

North Ayrshire Integration Joint Board

Health and Social Care Strategic Plan 2018–21: Delivering care together

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Foreword by Stephen Brown

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Partnership Pledge – working together for the future

We are all facing a period of significant challenge. More people than ever need health and social care services. We have less money than we need to meet the ever growing demand. Changes in population age, skills and health, combined with the significant levels of deprivation experienced in North Ayrshire, mean that demands are likely to increase year on year.

We, The Partnership will work differently; we will be more innovative. We will provide safe and effective services for less money.

You, as a North Ayrshire resident, or as a user of health and social care services, can help:

- By taking care of your own health and wellbeing
- By being more informed about how to best address your health concerns
- By being mindful of the wellbeing of others in your community

By working together, we can improve health and wellbeing in North Ayrshire and help to lessen the demand on local services. We hope that by working together with you we can help build communities that are vibrant, resourceful and are places where people feel supported by family, neighbours and local services.

We hope that you will consider the pledges below and join us so that our combined commitment ensures that all people who live in North Ayrshire are able to have a safe, healthy and active life.

During our consultation, we will ask you what you can do to support the work of the Partnership and improve your health and wellbeing and that of those around you.

We	You
Will support vulnerable children and adults to ensure they are able to live as well and independently as possible	
Will work with other organisations to reduce inequalities in North Ayrshire	
Will work with you when your needs can no longer be supported by your, family, friends or community	
Will provide services that support you and keep you well, when you need them	
Will tell you about proposed changes to local health and social care services	

Being healthy is more than the absence of illness or disease. Good health and wellbeing is a resource that supports and sustains everyday life. It enables us to reach our potential and deal with changes and challenges in our lives.

Our health and wellbeing is influenced, positively and negatively, by factors such as:

- Level of support from friends and family
- Feeling part of a community
- Environment
- Lifestyle
- Employment and income
- Safety
- Access to appropriate resources
- Experience in early years
- Opportunities for learning
- Access to services

These social, emotional, environmental and relationship factors can shape how effectively we are able to prevent ill health, promote good health and sustain wellbeing.

Improvements in health can be achieved when people, services and communities work together to make changes that will help to enable better health and wellbeing for local people.

North Ayrshire today

Changing population

The number of people living in North Ayrshire is falling. Current projections predict that there will be 3,800 fewer people in North Ayrshire by 2027.

In recent years, North Ayrshire has experienced a steady increase in the number of people aged over 65 years. This trend is happening across Scotland and is expected to continue. A ten year projection indicates that the number of older people in North Ayrshire will increase from 22% to 28% (2017–2027). At the same time as this increase in our older population, there will also be fewer working age people; reducing from 61% to 56% (2017–2027).

Overall, the working population (those who are economically active) is decreasing, with the dependent population (those who are non-economically active) increasing.

This population change will place greater demands on local health and social care services as well as unpaid carers. To prepare for this and ensure care provision is sustainable in the long term, we need to work differently.

Inequalities

North Ayrshire is a place of sharp inequalities. Some residents experience high levels of deprivation, poor health and child poverty.

- The number of children living in poverty is increasing each year: In 2016 the Child Poverty Action Group (CPAG) reported that 7,051 (30.4%) children in North Ayrshire, the second highest level of child poverty in Scotland (Glasgow City has the highest).
- According to Scottish Index of Multiple Deprivation (SIMD) 2016, 39% of North Ayrshire's residents live in areas identified as amongst the most deprived in Scotland; 39% equates to almost 53,000 people.

If you live in a deprived area you are much more likely to experience poorer health over the long term than someone in a more affluent area. By reducing inequalities and the impact of poverty and deprivation, we can make a huge long term improvement to the health of local people.

North Ayrshire's unpaid carers

The contribution of unpaid carers must not 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. The care they provided was equivalent to approximately £321m in 2015.

We recognise that local carers are a uniquely valuable asset. Without our carers and the support they give, 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 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.

Working with you in communities

By working together, with a focus on prevention and early intervention, we can do more for your long term health and wellbeing. We know that:

- Many of the causes of ill health in our communities are because of poor lifestyle decisions or lack of opportunities in early life
- Having strong relationships and good habits as a child and young person will enable better health and wellbeing into adulthood
- Addressing a health concern at an early stage can prevent it from growing into a serious long-term condition

When you need to access services, we must ensure they are centred on your needs and focussed on your wider health and wellbeing.

- We need to work *with* you, listening closely, to provide you with the best care possible
- We know that ill health, including mental ill-health, can be caused by other social and environmental factors, such as unemployment and poor housing. We will work closely with advice, employability and housing services, ensuring you have the best advice and support when you need it
- Your local GP is one of a number of professionals who are able to advise and help with health and social care needs. We are developing alternative community based support to help people with holistic wellbeing concerns

Local and national context

We reviewed relevant documents to gain additional insight into local and national policy that is important in health and social care. A list of these documents is available at [Appendix 1](#).

Through our review we found that:

- A strong sense of purpose and community contributes to social and health benefits for you
- Strong, resourceful communities are better equipped to support you at times of need
- Vibrant communities are best placed to challenge the effects of social isolation
- Increased community-based support can change how you approach your health concerns, encourage self-management and ensure you know how to get the most appropriate support when the need arises
- A range of factors can impact on your mental health (some of the factors are listed at [Appendix 2](#)).

North Ayrshire Health and Social Care Partnership

We are responsible for all community-based health and social care services in North Ayrshire. We provide a range of services for children, adults and older people in North Ayrshire. Some services are provided across Ayrshire. The services are provided by The Partnership or are purchased from another provider of community-based health and social care services.

Working together, the Partnership, is made up of:

- NHS Ayrshire & Arran
- North Ayrshire Council
- Third sector organisations (represented by Third Sector Interface (TSI) North Ayrshire)
- Independent care organisations (represented by Scottish Care)

A list of services is at [Appendix 3](#).

Vision, values and priorities

Our **vision** is that all people who live in North Ayrshire are able to have a safe, healthy and active life.

To help us to reach our vision, we will continue to focus on these **priorities**:

- Tackling inequalities
- Bringing services together
- Prevention and early intervention
- Engaging communities
- Improving mental health and wellbeing

We hope you experience our **values** in the way we engage with you and how we behave. We will:

- Put you at the centre
- Treat you with respect
- Care
- Be inclusive
- Embody honesty
- Demonstrate efficiency
- Encourage innovation

If you don't experience these values in your interactions with us, please tell us.

We will achieve our vision by working together in partnership with you!

- Communities are at the heart of our decision making - we want your involvement
- We want to improve your health as a local person
- We want to work with you to tackle some of the inequalities experienced in North Ayrshire
- We want to build new and stronger relationships to take a fresh approach to health and wellbeing

We will ensure that each service we provide:

- Is as smooth and straightforward as possible
- Takes account of people's needs
- Takes account of people's individuality and circumstances
- Respects people's rights and dignity
- Takes account of people's participation in the community they live
- Protects and improves people's safety
- Always seeks to Improve
- Is planned and led in a way that engages with the community
- Best anticipates needs
- Helps to prevent needs arising
- Makes best use of the available facilities, people's abilities and resources

Reflections on some Partnership achievements

We published our first Strategic Plan in April 2015.

We have reported on our progress in our Annual Performance reports (2015-16 and 2016-17)

Here is a snapshot of some of our progress so far.

Priority	We said ...	Here are some examples of what we did ...
Tackling inequalities	We would help people deal with their financial difficulties	Our Money Matters team increased combined household incomes across North Ayrshire by nearly £16 million (2015–17). This money, for the most vulnerable people in our local communities, makes a significant improvement to their quality of life. It also helps tackle some of the inequalities in our society.
	We would provide support to keep people safe	Our Multi Agency Domestic Abuse Response Team (MADART) worked in a new way with people at risk of abuse at home. This led to more than 21% fewer incidences of domestic violence in North Ayrshire (2015–17).
	We would maximise the potential for people to work, with a particular focus on young people	<ul style="list-style-type: none"> We collaborated with partners and other organisations, including National Galleries of Scotland, to provide learning experiences for young people with lived care experience. 75% of the young people moving onto education or training. North Ayrshire Council agreed to provide five modern apprenticeships for care experienced young people.
	Justice and Youth Justice will work together to reduce re-offending in our communities	Recorded crime in North Ayrshire reduced continually between 2015–2017, with a 12.9% reduction in 2016–17.
Engaging communities	We will improve how we involve and engage with local communities	We held our first participatory budgeting event in February 2017. Over 250 people attended to vote for the projects they thought most worthy of receiving funding. £50,000 was distributed to 42 local

		organisations for projects that tackle mental ill-health and promote wellbeing.
Bringing services together	We would work together to provide better services	<ul style="list-style-type: none"> • We brought together our Universal Early Years Team to include, Social Worker, Health Visiting, Speech & Language Therapy, Money Matters, Mental Health Nursing, Support Workers and Family Nurturers • We began the process of bringing together community based teams from North Ayrshire Council and NHS Ayrshire & Arran. This will mean more seamless care for local people. • In May 2016 we launched our integrated North Ayrshire Drug and Alcohol Recovery Service (NADARS). • Arran has developed an integrated service including GP, Social Work, Care at Home and Care Home.
Prevention and early intervention	We would provide access to information about health and wellbeing	We employed Community Connectors in six GP practices to signpost people to a range of alternative community and non-medical resources. By March 2017 Community Connectors were in 17 GP practices and had engaged with almost 800 people.
	We would review our Care at Home service to ensure they meet individual needs	We invested in Care at Home services to increase the number of people supported to live as independently and safely as possible in their own homes. Demand increased – we provided an average of 4,148 visits every day.
	We will increase access to services that promote early intervention, prevention and recovery	<ul style="list-style-type: none"> • We developed new rehabilitation models of care to reduce the average length of stay in hospital (from 41 days to 28.8 days (2015-16)). • Our Community Alert team alongside Scottish Ambulance Service responded to 999 calls. They supported 74.5% of people who requested an ambulance through their community alarm to

		<p>remain in their own home and not be transferred to hospital.</p> <ul style="list-style-type: none"> Over three years (2015 to 2018), with various projects, we have avoided over 35,000 bed days in hospital.
	We would support those who care for others	<ul style="list-style-type: none"> We developed a Carers Strategy. We began using carers assessment paperwork that was designed by carers for carers. We developed a Carer's Appreciation Card. The card entitles carers to receive discounts, offers and concessions with a range of local businesses. Almost 381 carers have registered for a card and 43 businesses have come on board.
Improving mental health and wellbeing	We will build a new Mental Health and Community Hospital in Irvine which will provide modern, purpose-built facilities to meet local needs	The new hospital, Woodland View was opened in May 2016. The provision is now an award winning facility providing older people's rehabilitation as well as dementia, mental health and addiction services.

