



PARTNERSHIP PROVIDER STATEMENT

2021-24

NOVEMBER 2021

Welcome to our Partnership Provider Statement.

It is a document for groups and organisations that deliver health and social care support in East Ayrshire in any sector, or who are interested in doing so- the **'community of providers'**.

It has been written by a large number of partners working collectively to describe what we believe in, to celebrate what we have already succeeded in doing together and to identify the opportunities where we can do more to improve health and wellbeing. Moving towards collaborative commissioning is key to delivering the [East Ayrshire Health and Social Care Partnership Strategic Plan 2021-30](#).

To be inserted once final...

A note on language: we have tried to keep this Statement as simple as possible through our use of language. Therefore we refer to 'citizens' 'people' or 'families' to describe those who live in East Ayrshire; 'workforce' to describe the people who work in any sector of health and social care and **'partners' or 'community of providers' to describe the groups, services and organisations who work to deliver health, wellbeing and social care, some of whom may also be commissioning organisations.** We recognise that many of us can describe ourselves in more than one of these terms for example, many of us live, work and volunteer here. We feel that to attempt to articulate this throughout the plan would be confusing, so where we have felt it necessary to distinguish a particular group or entity, we have done this. In all other cases, please read these words in the inclusive way they are intended.

WHO MADE THIS STATEMENT- THE COMMUNITY OF PROVIDERS



affinitytrust

Supporting people with learning disabilities



Alzheimer Scotland
Action on Dementia



AYRSHIRE
CANCER
SUPPORT

We're here for you

EAST AYRSHIRE
Health &
Social Care
Partnership



Believe in
children
Barnardo's



blue triangle





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INTRODUCTION

This document aims to fulfil the requirements of National Guidance on commissioning plans to prepare a 'Market Facilitation Statement'. We have chosen to use the term Partnership Provider Statement ('the/our Statement') to reflect the collaborative approach locally and because it is part of a continuing positive conversation.

The purpose of the Statement is to describe what we believe in, to celebrate what we have already succeeded in doing together and to identify the opportunities where we can do more to improve health and wellbeing. In setting these things out, we are communicating the working principles for East Ayrshire's current and future community of health and social care providers.

Our Statement has been developed by a large number of delivery partners through a series of collaborative workshops facilitated by iHub. Many of these took place during 2019 prior to the onset of Covid19 and partners then came together virtually in autumn 2021 to reflect on their pandemic experiences and refresh the Statement. You can find out more about how we developed the Statement here: [\[Link to iHub report\]](#)

Conversations focused on partner's contribution to delivering the vision, roles and relationships, while considering national definitions of what is required:

National Guidance: *"Based on a good understanding of need and demand, market facilitation is the process by which strategic commissioners ensure there is sufficient, appropriate range of provision, available at the right price to meet needs and deliver effective outcomes."*

CCPS: *"commissioners working closely with providers, supported people, carers and their internal colleagues (procurement, legal and financial) to encourage the flourishing of a sustainable, effective range of providers and types of support in their area."*

Our aim is to build on local good practice, recognising the need for change and ensure that we are best placed to respond to it together. We will collectively shape provision by understanding and managing demand through enabling peoples' rights and capabilities, recognising any pressures and taking future opportunities in line with strategic priorities. We will ensure the voices of people who use services are central to changing the landscape. And we will continue to tell 'our story:'

Everyone has the right to a fair, healthy and independent life and everyone has their part to play. We promote People, Compassion and Partnership in everything we do:

We work alongside you to ensure that when you need help you get it in the way that helps you most; we ensure your rights are upheld and that you are included in decisions that affect you, your family and your community.

We work through relationships that are inclusive, honest and respectful and focussed on what matters to people and families.

We have trust and the willingness to work together to get the best outcomes.

Summary Strategic Plan

Partners in all sectors of health and social care in East Ayrshire are working towards the Health and Social Care Partnership's [Strategic Plan 2021-30](#), summarised as:

WITH...



PEOPLE

communities • carers
families • workers



choosing
to make a
difference



COMPASSION

PARTNERSHIP



respect dignity
responsiveness

inclusion

FOCUSSED ON...



HEALTH AND WELLBEING
AT EVERY AGE AND STAGE

TACKLING INEQUALITIES



RECOVERY from Covid-19



PREVENTION AND
EARLY INTERVENTION

IMPROVEMENT
AND INNOVATION

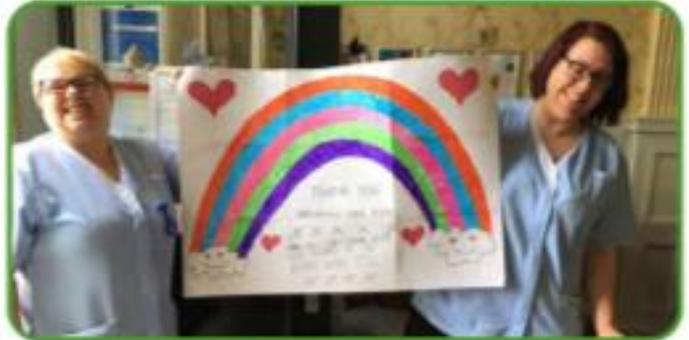
CARE FOR PEOPLE AND FAMILIES
WHO NEED SUPPORT

Working **together** with all of
our **communities** to **improve**
and **sustain** wellbeing, care
and promote **equity**



WE WILL...

