

East Ayrshire Health & Social Care Partnership

PARTNERSHIP PROVIDER STATEMENT

2022-24

EAST AYRSHIRE

Health & Social Care
Partnership

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](#) and in the coming months we will explore this in detail. In doing so, we will work towards a collaborative commissioning vision of:

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.

We will demonstrate our commitment to the principles set out in [Our Charter](#). We will nurture positivity and trust among the existing community of providers and build relationships with those interested in working in our communities for the first time.

Craig McArthur

Director

East Ayrshire Health and Social Care Partnership

Councillor Douglas Reid

Chair

East Ayrshire Integration Joint Board

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 or who are interested in working 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



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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.

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.

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:

Strategic Plan 2021-30 Overview



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 focussed 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:



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.

PARTNERSHIP PROVIDER OPPORTUNITIES

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

Starting Well and Living Well:

- Supporting carers
- Supporting children, young people and family wellbeing and healthy family relationships
- Helping people to take charge of their wellbeing within communities, e.g., wellbeing champions
- 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
- Mitigating the impact of poverty

Caring for East Ayrshire:

- 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

People at the Heart of What we Do:

- 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

Caring for Our Workforce:

- Workforce development across sectors

Safe & Protected:

- Building capacity among providers and communities

Digital Connections:

- 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

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 Covid19, 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.

'having a good relationship...means that I can be open and feel listened to. I feel I can have a 'natural' conversation that provides reassurance... feel more comfortable and at ease when attending meetings'

'a bit of love and kindness goes a long way'

'You have been a lifeline for our boys, why are there not more people like you out there. I was worried you would think we were scrounging but I felt welcomed the minute I walked in, a helping hand & a kind face is all it takes'

'having a genuine relationship with my worker makes me feel respected and understood'

'listen to the person, no one knows my body and my condition better than me'

'building trust not only is helpful for us as parents but it also helps to build trust with our son'

'we are involved socially with friends and family and are used to being very welcoming hosts and still wish to do this to whatever extent we can. People will come to visit and stay with us and carers will need to fit into a wider social situation without being awkward but also not over familiar as one thing I really value

"have an open mind, with interests. You're in someone's home and should try to take an interest. Don't shut off to things but help the person'

'support services having 'down to earth' conversations with my son and being able to talk about things in common makes a big difference... this helps build trust and confidence with carers and have a good understanding of (son's) needs and a genuine interest in

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

We agree these working principles underpin all we do:

- we will work together and learn from each other
- we will be open and welcoming to new partners
- 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.

Signed:

East Ayrshire Community of Health & Social Care Providers



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.

We anticipate that having a learning approach to delivery and measurement will be key to achieving this aim. The kinds of things we want to learn are:



- What is effective? – things that help us improve how we work together
- What is the experience like for people? – what it feels like



- About the system – how it is now and how might it be different?



- What is efficient? – things that help people and families to improve their outcomes
- What makes it sustainable? – what implications are identified about future costs and demand

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

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.

*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.*

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 PARTNERSHIP FINANCE

The Integration Joint Board, which is the governance body of the Health and Social Care Partnership, are specified in legislation as 'section 106' bodies under the terms of the Local Government (Scotland) Act 1973 and are required to prepare Financial Statements in compliance with the Code of Practice on Local Government Accounting in the United Kingdom, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment. The Local Authority (Scotland) Accounts Advisory Committee (LASAAC) issued updated Additional Guidance for the Integration of Health and Social Care in March 2019 to support consistency of treatment and the appropriate implementation of financial reporting for integration.

As part of our reporting arrangements, audited accounts are presented to the IJB Audit and Performance Committee in August each year for final approval, which are then reported onwards to the IJB before submission to the Council and Health Board. For 2020/21, the audited Annual Accounts can be found [here](#). Within the accounts, the Financial Outlook, Risks and Plans for the Future section outlines that East Ayrshire Health and Social Care Partnership, like all others, faces significant financial challenges and will be required to operate within tight fiscal constraints for the foreseeable future due to the continuing difficult national economic outlook. In previous years, the Partnership's financial management operated in terms of the [Medium Term Financial Plan 2017/18 – 2021/22](#). To ensure the Partnership is prepared to meet the challenges identified in 2021/22, a comprehensive review of the Medium Term Financial Plan is being undertaken during 2021/22, to be presented to the IJB for approval at its March 2022 meeting.