Challenges

While our performance against our first strategic plan has been good, it has not all been easy. We continue to have issues, such as:

- IT systems not talking to each other
- Managing information (policies and processes) and sharing of people's information
- Finding suitable shared accommodation for integrated teams
- Maintaining high quality services for people while completing high level change

For more information on what we have achieved to date please see our latest [performance report](#).

Stepping Stones to Change – our journey to the future

In our first Strategic Plan, we set out our 'stepping stones to change', to show how we would move through the stages of transforming health and social care services. We want to move health and social care from a historic state of delivering services, to a desired future state where you are the drivers of your own health care, with full support from community resources. The stepping stones to change model can be found at [Appendix 4](#).

We asked our staff and people in our partner agencies to gauge our progress in transforming services. We asked: 'Are we in the same place as we started (historical), in the future state we aimed for three years ago (future) or are we in transition (transitional)?'

This is what they told us:

1. Specialist service delivery

Good, positive progress has been made.

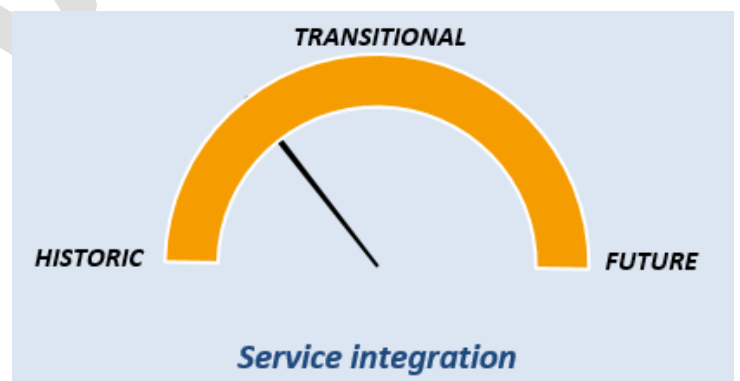
Some community services are recognised as offering specialist services of high quality, safe and effective care.

We continue to work towards the future where specialist support is provided in communities with access to hospital when people need it.



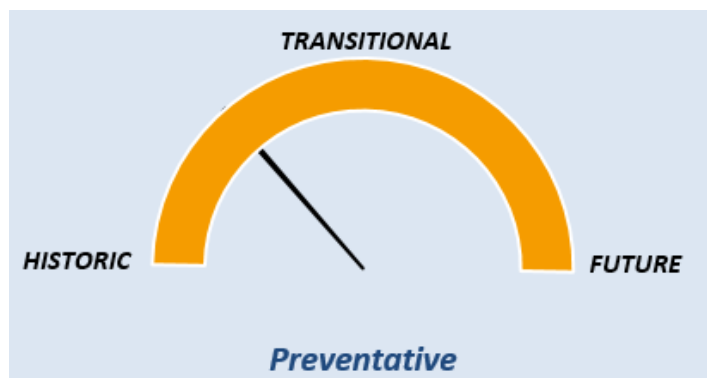
2. Service integration

Some progress has been made in bringing community health and social care services together. Many people believe that care provision is still disjointed with disruptive hand-over between services. Much more work is needed to bring services together and ensure seamless movement between services for local people.



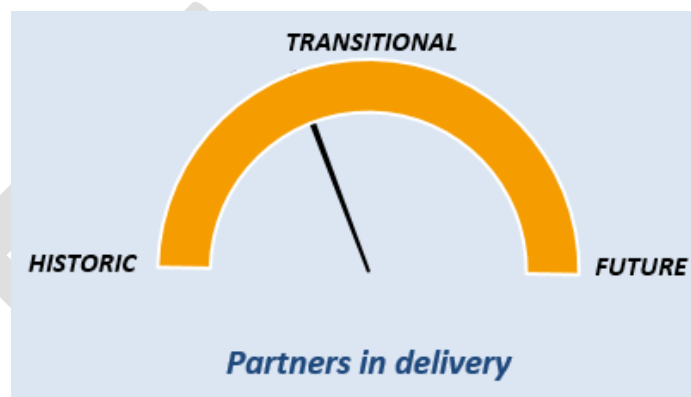
3. Preventative

This remains our biggest area of challenge with many people believing we are still only delivering reactive care when people need it. However, people also said we are beginning to take positive steps towards more preventative approaches to health and social care.



4. Partners in delivery

We are making good progress in this area. People feel that we are working well with our partner organizations to deliver better services to local people and together we are all working towards co-design and co-production of services with communities.



5. Self-care maturity

Many people believe that self-care approaches are now being encouraged and supported by us. More positively, there are some small pockets of self-care being facilitated by local communities (this is our aim in the future).



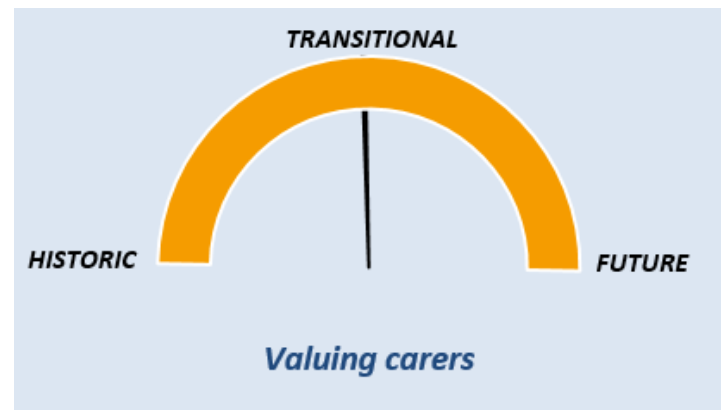
6. Individual decision making

Many people feel that we actively engage with people in decisions about their care, and a small proportion of us feel that care is being actively driven by those who need the care themselves.



7. Valuing carers

Most of the people we asked felt that carers are valued and involved in decisions relating to their cared for person. Some also feel that the value of carers is now being recognised in communities and widely supported.



8. Managing risk and being innovative

A number of people feel that we are trying to be creative and find innovative solutions to people's care needs.

However many believe we are still risk averse: we are using traditional models of care and not effectively embracing positive change.



Our financial plan

Health and Social Care Partnerships are operating in an increasingly challenging environment. Funding is unlikely to keep pace with increasing demand and increasing costs.

We have experienced exceptionally high demand for services over the last three years – the cost of demand is higher than the funding the Partnership receives. Projections show that this imbalance between money-out and money-in is likely to continue. However, we know this imbalance is unsustainable, so we have developed a robust financial plan to ensure we remain financially sustainable, while targeting our resources to support our key priorities.

With growing demand for support and less money available we want to work with you to find ways to better support people in our communities:

- We want you to have better health and wellbeing
- We want you to live as independently as possible
- We will prioritise our services and we will involve you in this process
- We will need to find new solutions – we will not always be your first source of support
- All of us need to think and do things differently – us, local communities and you

How we provide services and how we pay for these services are directly linked. We cannot provide services in the way we have before – we don't have enough money to do so.

The financial plan has four main parts.

- Bringing services together
- Care closer to home
- Focus on greatest need
- Prevention and early intervention

Some examples of what we will do against each of these headings is explained on the next page:



These key areas are explored in more detail in our Medium Term Financial Plan for 2018–21.

Strategic commissioning of services

Strategic commissioning is how we respond to local people's current and future needs, and how we plan investment and allocate funding into our health and social care services so as to improve people's health and wellbeing. Commissioning is closely linked to, and informs the process of procurement; a specific function that undertakes the purchasing of services.

In preparing for our commissioning responsibilities, we have:

- Undertaken a health and care needs assessment of the local population
- Set five strategic goals (identified on page 9)
- Identified a number of key areas for development

Having these in place inform how we procure and develop services to meet the health and care needs of local people.

Feedback from Scottish Government and other health and social care partnerships in Ayrshire and across Scotland, indicates that Integration Joint Boards need to work more closely with colleagues from acute hospitals to strategically influence hospital-based acute care and the associated 'set aside' budget.

In North Ayrshire, we will work closely with our hospital colleagues to better understand local need and the costs associated with unscheduled care (any unplanned contact with the NHS by a person requiring or seeking help or care, including emergency care). We will ensure that more people can be cared for at home or in a homely setting, and go into hospital only when necessary.

Lead Partnership arrangements

Each Ayrshire Partnership (East, North and South) leads on a different Ayrshire-wide area of health and social care work. The Partnerships are continually reviewing and discussing these arrangements to make sure we are all providing effective and efficient services for everyone in Ayrshire and Arran.

- East Partnership leads on Primary Care Services (dentist, GP, pharmacy, optometrist)
- North Partnership leads on Mental Health Services and Child Immunisation
- South Partnership leads on provision of Allied Health Professional services (Dietitian, Occupational Therapy, Physiotherapy, Speech and Language Therapy)

A full list of lead Partnership services across Ayrshire and Arran is at [Appendix 5](#).

Partnership people and the future

Our ability to deliver the aspirations described in this strategic plan depends on the talent, commitment and values of staff. We must invest in Partnership people to ensure they can provide the care that you need, now and in the future. We have a workforce that is skilled and highly experienced; about 40% of our staff over the age of 50. Our aim is to develop an effective plan to transfer their skills, experience and confidence on to newer members of staff.

We have immediate pressures. We must make sure that we have enough members of staff to meet current demand for health and social care services.

A longer-term consideration is to ensure that the current workforce can achieve the ambitions of future care models and meet the ever growing demand for services.

Our workforce plan will focus on developing the future characteristics of our staff, ensuring that they are able to meet your needs in the future.

We will work to ensure the workforce of the future is:

- **Flexible and resilient** - able to adapt to changing circumstances;
- **Confident, well-informed** and **value-driven** – in ability to make decisions and act in their role, and in addressing inequalities where possible;
- **Creative and innovative** – in service design and delivering for service users;
- **Caring and competent** – with a focus on service users;
- **Integrated** – a culture that values and trusts the skills and roles of others, not just in their immediate job family or organisation but across the partnership;
- Able to have a clear picture of **career progression, succession planning**, and **development**, taking mutual accountability for that development, with clear access as and when required.