- move support closer to families, homes and communities
- help people get better physically and mentally
- work with families and communities to help them achieve the things that matter most
- find new and better ways for supports to work together
- tackle poverty and stigma and help make people safe
- use new technology to make support better



TO ACHIEVE...



BETTER
HEALTH AND WELLBEING
WITH FAIRER
OUTCOMES

PEOPLE
CHOOSING
TO LIVE AS
INDEPENDENTLY
AS POSSIBLE

JOINED UP SUPPORT
WITH **PEOPLE**
FAMILIES
AND **CARERS**
AT THE CENTRE

SUPPORT THAT
FITS OUR
LIVES AND
THE **PLACES**
WE LIVE

2030 EAST AYRSHIRE



CHANGING THE COMMISSIONING LANDSCAPE TOWARDS 2030

Partners are focused on six strategic priority areas and local outcomes:

Strategic Priority	Local Outcome
Starting Well and Living Well	More people and families have better health and wellbeing and we have fairer outcomes.
Caring for East Ayrshire	Health and social care is delivered in a way that promotes wellbeing and suits people and families, both virtually and through the buildings, places and spaces of the local environment.
People at the Heart of What We Do	People, unpaid carers, families and communities achieve their outcomes through seamlessly joined up support - they are at the centre of all we do and support is a positive experience.
Caring for Our Workforce	The health and social care workforce is well and we have the right people with the right skills in the right place at the right time, to support people, families and communities to achieve their goals.
Safe and Protected	East Ayrshire is a safe place for people to live, work and visit.
Digital Connections	Digital technology has improved local wellbeing and transformed health and care.

Through the opportunities identified in developing our Partnership Provider Statement, we are seeking to change the commissioning landscape, as shown below:



AN EXAMPLE: EAST AYRSHIRE WOMEN'S AID

EA Women's Aid has been funded via the Grants Committee since it was established. We recognise that year on year grants do not support our valued partners to have predictable, stable funding streams, and so decided to bring this service over to a Negotiated Contract in line with other commissioned services.

A review of the service was undertaken together with the Women's Aid Manager to understand what is currently being asked of the service and to ensure that these expectations are realistic.

Women who use or have used the service were engaged as part of the review via questionnaires. Overwhelmingly, they told us how much the service was needed and valued. We then set up a focus group with six women who use the service to know if there was anything that could be improved for them. The women told us:

- They want to feel empowered to support new women coming to the service. Befriending/ volunteering opportunities will be established to support this, and the HSCP will cover the cost of Disclosure checks.
- They want statutory services such as police, social work, Children's Hearing and courts to understand the trauma they have experienced, and how this can be further compounded by decisions made for their children and their futures. The women will be supported to deliver regular workshops to colleagues in statutory services to raise awareness around victim blaming.
- They wanted a means for their children to have their voices heard independent of them, and others in their lives. Women told us that they had experienced accusations of coaching their children. Mind of My Own access has been set up in EA Women's Aid base to facilitate this request.

The learning has been incorporated into the new service specification and Women's Aid national agency has asked to meet to discuss the process, recognising our local approach as a model of good commissioning practice

PARTNERSHIP PROVIDER OPPORTUNITIES

Together, we have identified a number of opportunities that will allow us to make these changes. These are:

<p><u>Starting Well and Living Well</u></p> <p>Opportunities:</p> <ul style="list-style-type: none"> • Supporting carers • Helping people to take charge of their wellbeing within communities, e.g., wellbeing champions and other roles • Health improvement and wellbeing across the life-course • Information, advice and assistance • Peer support and volunteering opportunities • Models of support that can find, identify and respond to issues early • Mental health and wellbeing and tackling social isolation and loneliness in localities • Mitigating the impact of poverty 	<p><u>Caring for East Ayrshire</u></p> <p>Opportunities:</p> <ul style="list-style-type: none"> • New models of accommodation with support • Development of new housing models • Place-based redesign • Innovative short breaks, at home and away • End of life care and support
<p><u>People at the Heart of What we Do</u></p> <p>Opportunities:</p> <ul style="list-style-type: none"> • Multi-Disciplinary Team development • Single points of contact or 'front doors' • Supporting people to achieve personal outcomes maximising choice and control • Independent advice, brokerage and advocacy • Meeting needs of those with multiple and complex needs including mental health and problematic substance use • Outcomes-based ways of working • Learning from the experience of supported people • Rehabilitation, reablement, recovery 	<p><u>Caring for Our Workforce</u></p> <p>Opportunities:</p> <ul style="list-style-type: none"> • Workforce development across sectors
<p><u>Safe & Protected</u></p>	<p><u>Digital Connections</u></p>