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 also houses the national Cochlear Implant Service.

Community Hospital

East Ayrshire Community Hospital (EACH) is situated in Cumnock and provides inpatient step up and step down rehabilitation, palliative and sub-acute care. EACH also provides a specialist dementia unit, a number of different clinics for outpatients and a health and wellbeing hub.

EACH is part of a transformational change programme to redesign service delivery in Cumnock and surrounding area, Caring for Ayrshire, to respond to population needs. Transformation has already begun at EACH with the phased adoption of a nurse and allied health professionals led clinical model for inpatients.

Community and Primary Care

East Ayrshire is Lead Partnership role for Primary and Urgent Care Services across Ayrshire and Arran, which relate to:

- General Medical Services - 53 GP Practices across Ayrshire with a registered practice population of 385,910;
- Community Pharmacies - 99 community pharmacy outlets across Ayrshire and Arran;
- Community Optometry Practices – 51 across Ayrshire and Arran;
- Dental practices - 67 dental practices providing general dental services (5 of which are orthodontic practices); and
- Public Dental Service delivered under the management of the Primary Care Dental Team and employed dentists.

Primary and Urgent Care Services are delivered through Ayrshire Urgent Care Services (AUCS) which provides a 24/7 urgent care response to the population including out of hours General Medical Services. The service is the first point of contact for NHS 24, including further clinical assessment and scheduling appointments for the Emergency Department or Minor Injuries Unit where appropriate. AUCS also provides a direct Covid-19 Clinical Pathway for patients seeking clinical advice when presenting with Covid-19 symptoms as well as face to face assessment when required 24/7. The staffing model within the Ayrshire Urgent Care Services comprises General Practitioners (GPs), Advanced Nurse Practitioners (ANPs), Community Nursing, Crisis Mental Health Team, Social Work services and Community Responders.

The Partnership manages a range of social care and community health services, including:

Social Care Services

Adults and older people

Children and families

Criminal Justice

Community Care, such as care homes, care at home

Health Services

Allied health professions, such as podiatry, physiotherapy, dietetics

Community nursing, such as health visitors, district nurses

Community mental health services

Mapping Our Landscape

We will continue to map the things that are available in East Ayrshire to support good wellbeing and provide health and social care services. A new Community Directory has been developed, where people can find local groups, organisations and service near them.