Working together in partnership

We realise that many of the challenges that face you cannot be addressed solely by any one organisation. We recognise that we must work together with communities, groups and other organisations to improve the lives of people in our local communities. We make a bigger impact together.

Partnership working

We have shared goals with organisations that we work with, such as Housing Services, Education and Youth Employment Service, Police Scotland, Scottish Fire and Rescue, Ayrshire College and the acute hospital sector. We will continue to focus on shared goals with our partners over the next three years.

Partners



Working with Housing Services

Successful integration of health and social care services should enable more people to be cared for and supported at home, or in a homely setting. Housing Services continues to work to contribute positively to improve health and wellbeing of local communities. Scottish Government directs local housing providers to support health and social care partnerships to prevent hospital admissions, alleviate delayed hospital discharges and tackle health inequalities.

The housing contribution statement highlights the significant contribution made by the housing sector to the national outcomes for health and social wellbeing, such as:

- Providing Care & Repair Services across North Ayrshire
- Providing adaptations for social housing residents
- Preventing and responding to issues relating to homelessness
- Referring and sign-posting people to relevant support services
- Providing preventative services to support people to remain living independently in their own homes
- Building neighbourhoods and communities

Housing Services will continue to work closely with us to identify good practice, innovation and support you by:

- Implementing dementia friendly designs in all new sheltered housing complexes and refurbishments, where possible
- Ensuring 25% of all new build homes are classified as 'specialist' housing
- Streamlining the aids and adaptation service
- Installing generic adaptations as part of the capital investment process
- Ensuring staff are able to anticipate the need for an adaptation before crisis point

More information on the Housing Contribution Statement can be found in the [Local Housing Strategy](#).

Working with the Third Sector

Third Sector¹ Interface (TSI) North Ayrshire is the single point of reference for all third sector organisations and community groups. Working on behalf of voluntary groups in North Ayrshire, TSI aims to:

1. Support voluntary organisations, local and national, who deliver services at a local level
2. Support volunteers and promote volunteering
3. Support and help develop social enterprise
4. Be the connection between the local Community Planning Partnership (CPP) and the Third Sector – facilitate communication and understanding between them

The TSI is another key partner for us. On our behalf, 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 you. Third sector and voluntary agencies can provide meaningful support, acting in a preventative manner to reduce the need to access services such as the Emergency Department (ED) or GP Practice. Examples include:

- Peer support groups
- Activity and social clubs
- Information and support services
- Direct delivery of some care services

Encouraging and enabling you to make greater use of the opportunities within your own locality will help to create more sustainable, long term benefits for people and communities.

The TSI will:

- Continue to support and develop new and existing support networks, with a focus on connecting with groups and organisations that may be working in isolation
- Inform the planning and implementation of health and social care services by capturing activity and views at a local level
- Promote a Third Sector that continues to focus on addressing inequalities, realising the benefits we are looking for, community empowerment, and all at the community level
- Continue to work jointly with North Ayrshire's Independent Sector, to ensure benefits to local people are realised
- Explore new ways of offering volunteering opportunities while harnessing the potential of volunteering to support health and wellbeing

¹ The Third Sector comprises of non-governmental and non-profit making organisations, such as charities, voluntary organisations and community groups.

- Continue to strengthen the opportunities available for people to volunteer in their communities, supporting local organisations to become more sustainable
- Continue to support and develop new opportunities for growth within the social enterprise sector

More information on Third Sector Interface North Ayrshire can be found on its website:

www.tsinorthayrshire.org.uk

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Working with the Independent 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.

We work closely with the independent sector to provide care home and care at home services. Together, we endeavour to meet the increasing local demand for community based care services.

In North Ayrshire the sector provides more than 900 residential care and nursing care home places, as well as approximately 26,000hrs of care each week to support people in their own home.

The sector employs over 1,800 people. Those staff work closely with medical, nursing and care professionals to support people to stay in their own home or homely setting. Where possible, independent sector staff will provide support to prevent people being admitted to hospital.

Care Homes are well placed as community assets to facilitate the required shift in the balance of care, to the benefit of local people and communities.

The independent sector also deliver services that:

- Provide local step up/step down services
- Create dementia friendly environments
- Provide specialist palliative care services

The sector has a breadth of knowledge and experience of working with local people and will continue to review services to ensure they are ready to meet future demands and challenges.

We will continue to work closely with our independent sector colleagues to ensure the services they deliver in partnership with us provide the best possible community based care for local people.

Working with you

You are our biggest stakeholder. You are also our most important customer.

Since the Partnership began (2015), we have worked hard to be better at engaging (talking, listening and working) with you and our local communities. Your ideas and opinions can effectively help us to shape services into what you want, instead of what we think you want. Your input into designing health and social care services is invaluable.

We know that meaningful engagement is crucial to healthier, more empowered communities. Since 2015, we have been **consulting** with you about various health and social care issues. We have used surveys, focus groups and public events to do this.

Over the next three years we plan to go beyond **consulting** towards meaningfully **engaging** with you. However, our longer term goal is to reach the top of the *Ladder of Participation* (see diagram), where we would be **co-producing** services in partnership with you and our local communities. To help us move from consulting to engaging, we are developing a **nine-step engagement plan**. We will publish this by April 2018.



We recognise the importance of working closely with Community Planning Partners (CPP) to ensure that our plans are aligned to the Community Engagement Framework.

What Matters to You?

On 6 June 2017 we took part in a national conversation, 'What Matters to You?' We asked local people what mattered most to them about health and social care in North Ayrshire. We heard from around 2,500 people what was important to them about health and social care services. Those responses have helped to inform the direction and actions of this strategic plan.

On the day, you told us what was important about the health and care services in North Ayrshire, such as:

- The ability to easily access services
- Reduced waiting times for GP or hospital appointments
- The competency and values of our staff

Your responses confirmed many things that we already knew. We will take what you told us and use it to make more improvements to our services.



Working in localities

We know our local communities are a vitally important asset in improving the health and wellbeing of local people.

In North Ayrshire, we have six localities. These are:

- Arran
- Garnock Valley
- Irvine
- Kilwinning
- North Coast & Cumbrae
- Three Towns

Each locality has its own unique strengths and assets, as well as its own challenges. We are working within each of our localities to ensure the services provided in that locality are meeting the specific needs of the people who live there.

We have established Locality Planning Forums (LPF) in each locality. Their role is to identify the health and social care needs and priorities of their locality. The LPF then tells us and we work together to find solutions. The forums work within our Strategic Planning Group (SPG) which has oversight of this strategic plan. Locality Planning Forums are the voice of local communities within the Partnership. They have real influence to effect changes at a local level.

Each LPF is unique, building the contacts and knowledge needed to ensure they best serve their local communities. During the early development of the forums, local priorities for action were identified. Some common key issues emerged for most of the locality areas:

- Mental health issues that affect people of all ages
- The impact of social isolation
- The impact of musculoskeletal disorders

We are now working to address these issues.

Over the past year, the LPFs have been meeting with representatives of our services as well as locality based health and social care community groups. These sessions have increased the profile of the forums and help educate everyone involved about the scope of resources available in each locality. LPFs also used the sessions to discuss their identified priorities – these were unanimously supported.

Going forward

The next phase for the Locality Planning Forums will be more relationship-building with local people and local community groups. We want to:

- Help LPFs to identify and better understand the issues facing local people
- Inform you and the people in your locality that you can influence the planning of local health and social care services
- Raise the profile of the LPF, the Partnership and partnership working

We want to work towards a truly co-productive relationship, where you have a say in the design of the services you receive.

Locality Planning Forums and Community Planning Partnership's (CPP) Locality Partnerships, share many priorities and work together where possible. More information about the CPP and their Locality Partnerships in North Ayrshire can be found on their [website](#)².

North Ayrshire Council's Community Investment Fund has been developed as a way to empower you and return responsibility to local communities. Throughout 2018 and beyond, health and social care LPFs will continue to work closely with CPP Locality Partnerships to identify how best to allocate funds and resources so that they have a meaningful impact on local communities. Talking and listening – having conversations – with you and your local community will be key to successful community empowerment and effectively allocated services.

² <http://www.northayrshire.community/>
North Ayrshire Health and Social Care Strategic Plan 2018–21 (DRAFT)


Our localities

Arran

Data sources are listed at [Appendix 6](#)

4,589

Arran is the largest Island on the Firth of Clyde. It has a population of approximately 4,589 people (SIMD 2016) however, the population has a seasonal variance which can result in the population more than doubling between April and October, due to an increase in visitors and temporary residents.

83.8 years 
Life Expectancy
 **81.1 years**

Arran has a higher life expectancy compared to the rest of North Ayrshire (also above the Scottish average). However Arran has a much higher frail elderly population (one-third), who have more than one health condition.

The working age population is set to fall to 4 in 10 (by 2026).



The island has relatively low levels of deprivation (according to SIMD) and unemployment. Although it should be noted that pockets of deprivation on the island still exist.

0.0% live in deprived data zones

0.6% unemployment rate

The Arran Locality Planning Forum has identified **three** areas as priorities:

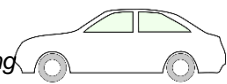
1. Develop transport solutions that help local people in accessing support
2. Reduce social isolation
3. Improve support to those with complex care needs

1 in 18 hospital patients from Arran who are 65 years+ have been admitted to hospital as an emergency on multiple occasions

Based on patients 65+ with 2 or more emergency hospital admissions

44% of people live in areas considered to be 'access deprived'

Based on % of population living within '20%' most access deprived areas in Scotland



29% of adults on Arran live within a single adult dwelling

Number and percentage of dwelling subject to Council Tax Discount of 25%. This may include dwelling with a single adult, dwellings with one adult living with one or more children, or with more adults who are 'disregarded' for Council Tax purposes.

1 in 13 patients admitted to hospital from Arran are admitted in an emergency

Based on patients discharged from hospital following an emergency admission



20,329

Beith, Dalry and Kilbrinie are the main towns in the Garnock Valley. The area has a combined population of approx. 20,329 (SIMD, 2016), which accounts for 15% of the total North Ayrshire population.

81.9 years



Life Expectancy



75.6 years

In recent years, female life expectancy has increased – Kilbirnie North has the highest female life expectancy in North Ayrshire.

Garnock Valley has a high percentage of the population of working age and has an overall low dependency ratio (for every 100 people working, 59 people are dependent on them).



Garnock Valley has high levels of deprivation and unemployment.