<p>Opportunities:</p> <ul style="list-style-type: none"> • Building capacity among providers and communities 	<p>Opportunities:</p> <ul style="list-style-type: none"> • Maximise use of digital platforms for information, advice and enabling access to assistance in all sectors • Develop digital spaces and skills for collaboration in design, delivery and review of services • Support workforce development through digital options • Maximising the opportunities of technology enabled health/care
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HOW WE WORK TOGETHER

In developing this Partnership Provider Statement, partners set out to co-produce the document, celebrating success and ‘what works’ and develop a vision founded on relationships and principles that would guide collaborative working into the future.

VISION

Co-production workshops resulted in partners describing how they wish to see:

Resilient communities, taking charge of their wellbeing, with an open flourishing, high quality and sustainable care community that has the right commissioning conversations. Where people need support it should be the right support, from the right person, in the right place and at the right time.

PRINCIPLES

We will build on what works already, respect and value each other’s strengths and contributions and take responsibility as a collective of ‘providers’. We will work in a way that lives up to the principles within the [Health and Social Care Standards](#); showing dignity and compassion in all we do, being inclusive, responsive and supportive of good wellbeing.

In developing this Partnership Provider Statement partners agreed to exercising joint leadership for collective impact. Realistic and person-led conversations should frame how we work together.

Principle	What We Do	How We Do It
dignity and respect compassion be included responsive care and support wellbeing	joint leadership collective impact shared commitment respect give a voice to all	trusted individuals working with supported person/family conversations about what matters collaboration and engagement values-based ways of working

Our approach will be guided by the personal outcome statements set out in the [Health and Social Care Standards](#).

Outcomes for People

I experience high quality care and support that is right for me
I am fully involved in all decisions about my care and support
I have confidence in the people who support and care for me
I have confidence in the organisation providing my care and support
I experience a high quality environment if the organisation provides the

Partners agreed that bringing our unique assets is key to how we work together.

Assets

People are the best assets of all partners
Strong ethos of partnership working
Skilled Workforce

RELATIONSHIPS

Prior to Cvoid19, the community of providers recognised the importance of positive relationships already contributing to good outcomes in East Ayrshire, as highlighted in feedback from supported people gathered in developing this document.



COVID19 EXPERIENCE

In refreshing the document, partners reflected on their experience of responding to and receiving from Covid19:

‘the Health and Social Care Partnership did all they could to support [independent care home] managers’

A number of Wellbeing Recovery and Renewal sub-groups were established during the pandemic to address key emerging areas of need, including: food provision, homelessness, financial support, workforce and partner wellbeing, physical health and suicide prevention. The groups brought together key partners from across the HSCP, the Council, the third sector and our local communities, whom worked in partnership to develop and implement detailed action plans to improve challenging circumstances and mitigate risks associated with the pandemic for people in East Ayrshire.

Referral from Health Visitor to Community Connector for 30 year old ‘M’, whose husband had taken a stroke two weeks earlier. He was entering a rehab programme as the stroke had impacted on his mobility and speech, affecting his ability to maintain his self-employment and provide for his family. M had no idea how she was going to be able to cope as the family had never been financially unstable before or suffered from serious illness. M was devastated and although she had the strong support of her father, the family didn’t know how to access benefits to cover living costs. Initially M was so emotionally distraught that she was unable to speak, however with time and care, the Connector was able to establish the help that the family needed. Services that the family were connected into included: EAC Universal Credit Team, the Financial Inclusion Team, support to download the Chest, Heart and Stroke mobile app, Headway Scotland, East Ayrshire Advocacy and the East Ayrshire Carers’ Centre. As the connections were made, the Community Connector remained in contact with the family. As M’s husband was due to be discharged from his rehabilitation, the impact and strain due to financial instability had been significantly reduced, allowing M to concentrate her attention on the wellbeing of her family and her husband’s recovery.

Partners worked together to launch and deliver the ‘iLunch’ programme to eighteen schools (2019/20) to address food poverty and learning loss during holiday periods, with further expansion planned for twenty-six schools in 2021/22. Lunches and food boxes were provided and with the food boxes, families were also provided with recipes and a cooking utensils kit to encourage them to cook healthy, low cost meals. As well as the face to face sessions the Home. Link Workers also provided support over the holidays via phone calls and garden visits.

