

Ayrshire and Arran NHS Board



Monday 7 October 2019

Caring for Ayrshire - Project Initiation Document

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Date: 20 September 2019

Recommendation

The NHS Ayrshire & Arran Board is asked to approve the Caring for Ayrshire Project Initiation Document following endorsement from the Integrated Governance Committee.

Summary

The Caring for Ayrshire Project is the whole system health and care service redesign major transformational programme, over that 10 year strategic direction and beyond.

The Project Initiation Document [PID] has been developed in providing all key phases and stages, delivery methodologies, key milestones in support of the project as well as how it will be governed.

Key Messages

It is critical to the delivery of the Caring for Ayrshire project that the purpose and objectives and how it will be governed, conducted and evaluated, are in place in order to provide assurance that it is viable and will provide appropriate outcomes.

The PID provides a sound basis on which the Programme Initial Agreement [PIA] the first key stage in the formal business case process - will be based and informed along with an indication of those resources required to support and ultimately deliver the required outputs.

The PID will act as a base statement against which the NHS Board can be assured that appropriate plans and structure are in place to assess and monitor progress and on-going project viability throughout the project therefore negating duplication of effort by ensuring that the processes followed generate the required outputs in all areas.

Glossary of Terms

PID	Project Initiation Document
PIA	Project Initial Agreement
SA	Strategic Assessment
SCIM	Scottish Capital Investment Manual

1. Situation

Caring for Ayrshire is the whole system health and care service redesign over that ten year strategic direction and beyond as opposed to any redesign or change that would be over a shorter timescale.

Due to a wide range of factors that are not unique to Ayrshire, it is evident that we all need to adopt and embrace new ways of delivering our health and care services, for future sustainability.

A Project Initiation Document was developed to inform the Caring for Ayrshire Programme Board on the projects aims and objectives in delivering a whole system redesign approach for NHS Ayrshire & Arran in terms of our health and care services. In addition to this, it outlined all key phases and stages, delivery methodologies, key milestones encompassing our stakeholder engagement and communication activity along with the recommended governance and management structure.

In addition since the initial development of the PID, there have been some minor changes to the internal governance structure within NHS Ayrshire & Arran, meaning there was a requirement to update and enhance the PID, to ensure alignment within these changes to our governance structure.

2. Background

Following the development of the Strategic Assessment [SA] that was discussed and approved by the NHS Board on 2 December 2018, we have conducted a significant amount of stakeholder engagement and communication activity as part of the programmes Early Pre Engagement Phase. This has enabled us to gain some early insights, views, and concerns from both internal and external stakeholders as well as having the opportunity to set the scene around the programme ambitions.

In parallel to the above we have also commenced some early scoping around conducting some discovery of models of health and care services, along with identifying challenges, barriers and opportunities aligned to a whole system redesign of future services.

In order to progress with the programme we will be looking to adopt and follow the next stages under the Scottish Capital Investment Manual [SCIM] whereby we will develop a Programme Initial Agreement in order to ensure that any funding required is fully understood; appropriately presented; and secured timeously. Working closely with Scottish Government will be maintained throughout the lifecycle of the programme, to ensure all parties are fully informed of the progress being made.

3. Assessment

The governance structure going forward for the project will now see the Integrated Governance Committee as route for the Caring for Ayrshire Programme Board to report into, in providing updates and progress on.

In order to support these changes the PID has been amended and enhanced to take into account the new proposed governance route and structure, whilst also acknowledging the project is looking at a whole system redesign of both clinical and wellbeing services.

Following the changes whereby the Caring for Ayrshire Programme Board will now report into Integrated Governance Committee, we recognise that for wider governance then the NHS Board and Integrated Joint Boards will be the natural governance route above Integrated Governance Committee for further oversight.

To ensure that the Caring for Ayrshire programme is governed, conducted and evaluated appropriately the following governance route is proposed for this document.

NHS Board	Today - 7 October
South Ayrshire Integration Joint Board	9 October
East Ayrshire Integration Joint Board	9 October
North Ayrshire Integration Joint Board	24 October

4. Recommendation

The NHS Ayrshire & Arran Board is asked to approve the Caring for Ayrshire Project Initiation Document.

Monitoring Form

Policy/Strategy Implications	The NHS Board will have responsibility of governance oversight and monitor the delivery of the Caring for Ayrshire Project.
Workforce Implications	Staff engagement is an integral component of the Caring for Ayrshire programme and will be embedded throughout the projects lifecycle.
Financial Implications	The Scottish Government has committed £1.5m (19/20) to scope the Caring for Ayrshire project of work.
Consultation (including Professional Committees)	Stakeholder engagement and formal consultation are integral components of the Caring for Ayrshire project work plan.
Risk Assessment	This governance structure will assure the strategic vision and timescales are fully considered by all stakeholders.
Best Value	All of the Best Value themes are addressed by this work.
<ul style="list-style-type: none"> - Vision and leadership - Effective partnerships - Governance and accountability - Use of resources - Performance management 	
Compliance with Corporate Objectives	This work links to all of the Corporate Objectives.
Single Outcome Agreement (SOA)	This work links to outcomes in all three Health & Social Care Partnership Strategic Plans and Local Outcome Improvement Plans.
Impact Assessment The outputs from the phases and approach outlined within the Project Initiation Document [PID] will drive the planning and development of the strategic intent for health and care services for Ayrshire & Arran.	

Project Initiation Document

Caring for Ayrshire



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<i>Completion of the following signature blocks signifies the approver has read, understands, and agrees with the content of this document.</i>			
Endorsed by:	Caring for Ayrshire Programme Board		19 th Sept 2019
Endorsed by:	Integrated Governance Committee		18 th Sept 2019
Approved by:	NHS Board		
	East IJB		
	South IJB		
	North IJB		

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1.0 Executive Summary

Caring for Ayrshire is the whole system health and care service redesign over that 10 year strategic direction and beyond as opposed to any redesign or change that would be over a shorter timescale.

Due to a wide range of factors that are not unique to Ayrshire, it is evident that we all need to adopt and embrace new ways of delivering our health and care services. These include but are not restricted to:

- The un-precedented impact of demographic change
- Serious concerns around the sustainability of existing services in key areas such as workforce, facilities and supporting infrastructure (including digital)
- Deprivation on our population and the need to address health inequalities
- The need to adopt and embrace new ways of delivering our health and care services, for a sustainable future;

On reflection of these concerns, we set out our aims in 'Our Health 2020 vision':

- Partnership and co-production between individuals, communities and the NHS and its partners in the public, third and independent sectors.
- Deliver a strong local health and social care service, able to support people in their day to day lives to get the best from their health.
- Shift the focus on making home and communities the main hub for care, rather than hospitals and institutions incorporating new models of care.
- Where hospital care is needed, ensure that this is person centred, safe and effective.
- Promote partnership and co-production between individuals, communities and all planning partners across the public, third and independent sectors.
- Ensure that multi-agency pathways are integrated and seamless.
- Maximise the use of technology as an enabler to improve health and well-being.
- Reduce health inequalities by focusing on prevention, anticipation, supported self-management and more targeted investment in services moving forward.

2.0 Introduction

2.1 Purpose of this document

This document is the Project Initiation Document [PID] for the Caring for Ayrshire Programme (the Project). Its purpose is to define the project in order to provide a comprehensive basis for its authorisation and subsequent management with a view to ensuring its eventual overall success in sustaining future health and care services across NHS Ayrshire & Arran.

The two primary aims of this document are:

- To set out the purpose and objectives of the project and how it will be governed, conducted and evaluated, in order to provide assurance that it is viable and will provide appropriate outcomes. This will provide a sound basis on which the Programme Initial Agreement – the first key stage in the formal business case process - will be based, along with an indication of those resources required to support and ultimately deliver required outputs;
- To act as a base statement against which the Caring for Ayrshire Programme Board can plan, assess progress, monitor on-going project viability and report to the Integrated Governance Committee [IGC], throughout the project therefore negating duplication of effort by ensuring that the process followed generates the required outputs in all areas.

2.2 Overview of programme

The Caring for Ayrshire Programme will, at a strategic level deliver, a whole system redesign for NHS Ayrshire & Arran citizens in transforming and sustaining health and care services.

The programme will be delivered through the work of the

- **Clinical Programme Board** as design authority for the clinical model for whole system service delivery.
- **Infrastructure Programme Board** responsible for the strategic delivery and prioritisation of tactical and strategic infrastructure developments to enable the implementation of the clinical model.
- **Capital Programme Management Group** and **Digital Programme Management Group** responsible for the management of tactical infrastructure programmes (facilities and digital) and their delivery.
- **Stakeholder Engagement and Insights Group** who will be responsible for ensuring both internal and external stakeholder engagement throughout the lifecycle of the programme, whilst supporting the management of timely communications.
- **Project Delivery Team** encompassing a relevant subject matter expertise who will review existing service challenges and risks; scope the required processes, define the benefits associated with delivering services differently; outline the key alternative options available; and

come together to support effective whole-system dialogue, engagement, planning and change under the auspices of the wider project. A suggested Project Delivery Team structure is included in Appendix 2.

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3.0 Strategic Aims

The project will look to define, design and implement a whole system redesign underpinned by developing models of health and care across NHS Ayrshire & Arran. Strategic aims are to:

- Develop a coherent and cohesive strategic vision for the future provision of sustainable services within NHS Ayrshire & Arran;
- Engage with the public, patients and staff in developing this vision;
- Develop long term sustainable infrastructure, including facilities and supportive infrastructure along with technical architecture that is able to deliver this vision;
- Link national strategy, local strategies, professional guidance and identify best practice with proposals to meet identified local need;
- Develop coherent models for health and care service provision that, when implemented, will ensure the delivery of efficient and effective services that are appropriate to the needs of the local population;
- Recommend models for service delivery that encapsulate the total patient journey, paying particular attention to the primary/secondary care interface;
- Develop recommendations that are specific, realistic, time-bound and costed in order to ensure transition from project development to implementation phases;
- Ensure that all resources assigned to the project are utilised in an effective and efficient manner in order to secure the delivery of the project aims;
- Align and incorporate all project outputs into the relevant national business case process, as identified in the Scottish Capital Investment Manual (SCIM), in order to ensure that any funding required is fully understood; appropriately presented; and secured timeously.