10 out of 27 data zones in the Garnock Valley are in the most deprived in Scotland. More than a third of the Garnock Valley population are considered to live in deprived areas.

37.5% live in deprived data zones

4.2% unemployment rate

Garnock Valley Locality Planning Forum has identified **four** areas as priorities:

1. Engage with young people to help improve their health and wellbeing
2. Improve low level mental health and wellbeing across all age groups
3. Reduce social isolation across all age groups
4. Reduce the impact of musculoskeletal disorders

Population prescribed drugs for anxiety/depression/psychosis:

Garnock Valley: 18%

North Ayrshire: 20%

Scotland: 18%



More than **1 in 300** people in Garnock Valley will have an admission to a mental health hospital

** Based on 3-year aggregate
Note: patients are counted once per year*

41% of adults in Garnock Valley live within a single adult dwelling

Number and percentage of dwelling subject to Council Tax Discount of 25%. This may include dwelling with a single adult, dwellings with one adult living with one or more children, or with more adults who are 'disregarded' for Council Tax purposes.

1 in 10 patients admitted to hospital from Garnock Valley are admitted in an emergency



Based on patients discharged from hospital following an emergency admission

39,387

Irvine has a population of approx. 39,387 (SIMD, 2016). This accounts for 29% of the total North Ayrshire population and is the most highly populated areas within North Ayrshire.

81.1 years 
Life Expectancy
74.8 years 

Male and female life expectancy has increased in recent years. Irvine Perceton and Lawthorn have the highest male life expectancy in North Ayrshire. However, the Irvine locality also hosts the lowest male life expectancy (Irvine Fullarton).

Irvine has an overall younger age profile. This contributes to the area having a high number of people of working age.



Irvine locality has high levels of health deprivation as well as high levels of unemployment (second highest in North Ayrshire). People experiencing a wide range of health issues.

24 out of 55 data zones in Irvine locality are among the most deprived in Scotland.

44.3% live in deprived data zones **4.1%** unemployment rate

Irvine Locality Planning Forum has identified **three** areas as priorities:

1. Address issues of social isolation across all ages
2. Improve low level mental health and wellbeing particularly among young people
3. Improve access to local physiotherapy for those with musculoskeletal concerns

Population prescribed drugs for anxiety/depression/psychosis:

Irvine: 22%

North Ayrshire: 20%

Scotland: 18%



More than **1 in 300** people from Irvine will have an admission to a mental health hospital



*Based on 3-year aggregate
Note: patients are counted
once per year*

41% of adults in Irvine live within a single adult dwelling

Number and percentage of dwelling subject to Council Tax Discount of 25%. This may include dwelling with a single adult, dwellings with one adult living with one or more children, or with more adults who are 'disregarded' for Council Tax purposes.

1 in 9 patients admitted to hospital from Irvine are admitted in an emergency

Based on patients discharged from hospital following an emergency admission

16,203

Kilwinning has a population of approx. 16,203 (SIMD, 2016), this accounts for 12% of the total North Ayrshire population. Kilwinning is one of the smaller localities within North Ayrshire.

80.3 years



Life Expectancy



76.3 years

In recent years there has been a decrease in life expectancy in Kilwinning locality. Kilwinning Whitehirst Park and Woodside previously hosted the highest male life expectancy in North Ayrshire – now it is second highest.

Kilwinning has an overall younger age profile, with a high percentage of people being of working age. The locality also has the lowest rate of over 65s of all North Ayrshire localities.



In recent years Kilwinning locality has grown in affluence, with declining levels of multiple deprivation and income deprivation. However, almost 50% of the population still live in deprivation.

9 out of 22 data zones in Kilwinning locality are among the most deprived in Scotland.

46.3% live in deprived data zones

3.6% unemployment rate

Kilwinning Locality Planning Forum has identified **three** areas as priorities:

1. Engage with local early years nurseries to hear views from parents
2. Introduce GP visiting sessions to local nursing homes
3. Make Occupational Therapy advice available in local pharmacies

Childhood obesity in Primary 1:

Kilwinning: 12%
North Ayrshire: 12%
Scotland: 10%



Children whose BMI is within the top 5% of the 1990 UK reference age for their age and sex – % of all children reviewed in 2015/16 school year

Breastfeeding at 6-8 weeks:

Kilwinning: 18%
North Ayrshire: 17%
Scotland: 28%



Based on 3 year rolling average of % of babies reported by parents to be breastfed at 6-8 week review (2013/14-2015/16 financial years)

39% of adults in Kilwinning live within a single adult dwelling

Number and percentage of dwelling subject to Council Tax Discount of 25%. This may include dwelling with a single adult, dwellings with one adult living with one or more children, or with more adults who are 'disregarded' for Council Tax

1 in 13 hospital patients from the Kilwinning locality are 65+ and have been admitted to hospital as an emergency on multiple occasions

Based on patients discharged from hospital following an emergency admission

22,851

North Coast and Cumbrae locality includes the towns of Fairlie, Largs, Millport, Skelmorlie and West Kilbride. It has a combined population of 22,851 (SIMD, 2016), which accounts for 17% of the total North Ayrshire population.

84.5 years



Life Expectancy



79.7 years

Female life expectancy is the highest in North Ayrshire, while male life expectancy is also one of the highest.

A large elderly demographic in this locality, which bring health and social care challenges, as people are living longer with multiple co-morbidities and disabilities. The elderly population within the locality is set to increase by 16% in 2026.



This locality is one of the most affluent in North Ayrshire and has one of the lowest rates of unemployment. Household income tends to be higher although there are some pockets of deprivation.

3 out of 31 datazones in North Coast and Cumbrae locality are in the most deprived in Scotland, including the Isle of Cumbrae which is classed as a fragile economy.

9.6% live in deprived data zones **1.8%** unemployment rate

North Coast and Cumbraes Locality Planning Forum has identified **four** areas as priorities:

1. Reduce social isolation of older people and those with complex needs
2. Develop support for young people who suffer from stress and anxiety
3. Reduce the impact of musculoskeletal disorders
4. Promote opportunities for financial inclusion

Population prescribed drugs for anxiety/depression/psychosis:

North Coast: 16%

North Ayrshire: 20%

Scotland: 18%

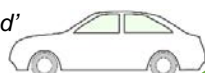


Around **1 in 600** people from the North Coast will have an admission to a mental health hospital

*Based on 3 year aggregate
Note: patients are counted once per year*

31% of people live in areas considered to be 'access deprived'

Based on % of population living within '20% most access deprived' areas in Scotland



1 in 13 patients admitted to hospital from the North Coast are admitted in an emergency

Based on patients discharged from hospital following an emergency admission

32,981

Three Towns Locality consists of Ardrossan, Saltcoats and Stevenson and has a combined population of approximately 32,981 (SIMD 2016). This accounts for 24% of the total North Ayrshire population.

78.8 years



Life Expectancy



74.7 years

Female life expectancy has increased slightly in recent years while male life expectancy has decreased slightly. The area Saltcoats Central hosts the lowest female life expectancy in North Ayrshire.

The area has experienced a rise in the young adult population that is coupled with improving education performance and school attendance.



Three Towns locality has a high level of deprivation (highest in North Ayrshire) coupled with rising levels of health deprivation.

24 of the 44 datazones within Three Towns locality fall within the most deprived in Scotland.

Three Towns has the highest rate of unemployment in North Ayrshire.

56.3% live in deprived data zones

4.7% unemployment

Three Towns Locality Planning Forum has identified **two** areas as priorities:

1. Improving mental health and wellbeing of young men
2. Addressing issues of social isolation

Population Prescribed Drugs for anxiety/depression/psychosis

Three Towns: 22%
North Ayrshire: 20%
Scotland: 18%



Around **1 in 300** people from Three Towns will have an admission to a mental health hospital

*Based on 3 year aggregate
Note: patients are counted once per year*

44% of adults in Three Towns live within a single adult dwelling

Number and percentage of dwelling subject to Council Tax Discount of 25%. This may include dwelling with a single adult, dwellings with one adult living with one or more children, or with more adults who are 'disregarded' for Council Tax

1 in 9 patients admitted to hospital from Three Towns are admitted in an emergency

Based on patients discharged from hospital following an emergency admission



Addressing our strategic priorities

In our original plan we identified key priorities for action, these were:

1. Tackling inequalities
2. Engaging communities
3. Bringing services together
4. Prevention and early intervention
5. Improving mental health and wellbeing

We still believe these priorities are the right ones to improve services and, most importantly, to improve health and wellbeing for you and everyone in our local communities. Working together in these areas will help us to achieve our vision:

That all people who live in North Ayrshire are able to have a safe, healthy and active life.

The five strategic priorities are all connected: progress made in one priority area can help in one or more of the other areas. For example, we would expect that work to prevent ill health by promoting healthy behaviours (*Prevention and early intervention*) would have a positive impact on your overall health as well as reducing local health inequalities (*Tackling inequalities*).

The work that we do is tackling multiple areas of health and social care need for you.

1. Tackling inequalities

Service area	To tackle inequalities, we will:
Partnership wide	Direct resources - with partners - to support people most at risk from the impact of inequalities
	Develop an inequalities information resource/toolbox
	Raise awareness among staff of the signs and impact of inequalities
	Develop a range of housing options that will benefit local people
Children and families	Implement the Children's Services Plan and Corporate Parenting Plan to support vulnerable young people to access the same opportunities as their peers
	Develop teams around the 'family' to help us respond more efficiently to the needs of children at the earliest possible stage
	Explore approaches to better engage with care leavers for mentoring and employability skills.
	Deliver 'We work for families' to build confidence, self-esteem and understand barriers for families accessing employment
	Continue to deliver 'Family Nurse Partnership' to support young mothers (19 and under)
	Carry out routine assessment of financial issues through Health Visitor contact
	Health visitors will carry out routine enquiries of Gender Based Violence (GBV) with mothers in their caseload
Health and community care	Redirect Health and Community Care resources to provide greater support to local people most in need of services
	Community Link Workers will assist individuals to understand the full range of formal and informal community based services available to them
Mental health and learning disability	Develop commissioning plans to ensure people with a learning disability, mental health problem or physical disability can access services that are right for them
	Expand the level of advocacy support available
	Support into work via a range of employment support options
Justice	Appoint a dedicated Desistance Officer

Why we need to tackle inequalities?

Inequalities are the main cause of the high levels of ill health and poor mental wellbeing experienced by people in our communities.

We know that high levels of poverty and deprivation have a negative impact.