The Family Literacies team linked with iLunch families to mitigate against learning loss by providing tailored support that encouraged families to learn together

OUR CHARTER

EAST AYRSHIRE COMMUNITY OF PROVIDERS

OUR CHARTER

We agree these working principles will underpin all our activities:

- **we will work together and learn from each other**
- **we will communicate openly and transparently**
- **we will be positive and constructive in all we do**
- **what matters to people/families comes first**
- **we will respect and value each other's strengths**
- **we will champion equality and diversity**
- **we will focus on tackling inequalities**

When we face challenges, we will be guided by these principles.

When we succeed, we will celebrate together.

The Economic Contribution of Health and Social Care

Care should not be seen as a 'cost' to be borne, it should rather be seen as a **major contributor to the local economy**. The 'care £' is part of delivering quality work in local communities.

Direct employee jobs in health and social care within East Ayrshire number around **10,000** and make up just under **26 per cent** of all jobs across our communities (16.0 per cent nationally). This is the same number of jobs as accounted for by Accommodation and Food Service Activities, Construction, Wholesale and Retail Trade, and Motor Vehicle Repair **taken together**.

In social care in East Ayrshire there is a total of **5,390 jobs**. Alongside this direct employment, there is estimated to be a further **1,070** 'indirect' and **780** 'induced' jobs.

The 'gross value added' by the social care sector to the local economy was estimated to be in the region of **£133.4M** in 2018. The economic contribution of health and social care is part of sustainability through growing community and locality-level support systems. This is about person-led models of care and making the most of the assets, talents and capacities of communities. This refers to how we use our existing expertise to collaboratively develop supports at a community level.

*Health and social care accounts for **10,000** jobs in East Ayrshire. 7,240 social care jobs estimated to add value of **more than £130M** to the local economy.*

HEALTH AND SOCIAL CARE PARTNERSHIP FINANCE

Last Year Spend - INSERT

Future Outlook- INSERT

CURRENT PROVIDER LANDSCAPE

The contribution of partners in the third/voluntary and independent sectors is invaluable as is the involvement of local community groups. These partners are rooted in local communities, are able to identify and respond to things as they happen and are connected into the daily lives of people and families.

Partnership working across sectors that reaches those who need support at the right time is vital and its impact has never been more evident than during the Covid19 pandemic:

During the first wave of the pandemic, there were almost 5,400 vulnerable people shielding in East Ayrshire, who required a range of supports to enable them to shield safely in their home environment to reduce the risk of infection. This situation posed considerable logistical challenges due to the nature of supports offered, the number of people who required support, reduced workforce capacity and the geography/rurality of East Ayrshire.

A collaborative approach was taken to effectively co-ordinate and deliver a range of vital supports to those who needed them. Partners including: Vibrant Communities, Council Customer Services, the Health and Social Care Partnership, Scottish Fire and Rescue Service, third and independent sector organisations, primary and secondary care clinicians, together with a number of local community resilience groups and volunteers, came together to create a joined up and holistic response to support people who were shielding. This response included: proactively contacting people to review their required health and social care supports, providing food packages, medication collection and delivery, connection into local community resilience groups, weekly befriending telephone calls and financial assistance.

“The support I been offered/received as a person requiring to shield has been fantastic, better than I ever anticipated”

Mr M is 86 and was referred to East Ayrshire Advocacy Services by a Social Worker following his wife, of 60+ years, being admitted to a care home.

Initially I visited with the Social Worker and it was clear to me Mr M was not managing paperwork, especially bills as these were scattered around the house. I spoke with him regarding a community alarm and arranging a shopping service via Helping Hands. I also contacted British Gas and East Ayrshire Council regarding outstanding bills on his behalf, carried out a benefits check to establish if I could assist with any income maximisation and contacted his GP to arrange a home visit for his Covid vaccination.

An Adults with Incapacity meeting was held, where I spoke on Mr M's behalf regarding his feelings on where he currently lives and future care views. The decision was that a capacity assessment was required to consider Financial and Welfare Guardianship as Mr M was deemed to lack capacity.

I supported Mr M to speak with Dr Scott at the North West Area Centre as this was extremely overwhelming for him and in further telephone calls as he was anxious about being able to hear and speak.

Further AWI meetings have taken place in relation to the future care plan for Mr M and I have been able to put his views forward- continuing visits have allowed me to build a rapport with him and establish his views on EAC Guardianship. This has been an important role because Mr M at times feels he wants to stay in his own home, which he owns and at times, feels lonely and wishes to move into a care home. An up to date view is given each time. Work with Mr M continues in partnership.