4.0 Local change drivers

In addition to the national requirement to review health and care services, there are a number of pressures and other change drivers impacting on the provision of services locally. These drivers can be considered under the two key headings clinical issues and management issues. These are detailed below:

Our population is getting older – More people are living into old age, and whilst this is good news, it does bring with it some challenges. Demand for health and care services is ever-increasing as people live longer but people are often now living with multiple long-term conditions, reduced independence, and increasingly complex need for health, care and social support. We need to make sure that people lead not just longer lives, but longer, healthier lives.

Poor health – We are fortunate in Ayrshire and Arran to live in a beautiful part of Scotland with a mix of urban and rural areas and scenic coastline and Islands. However, we do face challenges due to the need to better support those people living in our poorer and more rural communities who face increasing levels of poverty, social isolation and loneliness. Often as a result of the complex interaction between health and social needs, there is a higher instance of illness and poor health in some parts of Ayrshire and Arran than other areas of Scotland. Examples include higher than average deaths and hospitalisation rates due to chronic heart disease, cancer, stroke, COPD and asthma; higher than average child obesity rates; and increasing rates of dementia, Alzheimer's disease, depression and drug-related deaths.

Our staff - To provide high quality health and care services we need the right number and the right mix of well-trained staff. The NHS across Scotland is experiencing challenges with the way we are able to organise our staff. Some specialist staff don't see enough patients to maintain and build their expertise and sometimes, due to a lack of specialist staff in some areas, people are not able to see a specialist as quickly as we would like. We also face difficulties in recruiting to some staff disciplines such as GPs and social care workers. As a result, we have too many staff vacancies, which often means we need to employ temporary staff to keep services running which is very expensive and impacts on the quality of care for patients.

Budget – As a publicly funded service we need to make sure we control the amount of money we spend. One of the biggest challenges we face is that the costs of providing health and care are rising more rapidly than the budget we have available.

Buildings are no longer fit-for-purpose – Some of our key healthcare facilities were built many years ago and are now deteriorating and no longer offer the best environment for providing modern, high quality health and care. Advances in surgery, anaesthetics and technology means people no longer need to spend weeks in hospital and can return home or to a homely setting sooner. However, despite the developments we do not have the buildings, facilities and infrastructure needed in our communities to make best use of the advantages that medical and technological advances can bring.

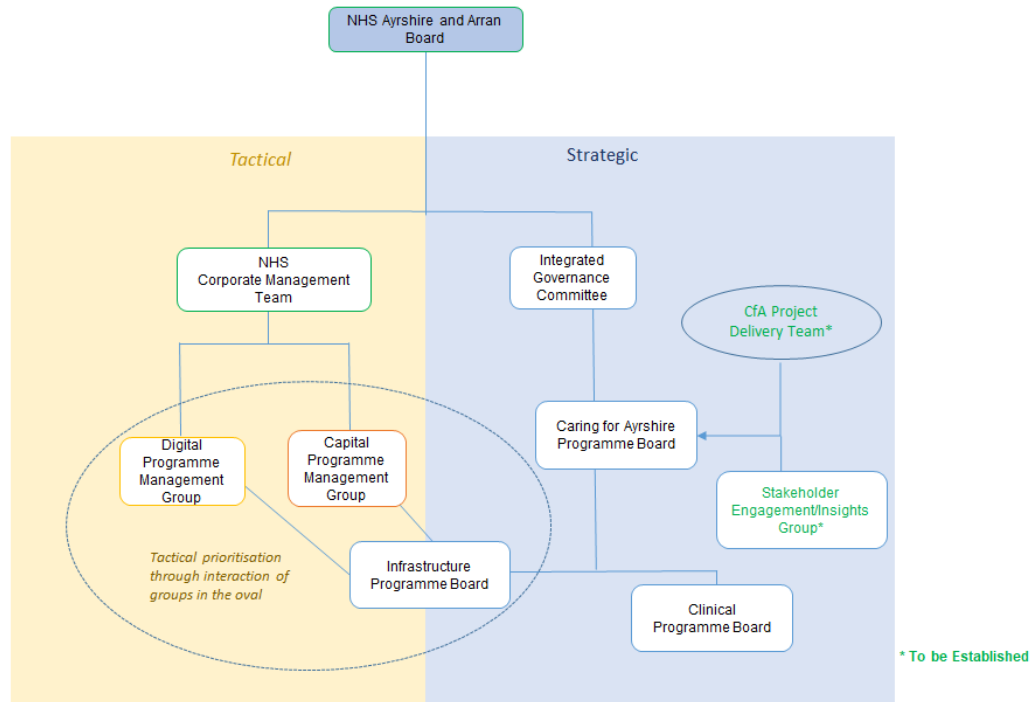
Access to health and care services – Within Ayrshire and Arran we already offer a wide range of health and care services in our communities so that people have access to the healthcare they need as close to their home as possible. However, many people are still unaware of the wide range of health and care professionals they can seek help and support from. As a result, the demand on GP time and the number of people attending at Emergency Departments continues to increase, often resulting in waiting times that are longer than we would like. We need to look at how we can better support people to access the health and care services they need at the right time and in the right place.

Hospital is not always the best place to provide care – Evidence shows that the best place for people to recover is at home or within a homely setting. Long stays in hospital negatively impact on a person's ability to return to normal activity, particularly for older people. We need to look at different ways to deliver care so that long stays in hospital are the exception and not the norm.

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5.0 Draft Project Governance Structure

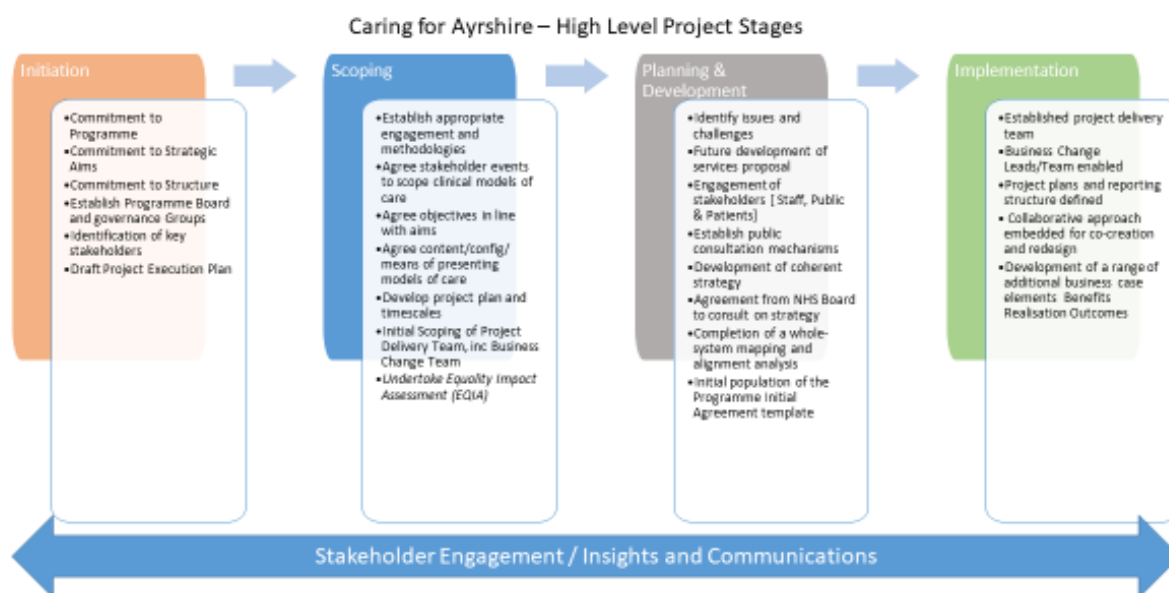
DRAFT Caring for Ayrshire Governance Arrangements v 0.08



For further details on the governance boards and groups in terms of purpose and membership, please see Appendix 4.

6.0 Stages of the Project

There are four key stages to the development and delivery of the project. Each of these stages are considered in turn below.



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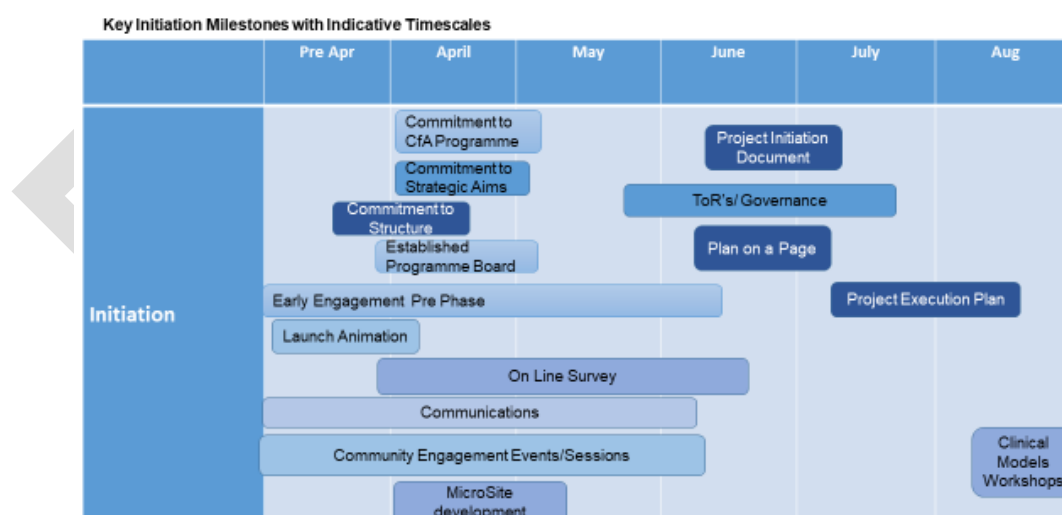
6.1 Initiation

This document is itself the first step towards the initiation of the Caring for Ayrshire programme. The purpose of this stage is to set out in the broadest terms possible the need for, as well as the purpose and key phases of the project.