- Deprivation is particularly high across North Ayrshire: around 40% of people live in areas that are considered to be among the most deprived in Scotland. Where deprivation is high, there are also higher levels of poor health.
- Poverty comes in many forms; financial, food, fuel, transport, social and we are beginning to see digital poverty, where people face additional barriers to advice and support because they have no access to the internet or are unable to use it to best effect.

This is why, we – along with our partners – are committed to tackling the inequalities in our communities and improving the quality of life for everyone.

Feedback from What Matters to You? emphasises that our services have a positive effect on the lives of local people.

- You told us that the **availability of services** that are able to provide appropriate levels of support is really important.
- You also said that often the initial stage of **accessing health or social care services** is challenging, for example, GP appointment systems are a source of local frustration.
- You made it clear that the **values and competency** of health and social care staff matters to you. You told us that being supported by professional and engaging staff improved your overall care experience.
- You want to have a say about your own care. You prefer to be supported by members of staff who facilitate and believe this to be important too.



How will we tackle inequalities?

We will take a two-step approach to effectively tackle inequalities, including:

1. Raising the profile of the impact of inequalities to you, our staff and local communities
2. Providing support and advice to help people affected by poverty and inequalities

By raising the profile of the impact of inequalities, we will:

- Ensure communities, our staff and organisations have a firm understanding of inequalities and their potential impact on your long term health and wellbeing
- Work with communities to encourage everyone to think positively about the changes they can make to improve their own long-term health

- Link you to groups and services that will positively impact your health and wellbeing, e.g. Community Link Workers will be based in GP practices in the most deprived localities
- Provide advocacy support to those who are not always able to speak for themselves

By providing support and advice to those affected by poverty and inequalities, we will:

- Consider the allocation of resources across North Ayrshire, redirecting funds and services to where they are most needed and will have the greatest impact
- Provide advice, guidance and signposting to people in the most deprived areas via Community Link Workers
- Work with local organisations, such as food banks and employability hubs, to better identify and support people who need support
- Provide support to young people to ensure they are ready and motivated to move onto positive destinations such as education and employment
- Ensure our locality-based, multi-disciplinary teams (a group of health and social care professionals who work as a team to holistically support you) in adult and children's services, provide an early response to concerns in relation to deprivation and inequality
- Continue to work with communities to provide the highest possible quality of health and social care; supporting you to stay well and manage your condition as effectively as possible
- Ensure those people furthest away from services are supported to access and engage with support agencies. We will work with peer support networks and befriending to help us.
- Continue to work with partners to look for opportunities to maximise your income to help tackle health inequalities associated with deprivation and financial exclusion.
- Continue to progress the activity as set out in the Fair for All strategy
- Enhance the range of options and opportunities available (particularly for the most vulnerable people in our communities) to ensure everyone can achieve positive benefits
- Support you to gain confidence by developing social, educational and job support skills
- Develop an inequalities assessment to ensure we consider the impact of any changes on inequalities when re-designing services, ensuring any activity we undertake will mitigate or prevent the impact of inequalities
- Work with housing services to ensure a range of future housing options that enable people to remain in their own homes for as long as they wish.

As a key partner, you can help us to tackle inequalities.

You can help by:

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2. Engaging communities

Service area	Engage with communities, we will:
Partnership wide	Implement our Engagement Strategy (add link)
	Continue to involve everyone, in the design and development of future services
	Ensure our Locality Planning Forums communicate widely with you, to help identify health and social care needs of local people
	Work with communities to develop a range of activities that will help you to support yourself keep well, be sociable, keep active and remain independent.
	Encourage you to actively participate in decisions about health and social care services, including more Participatory Budgeting (PB) events
	Engage with 'seldom heard' or 'marginalised groups'
	Develop locality based drop-in sessions to support you if you are concerned about alcohol and drugs misuse
	Continue to participate in 'What Matters to You?' on an annual basis for the life of this plan
	Provide a range of peer support options to you, providing support from other local people with lived experience of specific issues.
Children and families	Further develop Universal Early Years model in localities to ensure teams are built around communities
	Create greater opportunity for children, young people with care experience – and their families - to have their voices heard
	Develop locality based Early Years Leadership Teams involving early years managers from HSCP, Education and local nurseries to identify local early years priorities, feed into Locality Planning Forums and progress activity for improvement
	Develop mechanisms to identify and support young Carers at the earliest stage
Health and community care	Engage with our Locality Forums to better understand local needs to help target resources
Mental health and learning disability	Work closely with communities and the Third and Independent sectors to develop community based addiction support services
	Use Woodland View and Tarryholme Drive as community facilities and local resource

Why are we engaging with communities?

We believe that our communities have strengths and we want to help them use these strengths. By working together, we can improve the health and wellbeing of the people of North Ayrshire. Also, at the heart of the new Community Empowerment (Scotland) Act 2015, is that communities

and individuals must have greater involvement in decision-making. The act seeks to empower communities by strengthening their voice.

We aim to go further with our community engagement than before. We are looking for you to play an active part, so that together we can design and change health and social care services for the future.

Vibrant communities can increase social connectedness and create supportive spaces and places for local people. We hope to help you to develop your supportive communities, where people are able to take care of their own health and wellbeing, as well as those around them.

Feedback from What Matters to You?, emphasised that you want to be involved with decisions about your care.

- Your **experiences and opinions** on health and care services are valuable as a source of feedback and learning
- We will use **your feedback** to improve services for local people
- You will have the **opportunity** to shape local services
- **Talking and listening** (our conversation) will have many positive benefits for you and your communities



How will we engage with communities?

We will engage with you and your communities by:

1. Listening and speaking together – having conversations with communities
2. Encouraging you to take greater responsibility of your own health and wellbeing
3. Involving you in the decision making process

To improve our conversations and communication with local people, we will:

- Encourage Locality Planning Forums to be more active in listening to communities, by holding public events and using websites and social media to share information
- Engage with you and your communities to consider the best way to take forward specific local issues that will promote healthy behaviour and physical activity
- Emphasise the importance of you being part of any engagement and consultation activity

- Implement our engagement strategy, so that we are active and visible in local communities and engage with you in conversation about health and social care services, and make every effort to engage with those who are ‘seldom heard’ in our communities
- Strengthen existing networks within communities, building a locality approach to engagement
- Consider the possibility of asking you to gather people’s insight into the needs of the local community, as identified by the people who live there
- Help to build strong circles of support around children and families

To encourage people to take greater responsibility of their own health and wellbeing, we will:

- Ensure services are more visible, familiar and accessible to you and your communities
- Promote the range of alternative health and social care options available for you in local communities, when you become unwell
- Encourage you to seek the correct professional (dentist, GP, pharmacist, optometrist) for your health concern advice
- Develop new anonymous drop-in sessions in our localities for those who are concerned about their own, or another’s, alcohol or drug misuse

To better involve local people in the decision making process, we will:

- Work closely with CPP Locality Partnerships to create Participatory Budgeting events, enabling you to make funding decisions about local developments or improvement projects
- Involve you, people who use services and their carers in the design and development of changes to services
- Work with you, and our partners in the Third and Independent Sector, to identify and develop locally based activities to encourage independence, activity and social inclusion
- Inform you of any changes we make to services
- Regularly check with you that the service changes are working well and are beneficial

As a key partner, you can help us to engage in local communities.

You can help by:

3. Bringing services together

Service area	To bring services together, we will:
Partnership wide	Commit to work with our Integration Joint Board and Acute colleagues to understand the care needs of people in North Ayrshire and agree an associated plan to meet those needs and focus on assessment and treatment of care at home, whenever safe and appropriate to do so.
	Develop the range of services you can access within your local GP practice, including; mental health services, physical therapy, nursing, clinical pharmacy and community link workers: to ensure you benefit from the right care, from the right professional at the right time.
	Co-locate different services in the same place to ensure easier access for you, where possible
	Inform you about the changes we make and how these changes will impact you
	Bring together teams and services, where appropriate, with a single point of access to provide person centred care, treatment and support
Children and families	Develop 'Teams around the Family' in localities to ensure children, young people and their families have access to the right support when they need it.
	Universal Early Years (UEY) teams consisting of; Social Workers, Health Visitors, Speech and Language Therapists, Welfare Rights Advisors, Mental Health Nurses and employability workers, are based within localities and aligned to GP practices
	Build capacity in UEY to include Early Years Social Workers, Speech & Language Therapists and Mental Health Nurses (Perinatal).
Health and community care	Develop responsive teams that work well together and share information relevant to your care so we can respond quickly when your needs change
	Implement a primary care development plan to help you access a wider range of primary care services to ensure you continue to benefit from locally accessible services including, GP, Pharmacy, Dentist and Optometrist
	Continue to work with colleagues in the Third and Independent sectors to ensure you are supported by individuals and services tailored to your assessed needs
	Ensure care is co-ordinated – and your family is involved as appropriate - so that you can go home from hospital as soon as you are well.
	Ensure you have access to rapid community-based care, including short-term hospital based care and reablement, to maximise your independence or to provide opportunity for further recovery when you need it
Mental health and learning disability	Co-locate Learning Disability services and integrate working processes
	Make the case to further roll out the 24 hour, 7 day per week, Police Triage Pathway within the Crisis Resolution Team to help prevent hospital admission and timely access to the right person at the right time.

Why are we bringing services together?

The Healthier Scotland Conversation highlighted that services should be easily accessible and flexible to meet your needs. We need to be better at providing joined-up care and improve partnership working.

Therefore, we are bringing together services, where appropriate, so that your care pathway is straightforward. We aim to develop 'seamless' services so you can receive the care and support

Feedback from What Matters to You? told us that you want the same level of respect, compassion and professionalism from all our staff.

- *It is important to you that our staff have a **shared value base***
- *Readily available support services, with **help and advice that is easy to access**, is important to you*
- *You want more information about the **range of support options** available from other providers*



you need in an efficient and timely manner. We will improve how information is shared. If different services are involved in your care, we will ensure they work together to provide you with the best support possible.

How will we bring services together?