Registered Services by Sector

Sector	Number of Services
Public sector	66
Private sector	225
Voluntary sector	34
All	325

(N.B.: total includes childminding and day care for children 168 and 57 services respectively)

Registered Services by Selected Provider Type

Provider Type	Number of Services
Care homes for adults	25
Housing support/Care at home	42
Residential child care	20
Adult day services	7

(N.B. Combined Housing Support/Care at home 35 services, Housing Support 1 service, Care at home 6 services)
(Source: SSSC workforce data)

Acute Services

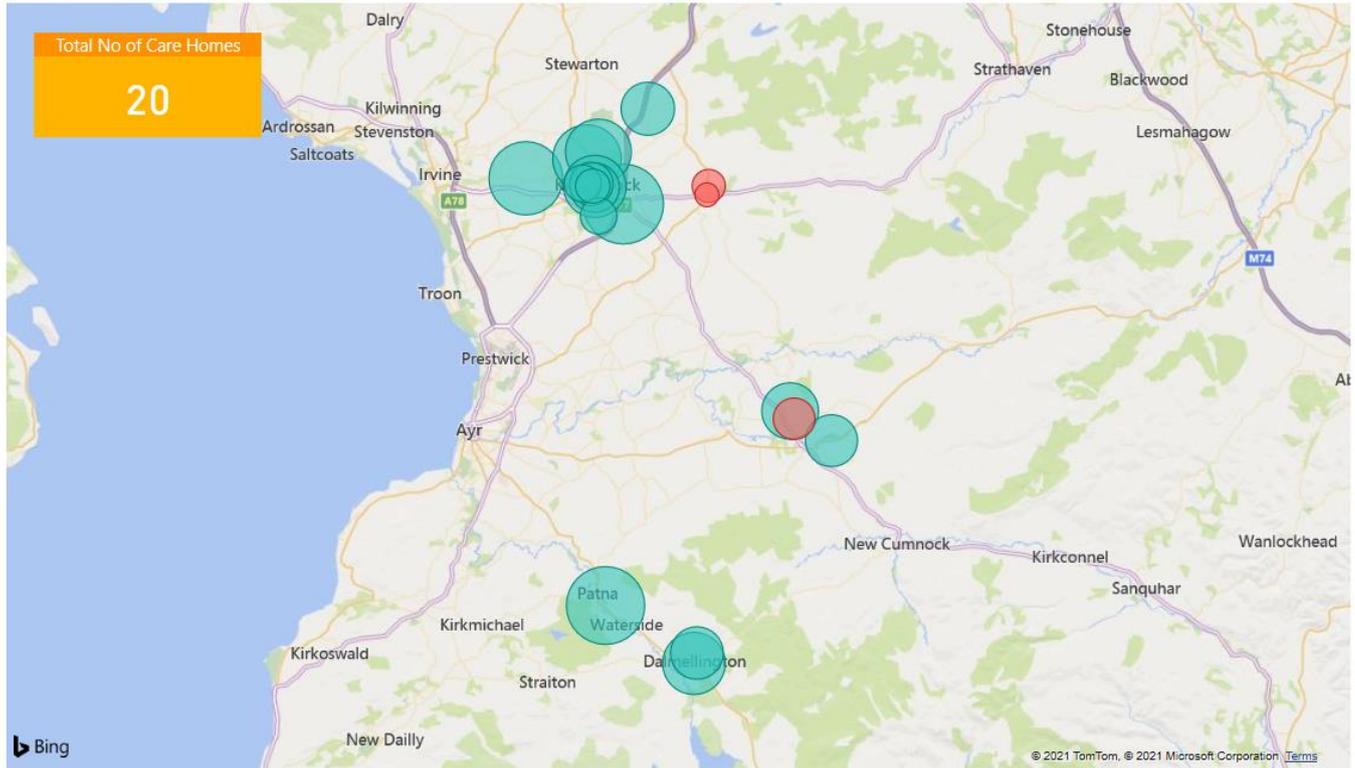
Two main acute sites within NHS Ayrshire and Arran with **University Hospital Ayr (UHA)** and **University Hospital Crosshouse (UHC)** both serving the residents of East Ayrshire. **UHA** is a district general hospital providing medical and surgical services on an inpatient, day case and outpatient basis. In 2019/20 UHA had an average staffed bed complement of **344**. UHA provides a number of Ayrshire-wide services including vascular surgery, ophthalmology and audiology. **UHC** in 2019/20 had an average staffed bed complement of **458**. UHC is a large district general hospital providing a wide range of services, including paediatric inpatient services. It is also houses the national Cochlear Implant Service.

Community and Primary Care

Lead Partnership role for Primary Care for NHS Ayrshire and Arran – **53 GP Practices**, with over 30 Enhanced Services; **99 community pharmacy** outlets across Ayrshire and Arran and providing 15 enhanced services; **66 dental practices** including 4 orthodontic practices; **7 public dental sites**; and **51 optometry practices**.