During the initiation stage, commitment will be sought from all key stakeholders and agencies to participate in the programme and to implement its findings. Also at this stage, the Caring for Ayrshire Programme Board will be asked to endorse and commit to the strategic aims of the programme, as well as the structure and process to take it forward.

Desired Outputs:

- *Commitment to undertaking the programme;*
- *Commitment to the strategic aims and objectives;*
- *Commitment to project structure, process and high level timelines;*
- *Programme Plan in support of delivery;*
- *Establishment of Caring for Ayrshire Programme Board; and*
- *Identification of key stakeholders*
- *Agree Terms of Reference and Governance*



6.2 Scoping

On completion of the initiation phase, the Programme Board will lead the formal scoping of the project and this will clearly set out the boundaries of the programme through identifying the whole system redesign approach and implementation for NHS Ayrshire & Arran. This will be done through informing, engaging and consultation with NHS Ayrshire & Arran staff, Integrated Joint Board staff, Clinical Groups and the public and patients that our health and care services serve.

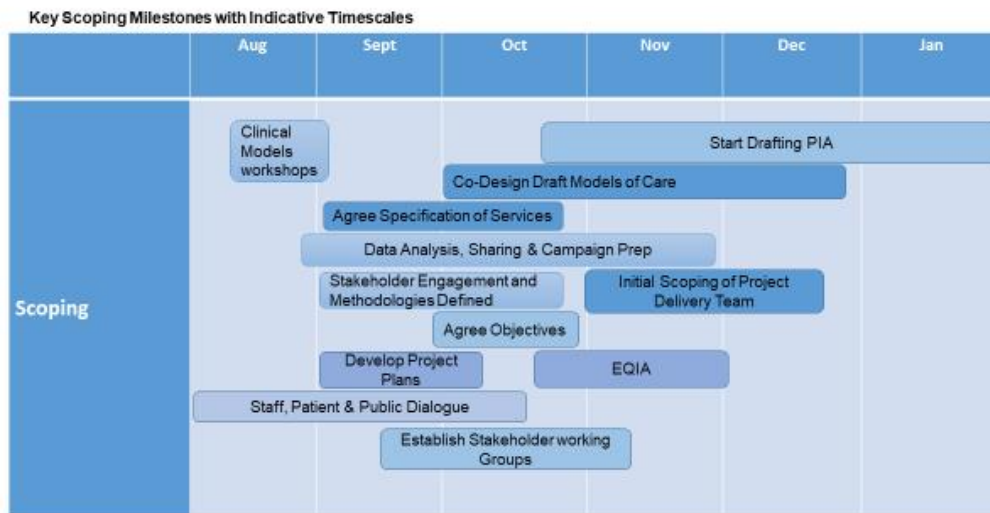
It is proposed that a co-design and collaborative approach will also involve members of the public which will be established to provide a public perspective to this initial scoping stage. In parallel to this, there will be engagement with staff through various forums and social media to identify a staff-side perspective on the priorities for review within this project. The main focus with staff-side will be to scope the models of care and pathways required to support a whole system redesign across health and care services in Ayrshire & Arran. Business and Infrastructure [both physical and technical] will also be scoped in close working relationship with Infrastructure Programme Board.

Any issues arising through the scoping phase that are of such importance that they must be dealt with immediately or are of such a nature that they can be addressed out with the confines of the Caring for Ayrshire programme, should be acted on as they are identified.

Appendix 1 contains more detail on the proposals for Stakeholder Engagement, Participation and Communications Plans.

Desired Outputs:

- *Establishment of appropriate engagement and methodologies;*
- *Initial scoping of Project Delivery Team, incorporating Business Change Team with any appropriate working groups defined;*
- *Arrange stakeholder events to scope clinical models of care;*
- *Agreed content/configuration/means of presenting Clinical Models of care;*
- *Agreed objectives in line with the strategic aims;*
- *Data analysis of themes from staff and the public to ensure conscientious consideration to inform next stage*
- *Undertake Equality Impact Assessment (EQIA)*
- *Development of robust project plan, including timeline with specific objectives; and*
- *Take account of lessons learned and recommendations from other NHS Boards.*



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6.3 Planning and Development

The planning and development phase of the programme will constitute the main piece of work with regards to the whole system redesign. Through this piece of work, the working groups established to examine the models of care identified within the scoping element of the project will review the existing provision of these services. This will lead to the identification of any key issues and the development of potential solutions to these issues. This will result in the development of realistic, robust and costed action plans detailing how a whole system redesign will be implemented and provided in the future.

In undertaking this work, the working groups will link closely with the project delivery team who will provide expert advice on the proposals. The proposals will be submitted to the Caring for Ayrshire Programme Board at key stages of their development for additional 'strategic checks' to ensure the coherence of the work across the working groups.

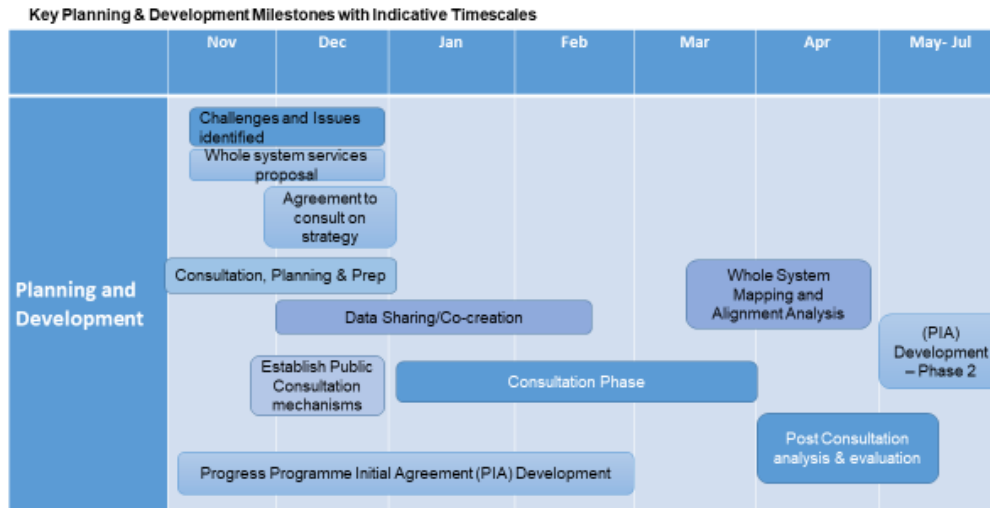
In examining the proposals put forward, the Programme Board will draw on the diverse range of skills and experience that its members possess but it will also pull in the resources of the Stakeholder Engagement and Insights Group to ensure a public perspective on the proposals on the key stages of development.

On completion of the planning and development phase, a robust coherent strategy will be developed by the Project Team and proposed to the Caring for Ayrshire Programme Board for submission to IGC, NHS Board and IJBs. Once approval has been provided by IGC, NHS Ayrshire & Arran Board and IJBs, the draft strategy will be subject to wide-ranging public consultation and will be used in informing the development of the Programme Initial Agreement [PIA] required to be submitted to Scottish Government.

Any issues arising through the planning and development phase that are of such importance that they must be dealt with immediately or are of such a nature that they can be addressed out with the confines of the Caring for Ayrshire Programme Board, should be acted on as they are identified.

Desired outputs:

- *Identified issues within existing service provision;*
- *Involvement of all stakeholders including staff, the public and patients;*
- *Completion of a whole-system mapping and alignment analysis;*
- *Subsequent development of a coherent strategy;*
- *Agreement from NHS Board and IJBs to consult on the Strategy;*
- *Initial population of the Programme Initial Agreement template; and*
- *Established public consultation mechanisms.*



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6.4 Implementation

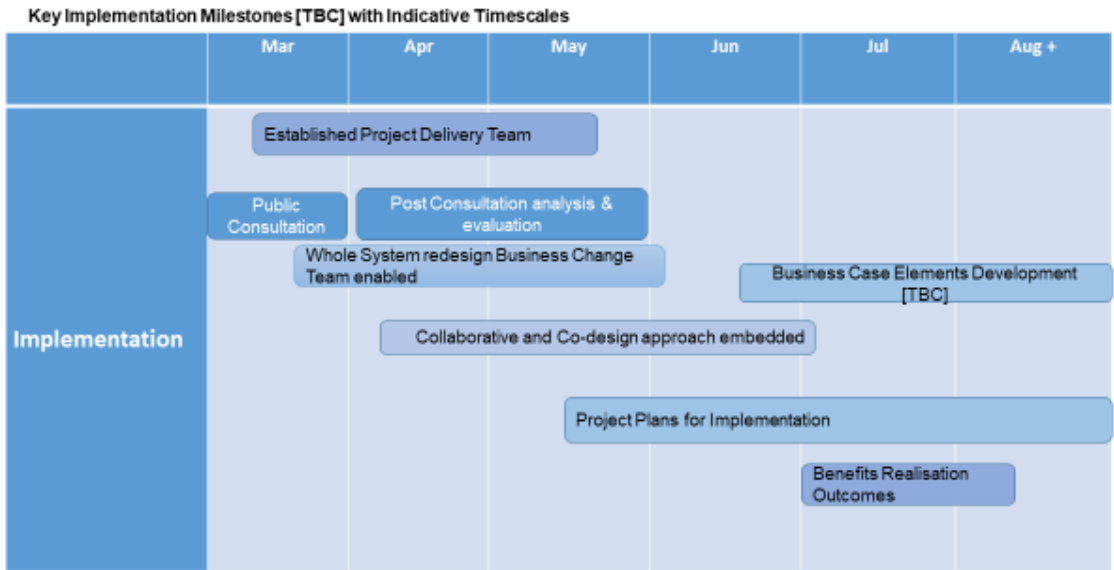
Following finalisation of the draft strategy, it's recommended that a Project Delivery Team¹ will be required to oversee the delivery and implementation of the project, supported by specific and subject matter expertise resources. These resources will form part of the Project Delivery Team encompassing a business change team that will include a combination of staff and public representation, with the necessary skills and experience and will be responsible for supporting the successful implementation of the strategic recommendations. See Appendix 2 for proposed high level structure.