We will continue bringing services together and will remove duplication where possible. We will enhance our shared staff commitment to our vision and values. We will do this by:

1. Bringing teams together when we can, to ensure our services are co-located and easily accessible for you
2. Ensuring all our staff embody the our vision and values
3. Working closely with other health and social care organisations across Ayrshire

Bringing our teams together, we will:

- Help teaching staff, educational psychologists, social workers, school nurses, health visitors, mental health specialists, intervention specialists and others to develop a well-rounded support network for young people when they need it

- Develop joint community-based health and social care teams, with Allied Health Professionals (AHPs), pharmacists and mental health teams working together with GPs to offer you a wider range of options in your locality
- Provide access to rapid community based care, including short-term hospital care and reablement, to maximise your independence or provide further recovery and assessment
- Develop a See & Treat Service within the Three Towns that will offer you a physiotherapy service and provide improved navigation of our mental health services, with links into care at home when you need it
- Join up four mental health support services; Primary Care Mental Health Team, Community Mental Health Team, Crisis Resolution Team, and Social Work Mental Health Team to provide you with a local seamless mental health service

To ensure shared Partnership vision and values, we will:

- Support our leaders and other staff to make change happen
- Co-locate services to make them easier for you to access
- Support our staff to understand the contribution made by others within the Partnership
- Ensure our staff are well trained and empowered to resolve issues as they arise
- Improve communication and streamline referral processes between staff groups so that you get the right support as soon as possible
- Ensure training programmes and engagement events support the building of a shared vision in the Partnership
- Ensure staff have the right equipment to do their jobs effectively

Working closely with other health and social care organisations across Ayrshire, we will:

- Ensure our Integration Joint Board (IJB) enacts its full responsibility in strategic planning of the unscheduled care pathway
- Strengthen relationships between acute hospital colleagues and primary health care teams
- Ensure care is co-ordinated so that you are discharged from hospital as soon as you are well enough to go home or to a local community setting
- Regularly communicate with our colleagues in East and South Health and Social Care Partnerships to ensure the services we each provide offer no detriment to any other
- Continue to work closely with partners external to the Partnership, for example; Education and Skills, Housing Services and Police Scotland.

As a key partner, you can help us when we bring services together.

You can help by:

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4. Prevention and early intervention

Service area	To embed prevention and early intervention, we will:
Partnership wide	Create the opportunity and environment to support you adopt healthy lifestyle choices
	Continue to provide you with advice and signposting to local services
	Continue to build a resource directory of health, social care and community services that are available to you
	Work with communities to develop capacity and capability to enable individuals to maintain their health and wellbeing with a focus on how we support families to care for their relatives
	Deliver training programmes to promote prevention, self-help and early intervention for the wider workforce and those who use services.
	Proactively identify and support people who are at greatest risk in our communities, due to frailty, multiple conditions or complex life circumstances
	Create greater choice and flexibility around short breaks and day services to support you and those who care for you
Children and families	Proactively support young people and families at an early stage to ensure crisis is avoided
	Continue to develop and provide key multi-disciplinary support service to ensure parents are supported and that young people have the best possible start in life
	Health visitors will offer 11 visits to all families from pre-birth to 5 years, helping families of young children, with; breastfeeding support, infant nutrition, attachment, parenting issues, maternal mental health
	Through the Young Persons Support Team, continue to progress the Positive Family Partnership Strategy, delivering evidence based programmes that support young people affected by adverse circumstances.
	Continue to deliver the Multi Agency Assessment and Screening Hub (MAASH) to ensure fast response to domestic abuse and child welfare concerns.
Health and community care	Ensure our teams work with you to understand your needs, goals, preferences and aspirations while supporting you to make choices and take control of how these can best be met.
	Promote discussions around anticipatory care so that you are supported in the way you want now and in the future, should your needs
Mental health and learning disability	Develop a new model of Primary Care Mental Health, including a low intensity psychological therapy service to support those with mental health concerns
	Continue to develop Children and Adolescent Mental Health Services (CAMHS) in further alignment with Children's Health and Social Work services and Education.

	Further develop Veterans 1 st Point model and draw learning to inform improvement across other service areas
	Continue to promote the wider delivery of Alcohol and Drug Brief Interventions (ABI)
	Fully roll out Computerised Cognitive Behavioural Therapy (CBT)
	Develop a Recovery College in North Ayrshire with people who have lived experience of mental ill-health
	Improve waiting times for adult community mental health services – were required - through; self-help, improved triage and improved 1 st stage contact
Justice	Increase the use of Restriction of Liberty Orders (RLOs) by being more creative in efforts to improve community based disposals

Why we are providing prevention and early intervention services?

Many health conditions can be prevented. When changes are made to social and environmental conditions, such as creating smoke-free spaces, these changes support us to improve our health and specific conditions can be avoided. By promoting healthy living within communities and by supporting you at the earliest stage possible (within the context of your life and circumstances), we can work with you to make significant improvements to health and wellbeing in North Ayrshire.

Being able to get support, quickly and close to home, helps you to manage your concerns with more confidence. Immediate access to services can be challenging if you live in remote or rural North Ayrshire where transport and services are more limited. To improve your access and to help you get the support you need, we will work to provide services as close to where you live as possible.

We can help you to avoid developing severe health conditions by working with you to address your concerns at an early stage. This better enables you to live the life you want, including your personal safety and wellbeing.

When we act quickly we can protect the most vulnerable people in our communities and build protective networks around them to enable them to live happy and healthy lives.

Feedback from What Matters to You? told us that availability of services and length of wait for services is important to you.

- You need to be supported **as soon as the need arises**
- Knowledge of **locally available support services** would help
- More knowledge would provide you with a wider range of **options at the time of need**, the right support at the **earliest possible time** to prevent crisis
- Engagement with our staff members had a **positive effect on your wellbeing**
- **Meaningful engagement** helps prevent the risk of loneliness and social isolation



What do we plan to do about prevention and early intervention?

Prevention will begin in communities with you and your neighbours. Working together with voluntary groups, you will be the first line of support for those who need it.

Building on this, we will ensure:

1. You have the knowledge and resources to lead healthy and active lives
2. We develop services within localities that will provide you with the right health and social care support when you need it

To ensure you have the knowledge and resources to lead healthy and active lives, we will:

- Actively support you and your community so you can make informed decisions to help you keep active and well. Focussed support will include, the importance of a healthy diet, the benefits of physical activity and the risks associated with substance misuse
- Support you if you have a long term condition to better manage your symptoms and improve your quality of life
- Provide more Community Link Workers in GP practices to enable you to access a wider range of local support options
- Continue to develop an online resource directory for health, social care services and voluntary services, as well as leisure and social opportunities. Work with you, focussing on your recovery, building on the strengths you have and helping you to manage your mental ill-health

- Commission the future Recovery College for those with mental ill-health, linking you with peer support and employability initiatives

To develop services within localities, that will provide the right health and care support when needed, we will:

- Direct more of our resources towards prevention and early intervention activity
- Continue to develop locality based, multi-disciplinary teams (in both children and adult services) so that you have access to the best support and advice as early as possible
- Help identify opportunities to prevent you from re-offending if you have been involved in the justice system
- Proactively identify and case manage people who are at greatest risk in our communities due to frailty, multiple conditions or complex life circumstances
- Promote discussions around anticipatory care to ensure people are supported in the way they want to be, in the future
- Reduce the waiting times for Community Mental Health Services, by employing a number of innovative approaches, including, Computerised Cognitive Behavioural Therapy (CBT), therapeutic group work, weekend assessment clinics, pilot of mental health practitioners within GP practices
- Promote and enhance Alcohol (and Drug) Brief Interventions (ABI), expanding staff confidence when presented with issues of New Psychoactive Substances (NPS) (*aka Legal Highs*)

As a key partner, you can help us with prevention and early intervention.

You can help by:

5. Improving mental health and wellbeing

Service area	To improve mental health and wellbeing, we will:
Partnership wide	Implement Charter for Involvement as a benchmark of good practice across all HSCP services
	Reduce the occurrence of social isolation
	Work with communities to develop alternatives to statutory services that are more locality focussed, person centred, flexible and adaptable.
	Help individuals to have better choice and personal control of their support at an early stage
	Increase our Community Link Worker programme to ensure you have access to appropriate support based on you need.
	Address the barriers you face when trying to access services (transport, stigma, etc)
	Support peer monitoring within local communities
	Promote and encourage the benefit of active living with both staff and communities
Children and families	Bring together a single team of multi-skilled professionals in one primary and one secondary school with the highest need to develop rapid intensive supports to young people and their families when needed.
	Provide faster access to mental health support for young people and families
Health and community care	Continue to develop dignified person-centred care and support for you if you are diagnosed and living with dementia
	Provide high-quality co-ordinated end of life care and support, by a range of specially trained and specialist staff, who will support you and your family
	Enact carers assessments/young carers statements to ensure we understand your goals, aspirations and preferences as well as how we can support you in your caring role.
Mental health and learning disability	Develop a community based mental health service, including a rehabilitation service as part of the Tarryholme development
	Build the National Secure Adolescent Unit, as a Scotland-wide resource for young people
	Review and maximise the community hospital estate to ensure services are coherent and designed to meet local need.
	As lead partner for Mental Health services across Ayrshire, we will:
	Develop the mental health workforce in line with multi-disciplinary team working: including, expanding the prescribing capacity of Advance Nurse Practitioners, Pharmacists and GPs
	Develop on implement the Ayrshire Mental Health Strategy with distinct areas of focus for North Ayrshire.

Deliver the North Ayrshire Learning Disability Strategy including:

- Review of respite services
- Day service review
- Supported accommodation

Why is mental health and wellbeing a priority?

It is now estimated that more than **1 in 4 people** will be affected by some form of mental ill-health at some point in their lives. We also know that **1 in 3 GP appointments** relate to mental ill-health.

Poor mental health influences many aspects of someone's potential. **Those with poor mental health are at risk of poor physical health.** They may become socially isolated and this can impact their social relationships and/or work opportunities. Very occasionally, mental health concerns may mean an individual's parental role is more challenging and, as a result, children may be vulnerable. Evidence shows that many people involved with the justice system also have underlying mental health problems.

We will continue to fully support you if you have existing mental ill-health. Furthermore, we will fully develop our early intervention and preventative approaches to stop you developing long term mental health conditions.

Good mental health and wellbeing is more than the absence of mental illness. It is concerned with how people are able to deal with the challenges of everyday life. Mental health and wellbeing is affected by a wide range of social, economic, environmental, physical and individual factors. Promoting good mental health is about building personal and community resources and strengths to cope with the challenges of daily life. It's about early intervention in early years, access to safe and mentally healthy environments for working and learning, tackling stigma and discrimination (in all its forms) and increasing inclusion, social connection and positive relationships in families.