Care Homes for Older People – Location

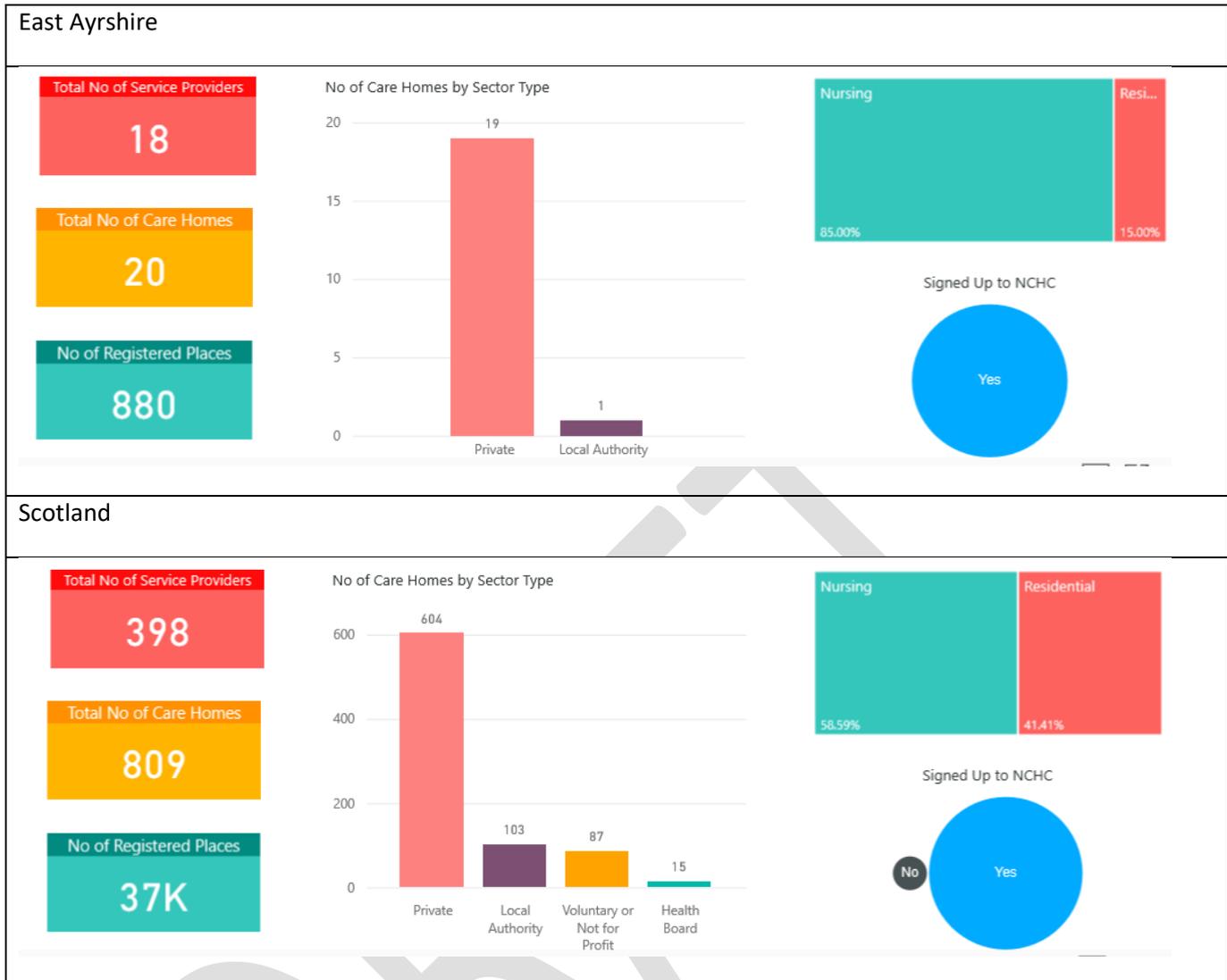
Nursing / Residential ● Nursing ● Residential



(Source: Scotland Excel, March 2021)

DRAFT

Care Homes for Older People – Sector Type



EXTERNALLY ASSESSED QUALITY

'Good' or Above Grades (%) Across All Themes, 2019/20

Care Service (no. services)	Subtype (no. services)	% With all themes graded at 'Good' or better
Adoption Service		100
Adult Placement Service		100
Care Home Service	Older People	53
	Children & Young People	75
	Learning Disabilities	67
	Mental Health Problems	100
	Physical and Sensory Impairment	
Fostering Service		100
Housing Support Service		79
Support Service	Care at Home	73
	Other than Care at home	86

(Source: Care Inspectorate Datamart)

The table above illustrates providers rated 'Good' or above across all quality themes. This shows that in 2019/20:

- Overall **75 per cent** of providers were assessed as **'good' or better** on all quality themes;
- This ranged from 100 per cent graded 'good' or better in adoption, adult placement, mental health and fostering to 53 per cent for older people.