The current view would be to develop a more detailed approach, which will look to draw out the core roles and responsibilities in more detail in support of a Project Delivery Team, in support of the implementation phase. The approach will also look to outline the key deliverables, aims and objectives of the team and how it will be governed for the project implementation activity.

Any issues arising through the Implementation phase that are of such importance that they must be dealt with immediately or are of such a nature that they can be addressed out with the confines of the Caring for Ayrshire Programme Board, should be acted on as they are identified.

Desired outputs:

- *Established Caring for Ayrshire project delivery team, with whole system redesign business change team embedded supporting by relevant working groups as defined;*
- *Collaborative approach embedded for co-design and user centred approach;*
- *Agreed project plans and reporting structures in place;*
- *Development of a range of additional business case elements as required by the preferred options agreed in discussion with Scottish Government. This may include Outline Business Cases, Full Businesses Cases; Standard Business Cases; locally funded elements; and requests for alternative funding, e.g. Section 75 agreements.*
- *Benefits Realisation outcomes;*



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6.5 Existing Project Activity

It is important to recognise that this strategic process will be required to incorporate a number of valid projects and related activities that are already underway. This will include:

- The development of an Initial Agreement related to the delivery of sustainable services on Arran, a long-standing area of concern;
- Early discussion on potential changes to the service delivery model for Cumbrae, restricted to the collection and collation of data and information required to inform any future model of care for the island in reflection of its unique circumstance;
- Option appraisal activity to support the consolidation of in-patient mental health services at Woodland View in line with previously agreed strategy;
- Option Appraisal on East Ayrshire Community Hospital [EACH] whose PFI contract expires in 5 years with a mandatory 4 year notice period.

In parallel to the Caring for Ayrshire Programme, we need to be very cognisant and recognise existing activity as noted above, along with synergies with our major transformational programmes of work already in progress within NHS Ayrshire & Arran and Health and Social Care Partnerships. One programme in particular is that of the Primary Care Improvement Programme for a Pan Ayrshire approach, which in collaboration with the Health and Social Care Partnerships and Integration Joint Boards are delivering on the commitments set out in the new General Medical Services (GMS) contract.

6.5.1 Primary Care Improvement Programme [PCIP]

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 a three year planned transition period. 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. This is to support and underpin the national aim to enable GPs to use other skills and expertise to do the job they train to do, with the view of refocusing the GP role with the notion of health care services being delivered and supported via a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care.

Within NHS Ayrshire & Arran, a dedicated Primary Care Programme have been working on delivering a number of key objectives in meeting the aims and objectives, along with looking at a more Multi-Disciplinary Team [MDT] adoption across Ayrshire and Arran. A number of commitments have been agreed in collaboration with each of the HSCPs and have outlined their targets and deliverables up to 2022.

Having sight on these within the Caring for Ayrshire Programme along with being informed of progress throughout the programme will be important to ensure

strategic alignment to the delivery of a whole system redesign approach, therefore close working relationships should be embedded between both programmes.

See Appendix 4 - Primary Care Programme Improvement Agreed Plans for 2019/20

6.5.2 Primary Care Improvement Programme Engagement and Communication

The Primary Care Improvement Programme have recognised the need for an ongoing commitment to redesign Primary Care services, engaging fully with GP colleagues, the public, along with all other stakeholders and partners. Since the development of the PCIP there have been a series of engagement events with GP Practices, Clusters and discussions at HSCP GP Locality Forums, where there has been opportunity to involve GP Practices in plans and decision making. HSCPs have included primary care as part of the engagement with the public for their strategic plans. In undertaking the review, the Implementation Support Team have noted a need to strengthen regular updated communication to all stakeholders and this will be in the form of a snap shot newsletter each month from the team.

The pan Ayrshire Engagement and Communication Group, chaired by the Head of Primary Care and Out of Hours Community Responses, have produced a Communication Plan for the duration of the PCIP. The communication objectives of the plan are to ensure:

Pathways to Access Care:

- Engaging and informing the public and professionals of new pathways of care within Primary Care to ensure people access the right service at the right time
- Contributing to pan Ayrshire work to inform self-care, self-management and supportive and connected communities.
- Linking with pan Ayrshire health and social care work communicating new pathways of care

Engagement:

- Continuous engagement, including mapping all our stakeholders
- Regular stakeholder engagement events with specific services as well as overall informative sessions

Communications

- Internal and external communications
- An online and social media presence
- Opportunities to share best practice, news and invite feedback

The communication plan will also link to each of the HSCP communication plans as well as the NHS Ayrshire & Arran communication plan.

6.6 The Business Case Process

NHS Scotland's business case process, which represents the defined investment route for the programme, is laid out in the Scottish Capital Investment Manual. (SCIM). This defines three main stages or phases requiring local, regional and national review and approval:

- Phase 1: The Initial Agreement (IA) relating to initial scoping;
- Phase 2: The Outline Business Case (OBC) relating to pre-procurement planning and;
- Phase 3: The Full Business Case (FBC) relating to selection of a solution/procurement following competition.

The Caring for Ayrshire programme will be working within the boundaries of the NHS Scotland Business Case process, and to ensure appropriate elements are covered and supported, key senior management within NHS Ayrshire & Arran will be having close and regular communications with Scottish Government to clarify the requirements and needs throughout.

<http://www.scim.scot.nhs.uk/>



6.7 The Programme Initial Agreement

The global investment strategy proposed for the overall Caring for Ayrshire programme requires a different but not totally unique first stage of the business case process to be presented to Scottish Government. This must recognise how all key partners have reviewed, prioritised and scheduled proposed future developments in an appropriate strategic context, thereby ensuring that the right investment decisions are being taken at the right time for the right reasons as components of an overarching integrated strategy.

This strategy, which is being discussed extensively with the Scottish Government, sees a single “programme” business case as the primary output of the first stage of this business case process that documents the strategic planning undertaken; defines the key projects required to deliver the necessary changes; and presents an indicative “preferred way forward” on a themed/domains basis that can be explored further through the detail presented in future individual business cases identified within it. Effectively, this “programme” document is intended to act as the “Initial Agreement” (IA) stage for the whole process, in the understanding that individual investment elements identified will still require subsequent individual business case stages to be progressed albeit without the need for separate IA’s.

In recognition of the approach being adopted under the SCIM process, in support of the Caring for Ayrshire programme, it is proposed to develop a Programme Initial Agreement [PIA] using a phased development methodology, thus working on proposals in parallel with the new models of care service redesign activity. This could conceivably be split into two distinct phases, with the notion of having a more comprehensive worked through PIA following the post consultation activity and analysis that will need to be completed. By adopting this method it would ensure engagement from the outset, openness and transparency throughout with key stakeholders, look to reduce on timescales for any formal submission, remain aligned with Scottish Government and Scottish Health Councils procedures and potentially avoid duplication of effort whilst mitigating any major risks and concerns.

6.7.1 Phase 1

The proposal would be to start drafting an initial PIA, covering the Executive Summary, outlining the Strategic Case, provide early Economic Case, indicative Financial Case and Commercial Case, with a high level Management Case in support of the Caring for Ayrshire Programme aims and ambitions, of new models of care within NHS Ayrshire & Arran.

This will look to provide the context of what this programme is about, existing challenges and current need for changes, proposed outcomes and benefits in new models of patient care.

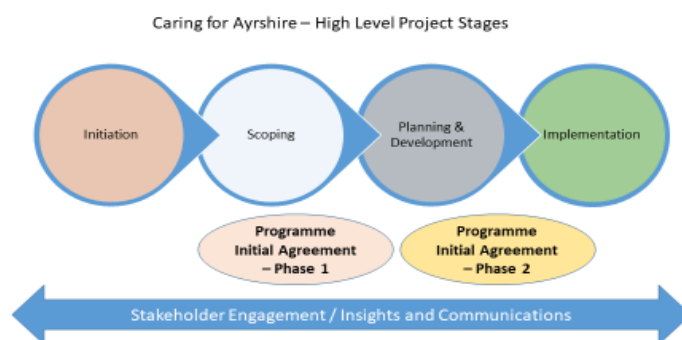
This should also summarise a high level indicative Rough Order of Magnitude [ROM] cost for investment requirements associated with changes in the model of service care delivery and identify the strategic / service possible options around new models of care to be taken forward to OBC stage.

It is expected that any service planning necessary to support such changes has already been carried out, as identified within the Strategic Assessment and that NHS Ayrshire & Arran have sought and followed the advice from the Scottish Health Council on the level of public and stakeholder engagement expected both prior to and beyond this stage.

A description of the existing services / activity provision including information, where relevant for NHS Ayrshire & Arran and the Health and Social Care Partnerships will be summarised in covering current models of care, acute services, primary care, outpatient services, community services etc. Phase 1 will also look to conduct baseline assessment in capturing the analysis on all locations of these services and who is delivering such services.