Feedback from What Matters to You?, said that it's important to you that you are able to access a GP or specialist support service in a timely manner

- You know that **waiting lists** for some services are too long
- You recognise the **value of competent, non-judgemental, compassionate staff** who support people to manage their conditions.
- Our staff should **work together with you** to provide the care that is right for you



What we plan to do to improve mental health and wellbeing?

To tackle the rising prevalence of mental ill-health, we need to take action on many levels. We know that your local environment and circumstances can have considerable implications on your mental wellbeing.

To make a positive impact on mental health and wellbeing of local people, we will use these three approaches:

1. We will provide local advice and first stage support to you if you have concerns about your own, or another's, mental health
2. We will provide mental health services that will respond quickly
3. We will help you to remove barriers to achieving your personal and social aims.

To provide advice and first stage support, we will:

- Work closely with the third sector to develop locally based services and opportunities to support you if you are socially isolated or affected by mental ill-health
- Support our Locality Planning Forums to take action in communities to improve your mental wellbeing and reduce social isolation – this is a key local priority
- Support you to choose a community based support option, encouraging alternatives to prescribed medication, which will support you better to maintain improved mental health
- Ensure Community Link Workers are available and well trained to provide you with advice and support.

To develop fast, responsive mental health services, we will:

- Implement 12 statements identified in the Charter for Involvement from the National Involvement Network (NIN) (see [Appendix 7](#)). The statements include recognising that, 'you must be at the heart of any plans about your life' and 'you will be involved in choosing the people who support you'
- Create locally based mental health teams that include a range of professionals who will ensure you get the right support as soon as possible
- Ensure people who are identified with mental health concerns by Police Scotland are referred onto the Crisis Resolution Team (CRT), who will provide community based support when possible
- Support your mental health recovery by providing community based rehabilitation services, enabling you to recover in a supportive environment outwith a hospital setting

- Ensure that if you misuse alcohol and drugs, you will be offered support and appointments close to where you live. To do this we will support a range of addiction related prescribers to offer locally available treatment and review opportunities
- Build a new forensic mental health facility that will be available to all young people across Scotland. This will be based beside Woodland View, Irvine and construction will begin late in 2018.

To help remove barriers and achieve personal and social aims, we will:

- Create more accommodation options for you in your local area, whether you might need short-term, intense assistance or ongoing, long-term support
- Complete refurbishment and extension work at the Tarryholme Drive and Warrix Avenue development, Irvine, to provide state of the art learning disability day service for 90 clients, 20 housing tenancies for those with complex learning disabilities, a small 6 unit care home for people whose learning disabilities present with higher needs, and 9 unit community mental health resource. This will open from September 2018–March 2019.
- Provide learning disability day services in a different, more targeted way to help you meet your personal goals
- Where possible, offer you a range of choices for support if you have a learning disability
- Use assistive technology to provide less intrusive care that will ensure your safety as well as your independence, especially overnight
- Work with you, your carers and your family to plan for how you would like to be cared for as you live your life with dementia
- Provide sensitive respectful end of life support, by a range of caring staff

As a key partner, you can help us with mental health and wellbeing in North Ayrshire.

You can help by

At the beginning of this document (on page 4) we described our Partnership Pledges and how we could work together for a healthier future.

We hope that you will consider the pledges below and join us so that our combined commitment ensures that all people who live in North Ayrshire are able to have a safe, healthy and active life.

We	You
Will support vulnerable children and adults to ensure they are able to live as well and independently as possible	
Will work with other organizations to reduce inequalities in North Ayrshire	
Will work in partnership with you when communities can no longer support you successfully or safely	
Will provide services that support you and keep you well, when you need them	
Will tell you about proposed changes to local health and social care services	

Our Equality Outcomes

All public authorities in Scotland must comply with the public sector equality duty (as set out in the Equality Act 2010). Included in these duties, we must publish equality outcomes that do one or more of the following for those with a protected characteristic:

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

The protected characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage and Civil Partnership
- Race
- Religion or belief
- Sex
- Sexual orientation

To create a more consistent approach to improving the lives of those with a protected characteristic, a number of public sector organisations across Ayrshire worked together to develop a shared set of equality outcomes. Sharing our outcomes in this way means we can work better together to improve the lives of those whose unique characteristics may make them vulnerable to victimisation or discrimination.

Our shared equality outcomes (published April 2017 and covering 2017 to 2021) 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**

An action plan has been developed to support these equality outcomes. The action plan outlines work that will be progressed at a pan-Ayrshire level and by us in the Partnership.

More information on our shared equality outcomes can be found by clicking this [link](#)

Measuring our performance

We measure our performance (actions and results) so that we can focus on how far our actual performance levels are from our targets – sometimes we exceed targets, sometimes we don't meet targets. We can then analyse the results and improve the way we work.

We work to continuously monitor and improve our services to ensure they are efficient and do what people need them to do. Managing and measuring our performance is all about ensuring we provide, safe, efficient, person-centred care to those that use our health and social care services.

Reporting our performance

The Scottish Government identified nine National Health and Wellbeing Outcomes (for adults) that all Health and Social Care Partnerships work towards improving. North Ayrshire Health and Social Care Partnership also works to improve three Children's Outcomes and three Justice Outcomes.

Health and Social Care Partnerships are legally required by the Scottish Government to produce an annual performance report at the end of each financial year. Our annual report must show how we are working to improve outcomes for local people. We have produced two [annual performance reports](#) so far.

Here are the 15 outcomes that we work towards improving for people in North Ayrshire:

National Health and Wellbeing Outcomes for adults	
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 reducing any negative impact of their caring role on their own health and wellbeing
7.	People using 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
Outcomes for children
1. Our young people are successful learners, confident individuals, effective contributors and responsible citizens
2. We have improved the life chances for children, young people and families at risk
3. Our children have the best start in life and are ready to succeed
Outcomes for people in the justice system
1. Public protection and community safety
2. Reduction of re-offending
3. Social inclusion to support desistance from offending

The Scottish Government also outlined a suite of 23 indicators that measure progress towards the nine National Health and Wellbeing Outcomes for adults (see Appendix 8). In addition, the Ministerial Strategic Group for Health and Community Care (MSG) developed a suite of six indicators to monitor the effectiveness of health and social care integration (see Appendix 8).

Improving our performance

We use a robust performance framework (a structure that enables us to categorise the outcomes of the people who use our services) to manage and analyse our performance. Everything we do is to improve people's health and wellbeing outcomes and falls within our five strategic priorities of tackling inequalities, bringing services together, engaging communities, prevention and early intervention, and improving mental health and wellbeing.

We have a regular reporting cycle to staff and stakeholders, including North Ayrshire Council, NHS Ayrshire & Arran, the Scottish Government and others. Areas of excellence are highlighted, underperformance is discussed and mitigating actions are put in place.

Our reporting includes:

- 6-monthly joint performance report for Chief Executives of North Ayrshire Council and NHS Ayrshire & Arran
- 3-monthly review by North Ayrshire IJB Performance and Audit Committee
- 6-monthly review of each Partnership directorate (Health and Community Care, Children, Families and Justice Services and Mental Health and Learning Disability Services) using the ASPIRE approach (All Services Performance Information Review and Evaluation)

Measuring our performance and managing our improvements means that we are working to serve the people of North Ayrshire in the best way by delivering high quality health and social care services that meet people's needs.

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Appendix 1

Documents and references

	Published	Published by	Web link
Creating a Healthier Scotland What Matters to You (Summary Report)	March 2017	Scottish Government	http://www.gov.scot/Resource/0049/00497965.pdf
Everyone Matters 2020 Workforce Vision	June 2013	Scottish Government	http://www.gov.scot/Resource/0042/00424225.pdf
Fair for All A strategy to reduce inequalities in North Ayrshire	March 2016	North Ayrshire Community Planning Partnership	http://www.northayrshire.community/about-us/fair-for-all/
Gaun Yersel! The Self Management Strategy for Long Term Conditions in Scotland	August 2008	Scottish Government	http://www.gov.scot/Resource/0042/00422988.pdf
Getting it Right for You North Ayrshire Children's Services Plan 2016–20	March 2016	North Ayrshire Children's Services Strategic Partnership	https://www.north-ayrshire.gov.uk/Documents/SocialServices/childrens-services-plan.pdf
Health and Social Care Standards My support, my life	June 2017	Scottish Government	http://www.gov.scot/Resource/0052/00520693.pdf
Learning Disabilities Strategic Plan 2017–19	2017	North Ayrshire Health and Social Care Partnership	https://www.north-ayrshire.gov.uk/Documents/SocialServices/learning-disability-strategy.pdf
Mental Health Strategy: 2017–27	March 2017	Scottish Government	http://www.gov.scot/Resource/0051/00516047.pdf

NHS Ayrshire & Arran Mental Health and Wellbeing Strategy (2015–27)		NHS Ayrshire & Arran (Public Health)	https://www20.south-ayrshire.gov.uk/ext/committee/CommitteePapers2015/Community%20Planning%20Board/24th%20February/AG11%20Appendix.pdf
North Ayrshire Corporate Parenting Plan 2017–20	October 2017	North Ayrshire Children's Services Strategic Partnership	https://www.north-ayrshire.gov.uk/Documents/SocialServices/corporate-parenting-plan.pdf
North Ayrshire Local Housing Strategy 2018–22	December 2017	North Ayrshire Housing Services	https://www.north-ayrshire.gov.uk/Documents/PropertyServices/HousingBuilding/local-housing-strategy.pdf
Trees that bend in the wind: Exploring the experiences of front line support workers delivering palliative and end of life care	February 2017	Scottish Care	http://www.scottishcare.org/wp-content/uploads/2017/02/PEOLC-Report-final-.pdf

Appendix 2

Factors impacting mental health

Protective factors	Risk factors
Environmental	
Social protection and active labour market programmes against economic downturn	High unemployment rates
Equality of access to services	Economic recession
Safe, secure employment	Socio-economic deprivation and inequality
Positive physical environment including housing, neighbourhoods and green space	Population alcohol consumption
	Exposure to trauma
Social circumstances	
Social capital and community cohesion	Social fragmentation and poor social connections
Physical safety and security	Social exclusion
Good, nurturing parental/care relationships	Isolation
Close and supportive partnership/family interaction	Childhood adversity (neglect, abuse, bullying)
Educational achievement	(Gender-based) violence and abuse
	Family conflict
	Low income/poverty
Individual factors	
Problem-solving skills	Low self-esteem
Ability to manage stress or adversity	Loneliness
Communication skills	Difficulty in communicating
Good physical health and healthy living	Substance misuse
Spirituality	Physical ill health and impairment
	Work stress
	Unemployment
	Debt