- The Partnership Provider Statement recognises the potential of collaboration and different ways of working to continuously improve the quality of support.

HOW WILL WE KNOW WE'VE MADE A DIFFERENCE

In developing the document, the community of providers identified an ambition to take a different approach to measuring the difference being made. Partners will be exploring what that is in the coming weeks and months.

The approach to be used will be based on what partners are trying to achieve by measuring activity, which is:

- Understanding the impact we have on the people/families we are supporting and learning how to do better,
- To guide us towards future opportunities,
- To enable us to build even better relationships as a community of providers, and
- Being accountable for the use of public money to the people of East Ayrshire.

This measurement framework will be co-produced in the same spirit as the document to date, through discussion and involvement.

NEXT STEPS

The Partnership Provider Statement is a document that represents an ongoing, live dialogue. It will be presented for formal approval and will have a mid-term review.

Key to its value will be a web-based version that is dynamically developed. Producing the Partnership Provider Statement is the first step in this and partners will need to focus on the governance arrangements required and to testing the approach. The [Strategic Planning: good practice framework](#) developed by iHub will be drawn on in implementation. We expect to move from the initial three-year timeframe to a future five to ten year Statement.

If you would like further discussion regarding our Partnership Provider Statement or to become involved in the opportunities identified, please contact:

[INSERT]

THE CHANGING SHAPE OF EAST AYRSHIRE

The [area profile produced for East Ayrshire Local Outcomes Improvement Plan](#) highlights a number of drivers for change. Although the long term trend has been positive, in the last few years, life expectancy for males in East Ayrshire has begun to fall and now stands at 75.9 years, over a year lower than the national figure of 77.2 years. Life expectancy among females in East Ayrshire has been relatively static and now stands at 79.8 years, marginally lower than the national figure of 81.1 years. In recent years the growth in life expectancy has stalled and the gap between life expectancy in East Ayrshire and Scotland has worsened. Within East Ayrshire, there are variations of more than 10 years between the communities with the highest and lowest life expectancies.

Healthy life expectancy is also lower within East Ayrshire than for Scotland. Healthy life expectancy at birth for males within East Ayrshire is 59.3 years, which is more than two years less than for Scotland as a whole at 61.7 years. The gap is even wider for females where healthy life expectancy at birth is 58.2 years, almost four years less than for Scotland as a whole (61.9 years).

The population within East Ayrshire is projected to fall by 5.5% between 2021 and 2041, while the population of Scotland is expected to rise by 1.8%. In the same period (2021-2041):

- The number of residents aged 0-15 is projected to decline from 20,913 to 17,771 (-15.0%).
- The number of working age residents is projected to fall from 75,002 to 65,695 (-25.7%).
- The number of residents aged 65+ is projected to rise from 25,467 to 31,220 (+22.6%)
- The number of residents aged 75+ is expected to rise from 11,026 to 16,286 (+47.7%), while the population aged 85+ is expected to rise from 2,724 to 4,078 (+49.7%).

These area-wide data are supplemented by [locality profiles for the Northern, Kilmarnock and Southern Localities](#) within the HSCP.

The needs and outcomes of locality populations are the focus of how our multi-disciplinary work now and in the medium term. The current provider landscape will need to evolve in order to continuously adapt and respond to:

- Inequality – drives drug and alcohol misuse; undermines resilience; results in differences between communities
- Wellbeing including mental wellbeing; dietary risks, tobacco and obesity are the biggest contributors to early death and disability. Alcohol and drug misuse and lack of physical activity are also key lifestyle risk factors
- Changing expectations – people have the right to choice and control over their care and support
- Demographic change – dementia, multi-morbidity, learning disability
- Increasing complexity – success of treatment and support people living with complex support needs
- Digital – 4th industrial revolution
- Carers – carers support, short breaks and support for people to lead independent lives

THE POLICY CONTEXT FOR HEALTH AND SOCIAL CARE

The policy and legislative context for the Partnership Provider Statement is one of promoting wellbeing, empowering communities, prevention and early intervention, and supporting people at home where possible, with choice and control over their support. Partnership across sectors and integration of service provision is a key element, supported by more collaborative forms of commissioning, procurement and shared standards. This section summarises a selection of the main policy and legal drivers.

[Public Bodies \(Joint Working\) Scotland Act 2014](#)

Provides the legislative framework for the integration of health and social care. The legislation is based on:

- Nationally agreed outcomes for health and social care which are binding on the NHS Board and local authority;
- A requirement on the NHS Board and local authority to integrate health and social care budgets, and;
- A requirement to strengthen the involvement of clinicians, care professionals, the third and independent sectors, in planning and delivering services.