We will also look to indicate and highlight the need for change to current services, describe new models of care drawing from the outputs from the discovery and defining stages of the service redesign and co-creation activities, with high level indicative costs in support of transforming services and being able to sustain a quality health and care service to citizens across NHS Ayrshire & Arran.

See Appendix 3 for further details on initial PIA construct in support of Phase 1.



6.7.2 Phase 2

It is recommended to ensure our formal post - consultation activity has been completed, prior to completing phase 2 development of the PIA. This would allow the programme in taking account the feedback along with ensuring NHS Ayrshire & Arran, HSCPs and IJB's have been consulted on the analysis and outcomes of the consultation process and outcomes on any new proposed models of care.

The suggestion would be to look at updating the PIA, with additional information, or indeed making any amendments to the phase 1 submission based on the proposals in support of whole system redesign models of care, and agreement from the respective governance boards prior to the formal implementation phase.

6.8 Ensuring Convergent Planning

Based on the experience gained from previous programmes, advice from other stakeholders and learning from other NHS boards it is recognised that a key challenge associated with any complex strategic planning process is to ensure convergence in services planning. This is especially important when different groups are responsible for initial discussion relating to different highly specialised areas within the overall strategy as is the case here.

Within the Caring for Ayrshire Programme, this issue could be addressed through:

- Establishing the proposed governance structure that demonstrates appropriate levels of management and control.
- Agreeing clear terms of reference and remits for any “control groups” and all sub-groups generating outputs at the outset.
- Clearly stating any questions/issues that should be responded to along with the format any response is expected in. Not just to ensure due process is followed – but also to ensure that essential business case requirements are met. (Failure to do this will result in duplication of effort and cost).
- Building in opportunities for the sharing of ideas and “cross-referencing” on developing thinking and challenges between sub-groups as the process moves forward.
- Formally planning for the process/event that will seek to bring potentially disparate thinking together into an appropriately considered overarching position moving forward.

It is therefore recommended that the programme undertakes some form of '**whole-system mapping and alignment analysis workshop**', whereby representatives of the various planning groups are asked to take part and respond to proposals, challenges, how things maybe different along with any working assumptions. This will help support the overall programme, confirms any gaps, overlaps or divergence in thinking. It also confirms clarity on global proposals moving forward and is essential to effective progression including supporting the business case development process.

7.0 Stakeholder Engagement and Insights

In support of delivering the Caring for Ayrshire Programme there will be the need to continue the stakeholder engagement and insights along with communications, throughout. In support of a 'whole system' co-creation and redesign approach around models of care as outlined, there will be open and transparent engagement both with internal and external stakeholders, as well as public engagement throughout, to aid informing and shaping the project as well as supporting the future implementation. Identifying, developing and maintaining inclusive relationships with a portfolio of key stakeholders, networks and partnerships across multiple sectors, including the people of Ayrshire & Arran, the public sector, independent and the third sector, will be paramount in facilitating user insights and opportunities for actively engaging with and working in collaboration with NHS Ayrshire & Arran and Health and Social Care Partnerships.

The Stakeholder Engagement and Insights Group [still to be formally formed and established] will provide management oversight and governance, drawing upon the Scottish Approach to Service Design principals [see link to webpage below], ensuring a 'user centred, researched based' methodology, incorporating Co design, iterative and collaborative approach to delivering the project. By adopting a structured Service Design framework and approach, the Stakeholder Engagement and Insights Group will be able to support and assure the delivery of a whole system redesign, aligned to the projects high level stages.

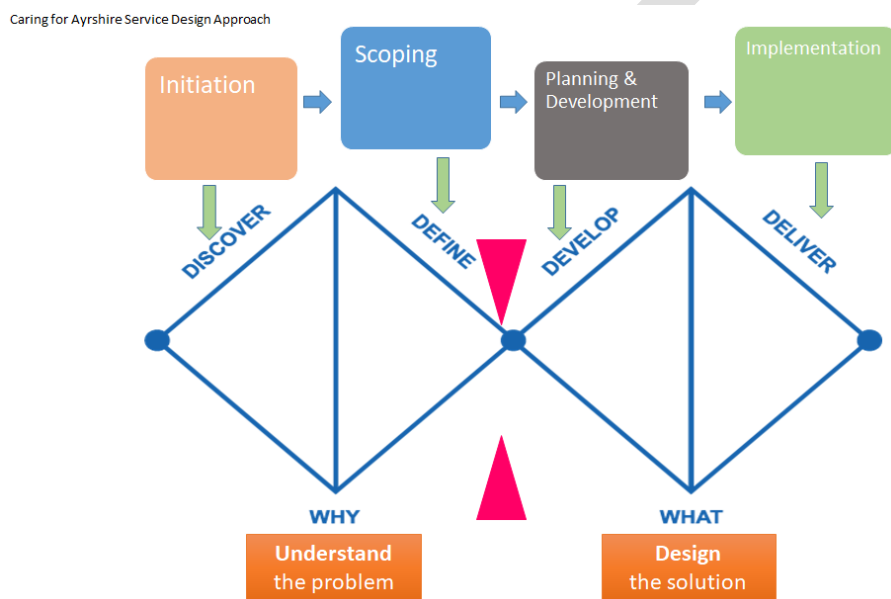
<https://www.gov.scot/publications/the-scottish-approach-to-service-design/>

Appendix 1 - Caring for Ayrshire Stakeholder Engagement, Participation and Communications Plan, provides a breakdown on the approach, activities, outputs and resources being proposed in support of the programmes aims and objectives.

The Scottish Approach to Service Design

This approach to service design means that people who work or access the services will have time to understand the problem they're faced with from a range of perspectives, before they create a solution. The Design Council's Double Diamond model is a visual diagram showing these design stages.

The Double Diamond shows the importance of taking time to understand the problem before designing solutions. Each diamond shape illustrates the process of creating or exploring many possible ideas before refining these to the best idea. The first diamond does this to confirm the problem, and the second to design the solution.



The seven principles to service design are described below.

The 7 principles of the Scottish Approach to Service Design

- 1 We explore and define the problem before we design the solution.
- 2 We design service journeys around people and not around how the public sector is organised.
- 3 We seek participation in our projects from day one.
- 4 We use inclusive and accessible research and design methods so people can participate fully and meaningfully.
- 5 We use the core set of tools and methods of the Scottish Approach to Service Design.
- 6 We share and reuse user research insights, service patterns, and components wherever possible.
- 7 We contribute to continually building the Scottish Approach to Service Design methods, tools, and community.

7.1 Stakeholder Engagement and Communications Progress

A significant amount of stakeholder engagement and communication activity has been undertaken already as part of the Early Pre Engagement Phase. This has enabled us to gain some early insights, views, and concerns from both internal and external stakeholders as well as having the opportunity to set the scene around the programme ambitions.

The following outlines the activity to date:

Internal Staff Engagement – May 2018 to July 2019

- *CEO-led staff briefing sessions*
 - *3 X Senior manager briefings (for onward cascading to teams) [May – June 2018]*
 - *7 x Staff discussion Sessions [June – July 2018]*
 - *6 x Leading reform sessions across UHA and UHC [Feb – Mar 2019]*
 - *9 x Participating and contributing to reform sessions across various locations [June – July 2019]*
 - *6 x Delivery plan sessions with Acute, Medical Services/Specialties and Obstetrics and Gynaecology [Feb – Apr 2019]*
- *Employee Director-led staff focus groups (Jul 18 to Dec 18) – report available.*

Key Agency/Partner Engagement – June 2018 - June 2019

- *16 x CEO-led briefing sessions with MPs and MSPs, Elected Members across North, East and South Ayrshire, IJB Charis, North, East and South Executive Officers Community Planning Partners, Public Involvement Groups, East Ayrshire Children’s Cabinet, Scottish Government and Ayrshire College health and social care students*
- *Engagement Support Officer - Key Partner Engagement*
 - *Public Engagement Group (Nov 2018 to Apr 2019) - membership of the pan-Ayrshire Public Engagement Group has been reviewed with additional input secured from operational engagement staff within Health and Social Care Partnerships, third sector, independent care sector, Public Health and Primary Care Improvement Programme, in addition to existing NHS/HSCPs Communications and Engagement leads and Scottish Health Council – group continues to meet bi-monthly.*
 - *NHS and Local Authority Communications Leads (Jan 19) - co-ordination of internal communications processes agreed to be able to more easily share information with staff across NHS and the three Health and Social Care Partnerships (HSCPs).*

- *Formal presentations and/or input into various planning forums including North Ayrshire Community Engagement Network, Scottish Health Council, Ayrshire Equalities Partnership, Clinical Programme Board Stakeholder Event, East Ayrshire H&SCP Stakeholder Forum and Strategic Planning Group and Strategic Service Change Programme Managers – [Dec 2018–June 2019]*
- *Early discussions exploring potential for joint-working/future strategic partnerships with key organisations support target stakeholder groups including Ayrshire College, Children 1st, Centrestage Catalyst Project and East Ayrshire What Matters 2 U Project- [June 2019]*

Communication Methods

- *Information Materials*
 - *Development and promotion of [leaflet](#) and postcard.*
 - *Engagement briefing pack issued to all Public Engagement Group members to enable them to deliver Caring for Ayrshire Conversations across Locality Planning/Community Settings (**200 hard copies** since distributed by South Ayrshire Community Engagement Officers and **100 copies** distributed by Scottish Health Council Local Officers).*
 - *Stop Press; Daily Digest; News Flash; Dialogue regularly promoting and encouraging staff participation in Caring for Ayrshire Programme.*
 - *Articles within newsletters e.g. Public Involvement Network.*
- *Online Communications*
 - *Updated web presence through launch and regular updating of the Caring for Ayrshire 'micro-site' (www.nhsaaa.net/caringforayrshire).*
 - *The launch of the Caring for Ayrshire animation with almost 700 views online since publication on 17 January 2019 (<https://vimeo.com/311926569>).*
 - *Social media campaign (Facebook and Twitter).*

Discovery Insights

- *Caring for Ayrshire Conversations (**467** anonymous comments themed as a result of face-to-face Caring for Ayrshire Conversations with **over 170** individuals)*
 - *Two multi-stakeholder Caring for Ayrshire Conversation events (April 2019). A copy of the presentation delivered at each event is available at <https://www.nhsaaa.net/media/7017/caring-for-ayrshire-conversation-powerpoint-presentation.pdf>. The events were attended by **63 individuals** representing health and care sector staff (including third and independent sectors); education sector; locality planning groups; community councils; and interested members of the public.*

Furthermore, 42 of those individuals have since expressed interest in taking up a Public Partner role to support delivery of the Caring for Ayrshire Transformation Programme.