Appendix 3

Services included in North Ayrshire Integration Joint Board

Children, Families and Justice Services
Child Protection Committee
Children and Families Fieldwork
Children's Homes
Children with Disabilities Service
Community Children's Services
Fostering & Adoption
Health Visiting
Justice Social Work Services
MAASH (Multi Agency Assessment Screening Hub)
MADART (Multi Agency Domestic Abuse Response Team)
Mentoring
Practice & Policy
Programmes Approach (Youth Justice)
Rosemount Project Crisis Intervention and Intensive Support Service
School Nursing
Snap
Social Work Access Services
Social Work Fieldwork (Child Protection)
Strategic Liaison with Education/Early Years/Police
Throughcare and Aftercare
Universal Early Years
YPSTIS (Young Persons Support Team Intervention Services)

Health and Community Care Services

Acute Strategic Liaison

Adult Support & Protection

Aids and Adaptations

Arran War Memorial Hospital

Care at Home

Care Homes

Carer Support Services

Community Alarms

Day Care Centres

Dementia Support Service including Anam Cara

District Nursing

Elderly Mental Health Community Liaison

Frail Elderly Services

Hospital-based Complex Care

Housing Support Services

Intermediate Hospital Services

Lady Margaret Hospital (Cumbrae)

Locality Social Work Teams

Local Older People's Teams

Meals at Home

Money Matters

Primary Care Services Liaison

Reablement

Rehabilitation and Intermediate Care (including Ward 1, Woodland View, Dirrans Centre, Health and Therapy Teams)

Self Directed Support

Telecare

Mental Health and Learning Disability Services

Acute Inpatient and Intensive Psychiatric Care

Child Adolescent Mental Health Services (CAMHS)

Community Eating Disorder Service

Community Mental Health Team (including Social Work Team)

Community Learning Disability Services (including Social Work Team)

Community Learning Disability Day Services (Fergushill and Hazeldene)

Elderly Mental Health Services

In-Patient forensic and rehabilitation services at Woodland View Community Hospital

North Ayrshire Drug and Alcohol Recovery Service (NADARS)

Pan-Ayrshire Crisis Resolution Team

Primary Care Mental Health Team

Prison Services

Psychiatric Liaison Team

Psychological Services

Student Addictions Officer (Ayrshire College)

Student Mental Health and Wellbeing Officer (Ayrshire College)

Appendix 4

Stepping Stones to Change

No	Theme	Historic state	Transitional state	Future state
1	Specialist service delivery	Specialist health care needs are dealt with by hospitals only	Community services are recognised as offering high quality, safe and effective care	Specialist support is provided in communities with access to hospital when people need it
2	Service integration	Care provided is disjointed, with handover of individuals between services	Bringing community health and social care services together to offer seamless service	Health and social care services are brought together
3	Preventative	The care delivered to meet acute needs is reactive	There is a strategy of proactive care and early intervention to meet ongoing needs	The emphasis is on a preventative approach, with ease of access to availability of information
4	Partners in delivery	Statutory agencies are responsible for planning and delivery of services and prioritisation of resources	Health and social care and the third sector and independent sectors operate as partners in the planning and delivery of services and prioritisation of resources	Communities plan, drive and deliver change and prioritise resources
5	Self-care maturity	Self-care is infrequent	Self-care is encouraged, supported and facilitated by health and social care and the third and independent sector	Self-care is encouraged, supported and facilitated by local communities
6	Individual decision making	Individuals are passive recipients care	Individual is engaged in decisions about their care	Individuals determines how their needs can be best met with professional support and advice.
7	Valuing carers	Carers are largely undervalued	Carers are valued and involved	The value of carers is recognised by local communities, and proactive help is given to support their role
8	Managing risk and innovation	Care and support is risk averse	Personalised care and support packages are developed with the goals of the individual in mind	Development of a new approach to managing risk, which ensures the delivery of safe, effective and innovative services

Appendix 5

Lead Partnership Services

North Ayrshire Health and Social Care Partnership will lead the following services on behalf of the East and South Ayrshire Health and Social Care Partnerships:

Health

- All Mental health inpatients services (including Addictions); Psychiatric medical services; Eating disorders; Forensic; Crisis resolution and home treatment team; Liaison (Adult; Elderly learning disabilities and Alcohol; Advanced nurse practitioner services)
- Learning disabilities assessment and treatment services
- Child and adolescent mental health services
- Psychology services
- Community infant feeding service
- Child health administration team
- Immunisation team

East Ayrshire Health and Social Care Partnership will lead the following services on behalf of the North and South Ayrshire Health and Social Care Partnerships:

Health

- Primary care (General medical Services; General dental services; General ophthalmic services; Community pharmacy)
- Public dental services
- NHS Ayrshire Doctors on Call (ADOC)
- Area-wide evening services (Nursing)
- Prison services and Policy custody services
- Out-of-hours social work services

South Ayrshire Health and Social Care Partnerships will lead the following services on behalf of the East and North Ayrshire Health and Social Care Partnerships:

Health

- Allied health professionals
- Community continence team
- Telehealth, United4Health and Smartcare European programme and workstreams
- Family nurse partnership

Appendix 6

Locality profile data sources

Measure	Source
Population	Scottish Index of Multiple Deprivation 2016
Life expectancy	Scotpho, 2011 (5 year average)
Live in deprivation	Scottish Index of Multiple Deprivation 2016
Unemployment claimant rate	September 2017 Claimant Rates
Prescribed drugs	Scotpho & ISD, 2015–16 financial Year
Mental health hospital admission	Scotpho, 2013/14–2015/16, 3 year rolling average
Single adult dwelling	Scotpho & NRS, 2016
20% access deprived	Scottish Index of Multiple Deprivation 2016
Breastfeeding 6-8 weeks	Scotpho, 2013/14–2015/16, 3 year rolling average
Childhood obesity	Scotpho, In primary 1, 2015–16 academic year
Emergency admissions	Scotpho, 2013–2015, 3 year rolling average
Patients 65+ with multiple emergency admissions	Scotpho, 2013–2015, 3 year rolling average

Appendix 7

12 statements included in the Charter for Involvement from the National Involvement Network (NIN)

1. We must be at the heart of any plans about our lives
2. We have the right to live our lives independently
3. We must be involved in our communities
4. We must be able to speak about how our support is working for us and what would be better
5. We want to be involved in choosing the people who support us
6. We want to give information and training to staff at all levels
7. We want to be involved in writing policies that affect us and making them easier to understand
8. We want to be involved in decisions made by organisations that plan and run our support
9. We want to be involved in events run by the organisations that plan and run our support
10. We want to be involved with 'speaking up' groups
11. We want to take part in national and local campaigns
12. We have the right to make formal complaints if we need to

Appendix 8

National indicators

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.
10. Percentage of staff who say they would recommend their workplace as a good place to work.*
11. Premature mortality rate.
12. Rate of emergency admissions for adults.
13. Rate of emergency bed days for adults.
14. Readmissions to hospital within 28 days of discharge.
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.
18. Percentage of adults with intensive needs receiving care at home.
19. Number of days people spend in hospital when they are ready to be discharged.
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.
22. Percentage of people who are discharged from hospital within 72 hours of being ready.*
23. Expenditure on end of life care.*

*Still under development by the Scottish Government

MSG Indicators

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

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Abbreviations used in this document

ABI	Alcohol (and Drug) Brief Intervention
ADP	Alcohol and Drug Partnership
AHPs	Allied Health Professionals
ASP	Adult Support and Protection
CAMHS	Child and Adolescent Mental Health Service
CBT	Cognitive Behavioural Therapy
CPAG	Child Poverty Action Group
CPP	Community Planning Partnership
CRT	Crisis Resolution Team
ED	Emergency Department
GBV	Gender Based Violence
GP	General Practitioner/General Practice
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
IPS	Individual Placement Support
LPF	Locality Planning Forum
LRF	Locality Resource Forum (Early Years)
MAASH	Multi Agency Assessment and Screening Hub
MADART	Multi Agency Domestic Abuse Response Team
MDT	Multi-disciplinary Team
MSK	Musculoskeletal
NADARS	North Ayrshire Drug and Alcohol Recovery Service
NIN	National Involvement Network
NPS	New Psychoactive Substances (Legal Highs)
SIMD	Scottish Index of Multiple Deprivation
TSI	Third Sector Interface
UEY	Universal Early Years

Public consultation

This draft Strategic Plan will be available for public consultation from **Monday 8 January 2018 until Friday 16 February 2018**.

Copies are available to download from [our website](#) and [North Ayrshire CPP website](#)

If you would like a printed copy of the draft Strategic Plan or would like copies in a different format or language, please contact pambains@north-ayrshire.gov.uk

Tell us your views

We are gathering input from you, your neighbours, our communities, health and social care staff and stakeholders. The views we receive will be considered and, where possible, included in the final published plan. Alongside the final published plan we will also publish any suggested changes that we are unable to include, we will give reasons for our decision. This will be available online at www.nahscp.org by **2 April 2018**.

- To tell us your views, please complete the short online survey, [click here](#) or email us at PlanningandPerformance@north-ayrshire.gov.uk
- We're holding drop-in sessions across North Ayrshire to chat about the strategic plan. Come along and tell us your views:
 - Tuesday 16 January**, Kilbirnie Library from 2–4pm (Bookbug session)
 - Thursday 18 January**, Saltcoats Library from 2–4pm (Bookbug session)
 - Thursday 18 January**, Stevenston Library from 5–7pm
 - Monday 22 January**, Largs Library from 10am–12noon
 - Monday 22 January**, Millport Library from 2–4pm
 - Wednesday 24 January**, Kilwinning Library from 10am–12noon
 - Thursday 25 January**, Dalry Library from 2–4pm
 - Friday 26 January**, Arran Library from 11.30am–12.30pm (Bookbug session)
 - Tuesday 6 February**, Irvine Library from 2–3.30pm
- There will be two public health and wellbeing events:
 - Thursday 1 February**, Volunteer Rooms, Irvine from 12noon–3pm
 - Saturday 3 February**, Ardrossan Civic Centre, Ardrossan from 12noon–3pmNHS Ayrshire & Arran Public Health team, Scottish Health Council, KA Leisure and others will be on hand with information about health, fitness, food and other ways to stay well and healthy. Come along and find out more.

We look forward to hearing your views!