[Self-Directed Support \(Scotland\) Act 2013](#)

This legislation underpins a broad policy intention to ensure that people have as much choice and control as they wish over any support they need in relation to personal outcomes. There is a duty to offer one of four options in how social care is delivered:

- Option 1 - a payment is made to the person who purchases their own support directly;
- Option 2 – the person directs their support and another agency or provider manages the budget on their behalf;
- Option 3 – the person asks the local authority to choose and arrange support on the person's behalf, and;
- Option 4 – a mixture of the three options for different types of support.

[Self-directed Support Framework of Standards](#) is a set of standards, including practice statements and core components for local authorities to support implementation through consistency of outcomes and approaches in SDS practice.

[Health and Social Care Standards: My Support, My Life](#): the Standards have at their core five principles - dignity and respect, compassion, inclusion, responsive care and support, and wellbeing.

[Scotland's Public Health Priorities](#) : six nationally agreed priorities that reflect the issues that are most important over the next decade to improve the country's health:

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

The [Independent Review of Adult Social Care](#): made 53 recommendations for improvements in adult social care, aiming to:

- Shift the paradigm: challenge the prevailing narrative about social care towards being part of the foundation of a flourishing country and an investment, economically and in people,
- Stronger foundations: bridging the implementation gap through improvement science and systematic learning, engaging and valuing the workforce and supporting unpaid carers, and
- Redesigning the system: establishing a National Care Services that achieves consistency for people and drives national improvement and ensuring the voice of lived experience is included in every facet of redesign.

[#KeepThePromise](#) of the Independent Care Review to create change to make sure all children in Scotland grow up loved, safe and respected. In 2021-24, work is focussed on five priority areas; the right to a childhood, whole family support, supporting the workforce, planning and building capacity.

East Ayrshire Community Plan 2015-30

The sovereign and overarching planning document for the East Ayrshire area, providing the strategic policy framework for the delivery of public services by all partners. The vision set out in the Community Plan is that:

“East Ayrshire is a place with strong, safe and vibrant communities where everyone has a good quality of life and access to opportunities, choices and high quality services which are sustainable, accessible and meet people’s needs.”

Implementation of the Community Plan is through three thematic Delivery Plans, namely Economy and Skills, Safer Communities, and Wellbeing.

Strategic Plan 2021- 30

The Integration Joint Board works to a vision of:

“Working together with all of our communities to improve and sustain wellbeing, care and promote equity.”

The core themes of the IJB Strategic Plan 2021- 30 are:

- Starting Well & Living Well: more people and families have better health and wellbeing and we have fairer outcomes,
- Caring for East Ayrshire: health and social care is delivered in a way that promotes wellbeing and suits people and families, both virtually and through the buildings, places and spaces of the local environment,
- Safe & Protected: people, unpaid carers, families and communities achieve their outcomes through seamlessly joined up support- they are at the centre of all we do and support is a positive experience,
- People at the Heart of What We Do: the health and social care workforce is well and we have the right people with the right skills in the right place at the right time, to support people, families and communities to achieve their goals,
- Caring for Our Workforce: East Ayrshire is a safe place for people to live, work and visit,
- Digital Connections: digital technology has improved local wellbeing and transformed health and care together.

Workforce Planning

The workforce planning vision¹²³ is of “a skilled and valued workforce which works with others to empower, support and protect people, with a focus on prevention, early intervention and enablement.” Partnership working is a central premise of the strategy with a focus on a competent, confident and valued workforce.

Implementation of 2018 Scottish GMS Contract

The contract facilitates a refocusing of the GP role as Expert Medical Generalist (EMG). This role builds on the core strengths and values of General Practice. The aim is to enable GPs to use other skills and expertise to do the job they train to do. This refocusing of the GP role will require some tasks currently carried out by GPs to be carried out by additional members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. Integration Authorities, the Scottish GP Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government have agreed priorities for transformative service redesign in primary care in Scotland over three years. These priorities include vaccination services, pharmacotherapy services, community treatment and care services, urgent care services and additional professional services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services. GPs will retain a professional role in these services as the Expert Medical Generalist.

¹ <https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-1-framework-improving/>

² <https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-2-framework-improving/>

³ <https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-3-improving-workforce/>

Procurement is the process by which public bodies buy goods and services. Existing Guidance on the Procurement of Care and Support Services recognises the increasingly personalised nature of support and the close relationship between the quality of support services and quality of life. Guidance also references the duty of care and regard for promoting human rights incumbent on public bodies.

The Public Contracts (Scotland) Act 2015 and the Procurement Reform (Scotland) Act 2014 set out thresholds for 'light touch' regime. The main procurement rules apply to public contracts of a value in excess of €750,000 over the term of the contract.

Further details about the policy and legislative context for health, wellbeing and social care can be found [here](#).

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