- *5 x focused group and individual discussions with a range of individuals attending community groups or events (resulting in an additional **108 individuals** participating in face-to-face Caring for Ayrshire Conversations), including North Ayrshire All Together Now, Ayrshire Self-Management Network, Branching Out Community Initiative and East Ayrshire Carers Centre – [May – July 2019]*
- *7 x Information stalls at various community events across Ayrshire to raise awareness of the Caring for Ayrshire Transformation Programme and the need for health and care services to change reaching almost 1200 individuals. This included Public Involvement Network Group Development Day, East Ayrshire Getting Together Event Planning Day, East Ayrshire Getting Together Event, East Ayrshire Strategic Planning Group, East Ayrshire Getting Together Event, North Ayrshire Fairer Food Participatory Budgeting and COPD Event – [Feb – June 2019]*
- *Feedback Survey (Online/Hard Copy)*
 - *Survey feedback tool May 2019 – 31 August 2019 (available for completion online at <https://www.smartsurvey.co.uk/s/caringforayrshire/> and available as a [downloadable copy](#)) – **c.211 completed surveys received to date.***

Assuring Best Practice

- *Training and Development*
 - *Best practice engagement and consultation briefing (Jan 19) for all Strategic Service Change Programmes Programme Managers and Public Engagement Group members – with presentation input from The Consultation Institute and Scottish Health Council.*
 - *PMO staff achieved The Consultation Institute Certificate of Professional Development (December 2018) and Engagement Support Officer achieved The Consultation Institute Advanced Practitioner Certificate (May 2019).*
- *Assuring Consistency of Approach*
 - *Liaison with Strategic Service Change Programmes – Programme Managers to support their programmes to have robust plans in place for informing, engaging and consulting activity, with greater assurance that plans have been informed by Equality Impact Assessment and pre-consultation risk assessment wherever appropriate.*

- *What Matters To You Day 2019*
 - *Pan-Ayrshire activity to deliver the 'What Matters To You Day' campaign on and/or around 6 June 2019.*

An outline high level targeted timeline in supporting continued Stakeholder Engagement and Insights activity, to help shape and inform the Caring for Ayrshire programme redesign can be found below. It's proposed to allow sufficient time to ensure widespread engagement and insights, including co-design methodologies to develop the draft models of care; followed by a period of sense-checking utilising a deliberative process such as Citizen's Jury for example, and then formal public consultation prior to any agreed strategy and final Programme Initial Agreement being signed off for implementation.

Dedicated communications support will be required throughout the project to ensure consistent and clear communications, and to ensure wider public awareness, dealing and managing any associated media and press releases.

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Key milestones and indicative dates for engagement and consultation

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Discovery	Staff, patient & public dialogue methods										
Define		Data analysis/sharing & campaign prep									
Development				Co-design draft model of care		Sense-checking e.g. Citizen's Jury					
Formal Consultation				Consultation planning & prep			12 week public consultation			Post consultation analysis & evaluation	

Desired outputs:

- Stakeholder Engagement and Insights outputs from Discovery Phase;
- Defined models of care and care pathways;
- User persona mapping analysis as part of Re-Design process;
- Resourcing profile for Stakeholder Management and Communication workplans
- Data sharing / co-creation to inform model of care;
- Alternative models of care by domain/locality, e.g. Acute services, primary care, etc.;
- Agreement on alternative options requiring further consideration;
- Senior Stakeholder and Scottish Health Council agreement to proceed;
- Updated Joint Communications and Stakeholder Engagement Plan; and
- 12 week consultation exercise plus Post Consultation & Evaluation.

8.0 Constraints (i.e. Risks / Issues / Dependencies)

Constraint	Brief description	Level [H,M,L]
Timescales	There is a risk of insufficient timescales to enable full discovery, definition and developing options, incorporating robust, widespread stakeholder and public engagement with consultation legalities prior the deadline of submitting a formal Programme Initial Agreement.	H
Resources	Currently there are no dedicated resources for a project delivery team to support and delivery of this project. There may be a requirement also to commission/procure certain specialised expertise externally.	H
Clinical Models of Care	There is no formal agreed and defined models of care and pathways in support of whole system re-design. Two workshops will take place in August 2019 to commence development of models of care.	H
Lack of possible solutions	We may find there is a lack of possible solutions both technically and physically other than what already exists throughout NHS Ayrshire & Arran.	L
Funding	There is a risk to the programme due to limited budget and agreed funding, in being able to implement a Pan Ayrshire whole system redesign.	M
Alignment of Service Reform Programmes	There is a dependency to ensure alignment and collaboration with all IJB's and HSCPs with other programmes of work around Service Reform.	M
Reputational damage	The risk that the regional service reform agenda creates confusion and therefore impacts negatively on public perception of the Caring for Ayrshire aims and ambitions.	H
Social Media Exposure	There is a risk of negative and inaccurate publicity of the programme of work, using channels such as social media which will need careful consideration.	M
Contractual Arrangements	Due to existing contractual agreements in place both locally and at regional level, this may affect any proposals due to legal challenges.	M
Workforce	There is a risk that any new models of care may result in recruitment challenges, and impact on retention of current workforce.	M

9.0 Proposed Indicative Timeline

ID	Milestone	Project Phase	Indicative Dates	Comments
1	High Level PID discussion Paper	Initiation	19 th July 2019	Issue draft PID
2	Caring for Ayrshire Programme Board		19 th July 2019	Seek endorsement and commitment
3	Terms of Reference/ Governance	Initiation	19 th Aug	Issued
4	Project Execution Plan Drafted	Initiation	19 th Aug	May take other format
5	Transformation Leadership Group		15 th August 2019	No longer Required. Now replaced by IGC
6	CfAP Clinical Models and Pathways Insights Events	Scoping	21 st and 28 th August 2019	Event/ workshop to scope Clinical Models of care
7	Final PID and Project Execution Paper [C4AP] Board	Initiation/ Scoping	21 st August 2019 19 September 2019	
8	Integrated Governance Committee		18 th September 2019	
9	Caring for Ayrshire Programme Board		19 th September 2019	
10	NHS Board		7 th October 2019	
11	South Ayrshire IJB		9 th October 2019	
12	East Ayrshire IJB		9 th October 2019	
13	North Ayrshire IJB		24 th October 2019	
14	CfAP Launch Event		TBC	
15	Caring for Ayrshire Programme Board [C4AP]		28 th Oct, 20 th Nov and 18 th Dec	
16	Options of Models of care Agreed	Scoping	Oct- Nov 2019	
17	CfAP Discovery Phase : -Stakeholder Engagement Methods defined -Data Analysis -Data Sharing/ Co-creation -Stakeholder Working Groups -Agree Specification of Services -Agree Objectives -Develop Project Plans	Scoping	July – Sep 2019	
18	CfAP Define Phase: -Whole System services proposal -Challenges and Issues identified -Strategy Developed -Engagement of Staff, Public & Patients	Planning & Dev	Oct – Dec 2019	
19	Programme Initial Agreement [PIA]– Phase 1 – Drafting commences	Scoping / Planning and Dev	Oct – Mar 2020	As per section 6.5 proposal adopt 2 phased development approach for PIA

Transformation and Sustainability

ID	Milestone	Project Phase	Indicative Dates	Comments
20	CfAP Design Phase: -Data Sharing & Co-Design -Options Appraisal -Agreement to consult on Strategy -Consultation Planning	Planning & Dev	Oct – Dec 2020	
21	Models of Care ‘Sense Check’ Consultation via eg Citizens Jury	Planning & Dev	Dec 2019	To confirm most appropriate mechanism. Seek clarity from SG and Scottish Council
22	Formal Consultation Phase Commences	Planning & Dev	Jan 2020	Approx. 12 weeks
23	Programme Initial Agreement - Phase 1 Submission	Planning & Dev	March 2020	Proposed date awaiting confirmation from Scottish Government on proposals for Programme Initial Agreement
24	Post Consultation & Evaluation	Planning & Dev	Apr - May 2020	
25	Programme Initial Agreement – Phase 2 –Drafting commences [If Required]	Planning & Dev	May-June 2020	Anticipated timeline, dependent on Scottish Government discussions
26	Establish Project Delivery Team with embedded Business Change Team	Implementation	Mar - May 2020	
27	Whole System Redesign Groups enabled	Implementation	Mar – May 2020	
28	Participation & Co-Design Embedded	Implementation	Ongoing	
29	Project Plans for Implementation	Implementation	May- June 2020	
30	Programme Initial Agreement - Phase 2 Submission	Implementation	June – July 2020	
31	Development of a range of additional business case elements as required	Implementation	Commence July 2020	

Appendix 1 – Caring for Ayrshire Stakeholder Engagement and Participation Plan

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Caring for Ayrshire Stakeholder Engagement and Participation Plan