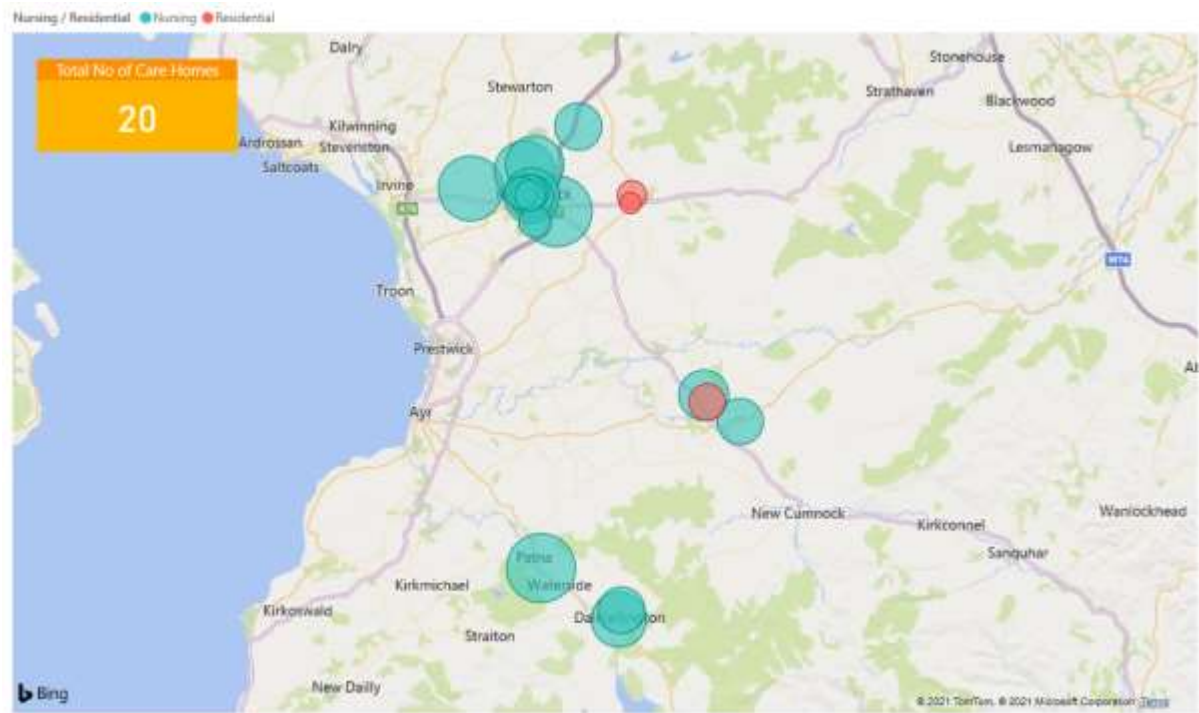
You can add your details to the directory here: www.aliss.org . If you would like support to add your details please contact: HSCAdmin@east-ayrshire.gov.uk or 01563 554400

Other Lead Partnership Arrangements in Ayrshire

North Ayrshire Health and Social Care Partnership is the lead Partnership in Ayrshire for specialist and in-patient Mental Health Services and some Early Years Services. They are responsible for: the strategic planning of all Mental Health in-patient services, Ayrshire Crisis Resolution Team, Learning Disability

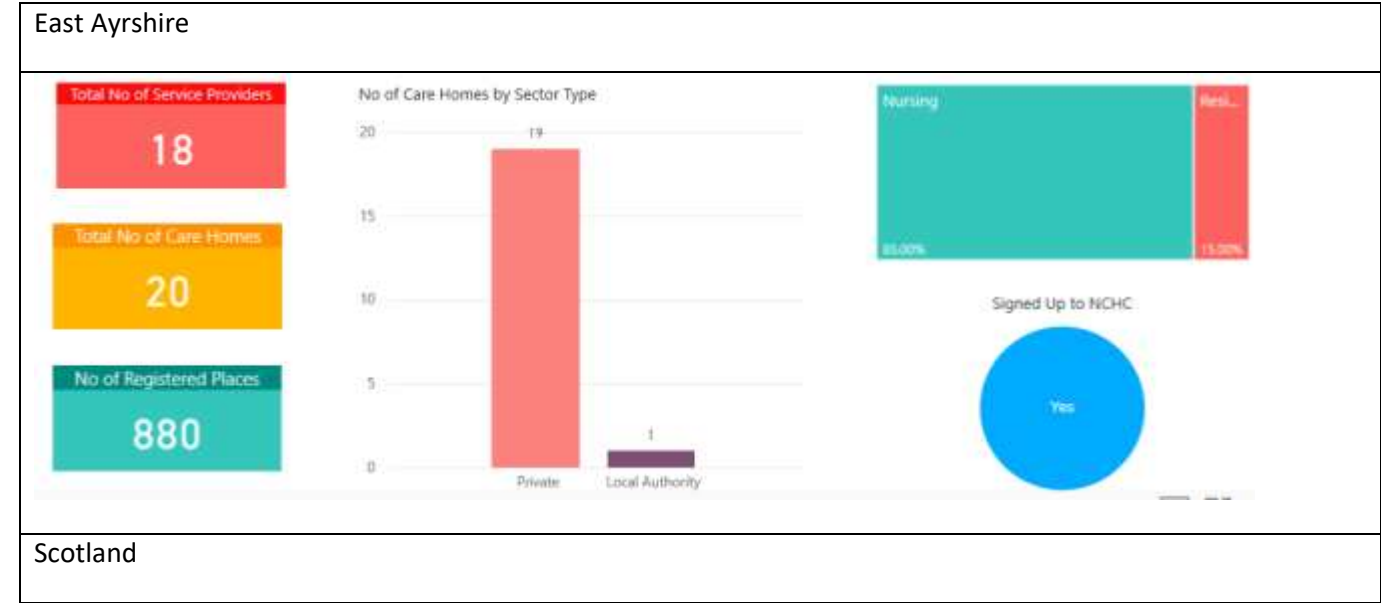
Assessment and Treatment Service, Child and Adolescent Mental Health Services, Psychology Services, Child Immunisation Team and Community Infant Feeding Service. The South Ayrshire Health and Social Care Partnership is the lead partnership for the Integrated Continence Service, the Community Equipment Store and the Family Nurse Partnership (FNP). This lead responsibility relates to the delivery of continence care and education across Ayrshire, provision of equipment to people living in the community and supporting first-time mothers aged 19 and under through an intensive preventative home visiting programme delivered by the FNP.

