poor housing, neighbour issues, sleep disruption, mental-health impact - lack of self-esteem and confidence, exclusion, depression etc all connected to poverty. Addressing this is not about providing more money but is about addressing the systems that keep people in poverty.
- Access to food/resolution of housing related issues and appropriate benefits advice would definitely help but is being considered with welfare rights supports locally.

Actions and solutions might involve

- Financial inclusion schemes - increase Credit Union profile, Locality Hub at Largs Library, Food larders and initiatives, financial demonstrator project in Ardrossan, strengthen links to 3rd sector - like The Living Room; more budgeting advice locally, help with form filling locally reduce anxiety of the stress of going on benefits and managing money.
- Better tie in with First Alliance and money matters...Delivery of covid cash
- recovery and other budgeting courses.
- Blended Money Advice support to help whole families establish the root cause of money worries, maximise their income, help budget and avoid and manage debt, again with a real trauma sensitive and relationship-based approach around what is a really tricky matter for families.

Preventing suicides

Context

- We [NC&C] have now had 3 young people complete suicide and feel this should be given the highest priority. I am unsure what we can do to turn this round from being an option a young person considers but know it requires all of us to try.
- I am unsure if there has been an increase in suicide in North Ayrshire -personally I have heard of a number of people who have successfully ended their lives. We would need to look if they were open to services etc but very concerned.

Actions and solutions might involve

Young people - Clearer Minds initiative at Campus, 13 ways - Youth Services Team, ADP, Locality Hub team; Easier access to crisis services.

Enabling digital inclusion

Context

- “14% don't have access to the internet in North Ayrshire”
- Links into isolation and loneliness particularly coming out of the pandemic.
- Help get people digital ready. Over the last year many services have moved online - some people are unable to access the internet due to financial hardship. Our libraries, community halls etc are a lifeline for those who are unable to get digital access.
- The reduction in social isolation would consequently improve the chances of better mental health, but additionally coming into contact with others in the same position as you (i.e., peer support)
- **Having access is not just age related**, but to those who have sensory impairments, different reading and writing abilities, cognitive impairments etc. When linked to a digital world, you decrease social isolation/ loneliness, but also provide opportunities (employment, education, hobbies//interests,
- networking etc) and creativity not only in own community but beyond.

Actions and solutions might involve

- ... local community centres, libraries, leisure centres and specifically schools have the physical space (Social distancing), the staff (or local entrepreneurial involvement - Entrepreneurial Scotland) and equipment to support digital learning.
- Use the seniors in the school as digital champions to support older people - great intergenerational work (and done it previously within a lunch club).
- Connecting Scotland phase 3 - Connected Communities

Improving access to day services for elderly and dementia support; Supporting the ageing population

Context

- We have a large elderly population, many of whom are socially isolated.
- We must continue to support our aging population and have more interactions with the community.
- There is very little support available at present for this group and I would like to see more training and education in this area and more resources locally for our patients.
- Aware this is funding dependant but pre lockdown plans were in place to increase access to lunch clubs and raise the profile of venues such as Montgomery Court. There is specific reengagement work required to ensure this happens and communities are aware. Liaison and encouragement with organisations and groups specific to this priority to increase presence in the area and improve access.
- Re-Opening of services will have a big benefit in reducing isolation, providing stimulation and supporting families
- Local support in local communities demystifies dementia and people are included in their local communities.

Actions and solutions might involve

- I have felt for a long time there should be the opportunity for our young population to support the elderly and linking with priorities above the young people could possibly get a sense of value, community and well-being by offering this support.
- Use the seniors in the school as digital champions to support older people - great intergenerational work (and done it previously within a lunch club).
- Community transports and befriender for the over 50