July 2019 to May 2020

1.0 Background

- 1.1 The Delivery, Recovery and Transformation Plan – Communication and Engagement Plan was approved for implementation by Ayrshire & Arran NHS Board on 8 October 2018. This was the first plan to outline how the NHS Board and East, North and South Ayrshire Health and Social Care Partnerships would work collaboratively to initiate communication and engagement efforts with public stakeholders to raise public awareness and acceptance for the need for health and care services to change. The plan set out the engagement objectives; guiding principles; key communication messages; and outlined a range of initial actions to be undertaken between September 2018 and December 2018.
- 1.2 An update to the original Communication and Engagement Plan, entitled the 'Caring for Ayrshire Informing and Engaging Action Plan' was endorsed by the Transformation Leadership Group (TLG) on 18 January 2019. The updated action plan proposed the additional actions required from December 2018 until 31 March 2019 to continue to raise stakeholder awareness and seek acceptance of the need for change. This updated action plan provided greater clarity on the desired outcomes; provided additional stakeholder analysis; and outlined the actions required to deliver on the agreed outcomes.
- 1.3 It was agreed by TLG on 11th April 2019 that timescales for pre-phase engagement could extend until 30 June 2019 to ensure adequate time and resource was dedicated to enable continued scene-setting regarding the need for change prior to moving to the next phase of engagement in summer 2019.
- 1.4 Key achievements to date include:
 - The launch of the Caring for Ayrshire animation with over 700 views online since publication on 17 January 2019 (<https://vimeo.com/311926569>);
 - Updated web presence through launch and regular updating of the Caring for Ayrshire 'micro-site' (www.nhsaaa.net/caringforayrshire) and ongoing social media campaign (Facebook and Twitter);
 - Development and promotion of information materials ([leaflet](#); postcard);
 - Co-ordination of internal communications processes to be able to more easily share information with staff across NHS and the three Health and Social Care Partnerships (HSCPs);
 - Two multi-stakeholder Caring for Ayrshire Conversation events held 24 April and 30 April. A copy of the presentation delivered at each event is available at <https://www.nhsaaa.net/media/7017/caring-for-ayrshire-conversation-powerpoint-presentation.pdf>). The events were attended by 63 individuals representing health and care sector staff (including third and independent

sectors); education sector; locality planning groups; community councils; and interested members of the public. Furthermore, 42 of those individuals have since expressed interest in taking up a Public Partner role to support delivery of the Caring for Ayrshire Transformation Programme.

- Information stalls or input at various community events and meetings across Ayrshire to raise awareness of the Caring for Ayrshire Transformation Programme and the need for health and care services to change;
- Early discussions exploring potential for joint-working/future strategic partnerships with key organisations e.g. Ayrshire College;
- Membership of the pan-Ayrshire Public Engagement Group has been reviewed with additional input secured from operational engagement staff within Health and Social Care Partnerships, third sector, independent care sector, Public Health and Primary Care Improvement Programme, in addition to existing NHS/HSCPs Communications and Engagement leads and Scottish Health Council – group continues to meet bi-monthly;
- Best practice engagement and consultation briefing held 31 January 2019 for all Strategic Service Change Programmes Programme Managers – with input from The Consultation Institute and Scottish Health Council;
- Engagement briefing pack (online and hard copy) issued to all Public Engagement Group members to enable them to deliver Caring for Ayrshire Conversations across Locality Planning/Community Settings;
- Survey feedback tool launched early May 2019 (available for completion online at <https://www.smartsurvey.co.uk/s/caringforayrshire/> and available as a [downloadable copy](#)) with over 200 completed surveys received;
- Ensuring that all transformational change workstreams continue to have robust plans in place for informing, engaging and consulting activity, with greater assurance that plans have been informed by Equality Impact Assessment and pre-consultation risk assessment wherever appropriate;
- Pan-Ayrshire activity to deliver the ‘What Matters To You Day’ campaign on and/or around 6 June 2019.

2.0 Planning for Next Stage of Engagement: July 2019 to May 2020

- 2.1 Late summer/early Autumn 2019 will see a shift from ‘discovery’ phase engagement into a more focused period of active participation with the key aim of ascertaining and clearly articulating a joint stakeholder vision for the future of health and care services across all stakeholder groups (‘define phase’), supported by active stakeholder participation in the co-design and sense-checking of a new model of care (‘development phase’).
- 2.2 Following completion of the development phase, a 12 week period of formal public consultation will be required prior to a final decision on the future model of care. To meet proposed deadlines for submission of the Programme Initial Agreement, it is essential that the consultation concludes before 31 March 2020.
- 2.3 **Risk** - the national and regional service reform agenda could conflict with the proposed Caring for Ayrshire engagement efforts and subsequently result in public confusion, increased cynicism and poor public relations. As such, it is important that all external communications and messaging over the next 12 months across NHS and between the three Health and Social Care Partnerships (H&SCPs) sensitively dovetail and complement Caring for Ayrshire communications, including all

communications relating to any regionally/nationally driven reform agendas being proposed across NHS Ayrshire & Arran Acute Services, as well as any redesign of community-based services managed by H&SCPs. As such, there will be a need for extensive and robust Public Relations and communication management, robust media relations and ongoing monitoring, for which there is limited available communication capacity within existing resources. It proposed that consideration be given to commissioning high-level Public Relations consultancy support to manage the complex communications environment.

3.0 Proposed Stakeholder Engagement, Participation and Communications Plan

- 3.1 The actions described throughout the remainder of this document relate solely to delivery of the communications, engagement and participation activities necessary to deliver the desired outcomes of the Caring for Ayrshire programme (as described in the Project Initiation Document) and do not take into account the additional work required around communicating the wider service reform agenda.
- 3.2 As alluded to above, successful delivery is therefore dependent on robust project management of communications and engagement activity; securing adequate staff and budget resources to deliver (discussed in more detail at section 5.0); and the need to continue to factor in the potential public relations impact of communications and engagement activity around other strands of acute services and H&SCP service reform agendas as discussed above at 2.3 (the impact of which is yet to be fully scoped and understood).
- 3.3 A summary of key milestones for delivery within proposed timescales is detailed at Figure 1 with a more detailed summary of key actions at Figure 3. A descriptive overview of the key actions and outputs required at each stage, including potential options/proposals for delivery, is discussed below at section 4.0.

Figure 1

Key milestones and indicative dates for engagement and consultation

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Discovery	Staff, patient & public dialogue methods										
Define			Data analysis/sharing & campaign prep								
Development				Co-design draft model of care	Sense-checking e.g. Citizen's Jury						
Formal Consultation				Consultation planning & prep		12 week public consultation			Post consultation analysis & evaluation		

4.0 Proposed Actions with Indicative Target Dates

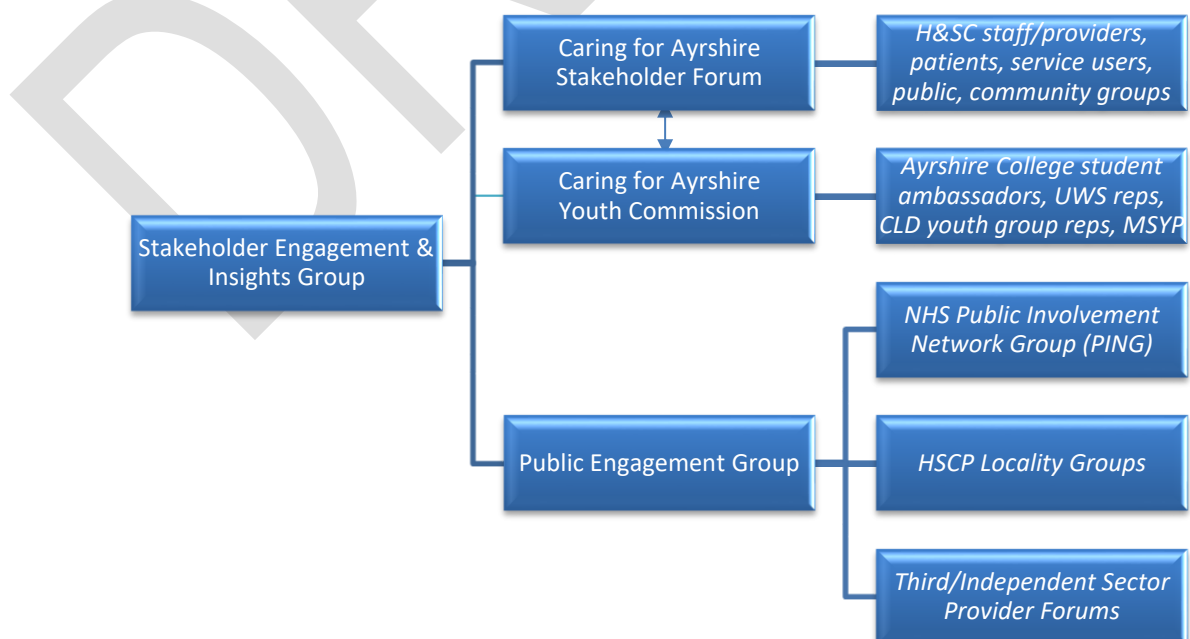
4.1 Completion of Discovery Phase

The discovery engagement phase has been ongoing since early 2019. In order to formally close off this phase, several actions are now required to build on the work to date so as to offer assurance that adequate discovery insights have been collated from across a wide range of key stakeholder groups (multi-sector health and care staff, partners and the wider public) and that those insights have been conscientiously considered to inform the next stage of programme development.