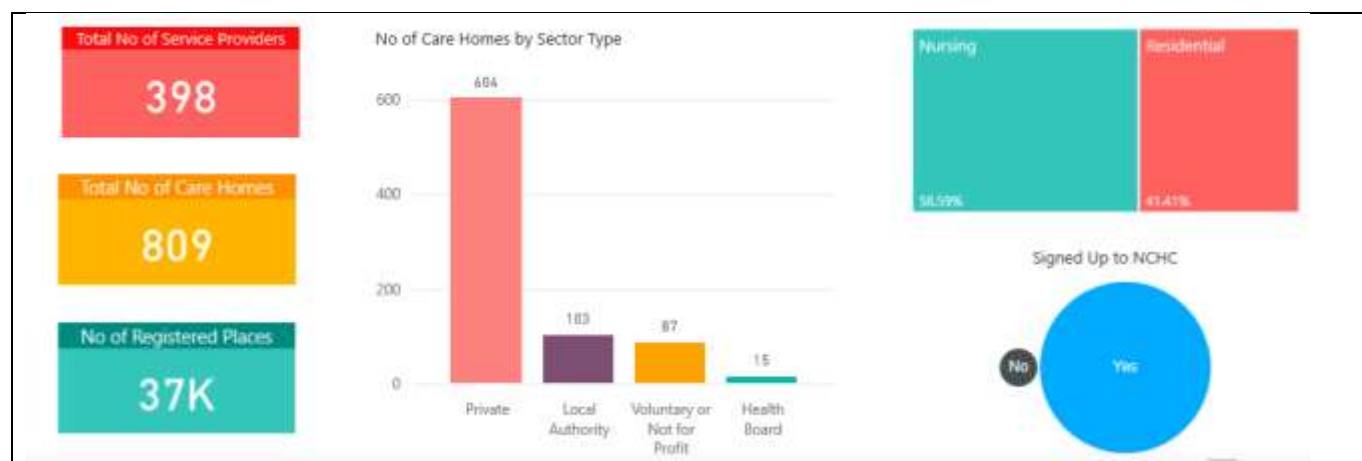
Care Homes for Older People – Location



(Source: Scotland Excel, March 2021)

Care Homes for Older People – Sector Type





(Source: Scotland Excel, March 2021)

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.

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.

If you would like further discussion regarding our Partnership Provider Statement or to become involved in the opportunities identified, please contact: HSCPStrategy@east-ayrshire.gov.uk

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.

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/>

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.

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. Commissioning and procurement activity is planned together with East Ayrshire Council and NHS Ayrshire and Arran Procurement Teams.

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