4.1.1 Ensure robust governance, planning and engagement processes are in place to facilitate ease of involvement of staff, patient and public stakeholders:

- Feedback mechanisms are in place to enable stakeholder insights to be captured and collated for conscientious consideration, specifically ongoing maintenance/updating of web microsite; SmartSurvey online tool and assuring hard copies of all materials with closing date for discovery data collation to cease proposed as **31 August 2019**;
- Engagement Support Officer to establish and administer a Stakeholder Engagement and Insights Group (**first meeting w/b 14 October 2019**) (reporting directly to Caring for Ayrshire Programme Board) to have oversight of all informing, engaging and consultation activity, supported and informed by a new Caring for Ayrshire Stakeholder Forum and Youth Commission, as well as more formalised links to existing formal public involvement structures through the existing Ayrshire-wide Public Engagement Group i.e.

Figure 2 – Proposed Stakeholder Governance and Associated Groups



- Agree and implement consistent policy and process for engagement and consultation **risk assessment** and **Equality Impact Assessment** – requires support of Equalities Adviser (to be invited as member of Stakeholder Engagement and Insights Group to lead and advise on EQIA process);

4.1.2 Ongoing discovery of key stakeholder insights to inform the work to develop a draft model of care:

- Initiating staff discussions through internal events involving key clinicians and key health and care staff to gain insights to inform the initial drafting of early proposals for a new model of care – two initial events in August 2019 followed by a programme of wider staff engagement and communications with potential support of OD and Employee Director and team **throughout September and October 2019**.

4.2 Define Phase

4.2.1 Assure clarity of purpose and readiness to co-design a new model of care with the involvement of key stakeholders:

- Secure specialist design and user-experience expertise to lead and support delivery of co-design activity throughout the design phase – resource dependent and required to be in place **by 30 September 2019**;
- Thematic analysis of all data collated during the discovery phase – option to commission external social research organisation to analyse for neutrality (resource dependent) or internal analysis (staff capacity to be scoped) – **complete discovery data analysis by 30 September 2019**;
- Data-sharing to feedback findings, including key themes, to stakeholders and decision-makers i.e. publication of report and data sharing to widely share feedback to date **during October 2019**.

4.2.2 Design a suite of communications and campaign materials to help inform and support stakeholder engagement:

- Further develop the use of social media and other online and/or technology-enabled engagement methods to embed a process for online and technology-enabled dialogue with the wider public – capacity to deliver dependent on securing additional communications capacity (potentially tendering/commissioning external social media consultancy) **by 30 November 2019**;
- Design and develop user-experience based 'personas' (i.e. a fictional family case study), supported by an extensive communications campaign, to provide and widely share a tangible and accessible example of how future proposals might impact on individuals and families across Ayrshire and Arran for use during consultation – will require dedicated communications and graphic design capacity (possible outsourcing required due to limited internal resources) – **by 30 November 2019**.

4.3 Development (Design) Phase

4.3.1 A draft model of care is co-designed with the involvement of key stakeholders:

- 'Scottish Approach to Service Design' co-design methodology is utilised to assure the involvement of stakeholders in the design of the new clinical model of care – identify/commission a co-design facilitator and propose a minimum of five design workshops with multi-stakeholder involvement (including public) (1 x each H&SCP area plus x 2 acute hospital sites) **by 31 October 2019.**

4.3.2 Key stakeholders have opportunity to reflect and comment on early draft proposals for the new model of care through active involvement in sense-checking prior to public consultation:

- Innovative and inclusive public involvement methodology (i.e. citizen's jury or citizen's assembly) to assure representative stakeholder involvement in the sense-checking of the draft model of care – deliver a robust deliberative process to sense-check draft model of care **by 31 December 2019.**
- Focused group discussions(s) to explore in detail and better understand the potential impact (positive and negative) of draft model(s) of care to inform EQIA – propose this be a key remit of Stakeholder Forum and Youth Commission to help inform initial EQIA development **by 31 December 2019.**

4.3.3 Robust consultation planning and delivery of best practice public consultation to inform decision-making on the future model of care:

- Commission ongoing advice and support from The Consultation Institute to provide neutral assurance that best practice engagement and consultation is being observed **by 30 September 2019;**
- Develop and submit a detailed consultation plan for approval by the Stakeholder Engagement and Insights Group (**w/b 4 November 2019**) and Caring for Ayrshire Programme Board on **20 November 2019.**
- Develop and submit formal consultation materials i.e. detailed consultation document; easy-read consultation document; feedback questionnaire; and relevant supporting technical documents for approval by the Stakeholder Engagement and Insights Group (**w/b 2 December 2019**) and Caring for Ayrshire Programme Board on **18 December 2019.**
- Undertake formal 12 week period of public consultation **January to March 2020** on draft proposals for the future model of care.
- Analysis of consultation feedback followed by a period of conscientious consideration by all decision-making bodies across NHS Board and the three IJBs – detailed analysis of consultation feedback will require to be fully reported and considered prior to formal decision on agreed model of care – **feedback analysis completed by 30 April 2020 followed by IJB x 3 and NHS Board consideration > May 2020.**

5.0 Resources Required

5.1 Existing Resources

5.1.1 To date, there has been no dedicated staff resource specifically for the Caring for Ayrshire Programme. To date, the Programme Management Office within the Directorate for Transformation and Sustainability has been providing programme management, project management and engagement officer support, with additional ad-hoc input from the NHS Ayrshire & Arran Communications Manager and team where capacity allows.

5.1.2 More recently, a temporary Senior Programme Manager has been appointed to enable robust project initiation and project execution planning to support the Caring for Ayrshire Programme Board, supported by the temporary Engagement Support Officer. A permanent Senior Programme Manager is currently being recruited and some of that role will be dedicated to supporting the Caring for Ayrshire programme.

5.2 Proposed Resources

5.2.1 To assure sufficient capacity to deliver the actions proposed within this plan it is recommended that additional engagement and communications staff resources fully dedicated to delivery of the Caring for Ayrshire Programme be considered i.e.:

- 1.0 WTE Engagement Support Officer Band 6;
- 1.0 WTE Communications and Digital Media Officer (c. Band 6) – new post or secondment;
- 1.0 WTE Engagement Support Assistant – Events/Admin Support (c. Band 3/4) – new post or secondment.

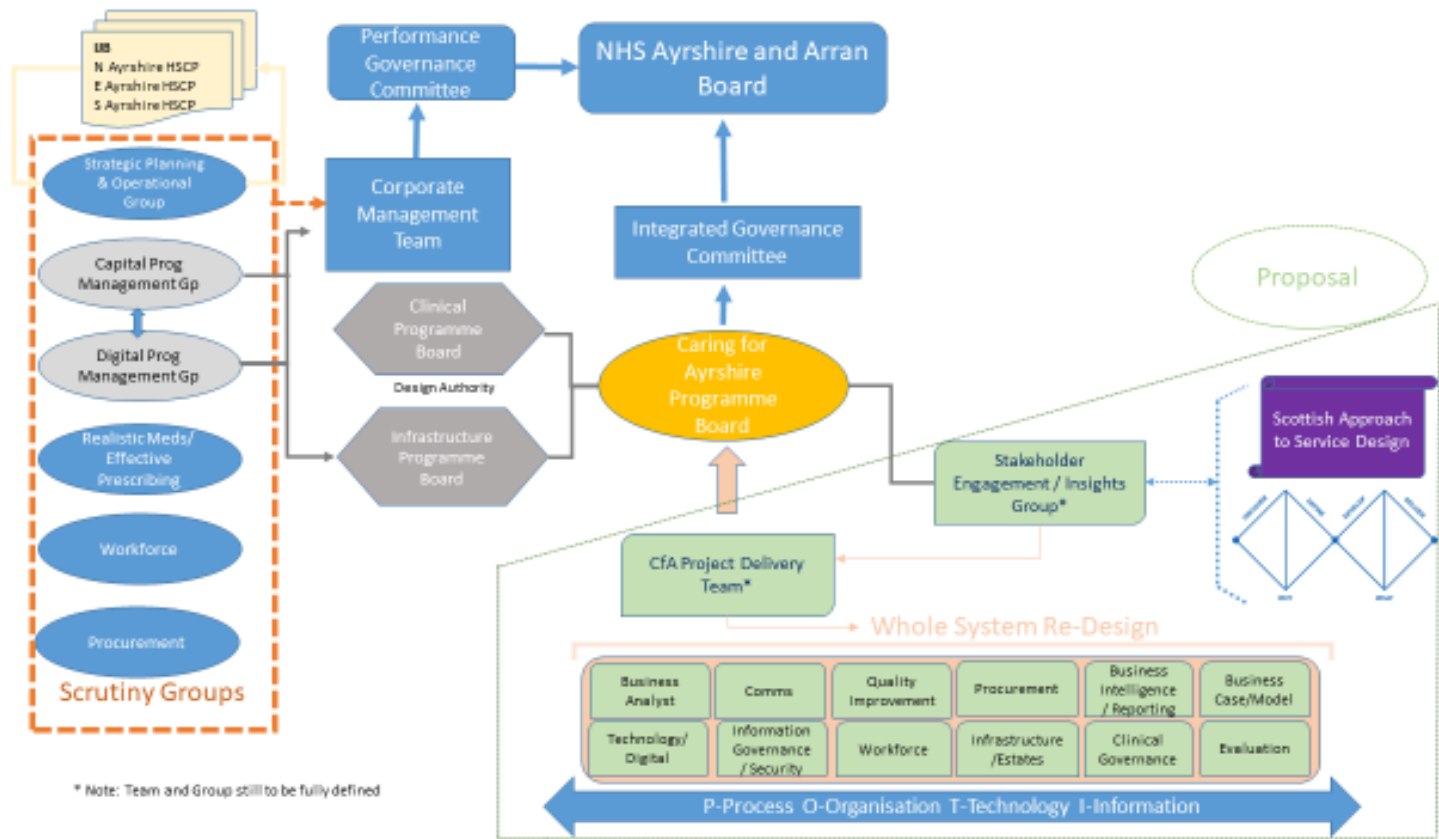
5.2.2 Proposals within this plan also require approval to tender/commission for external specialist expertise, i.e.:

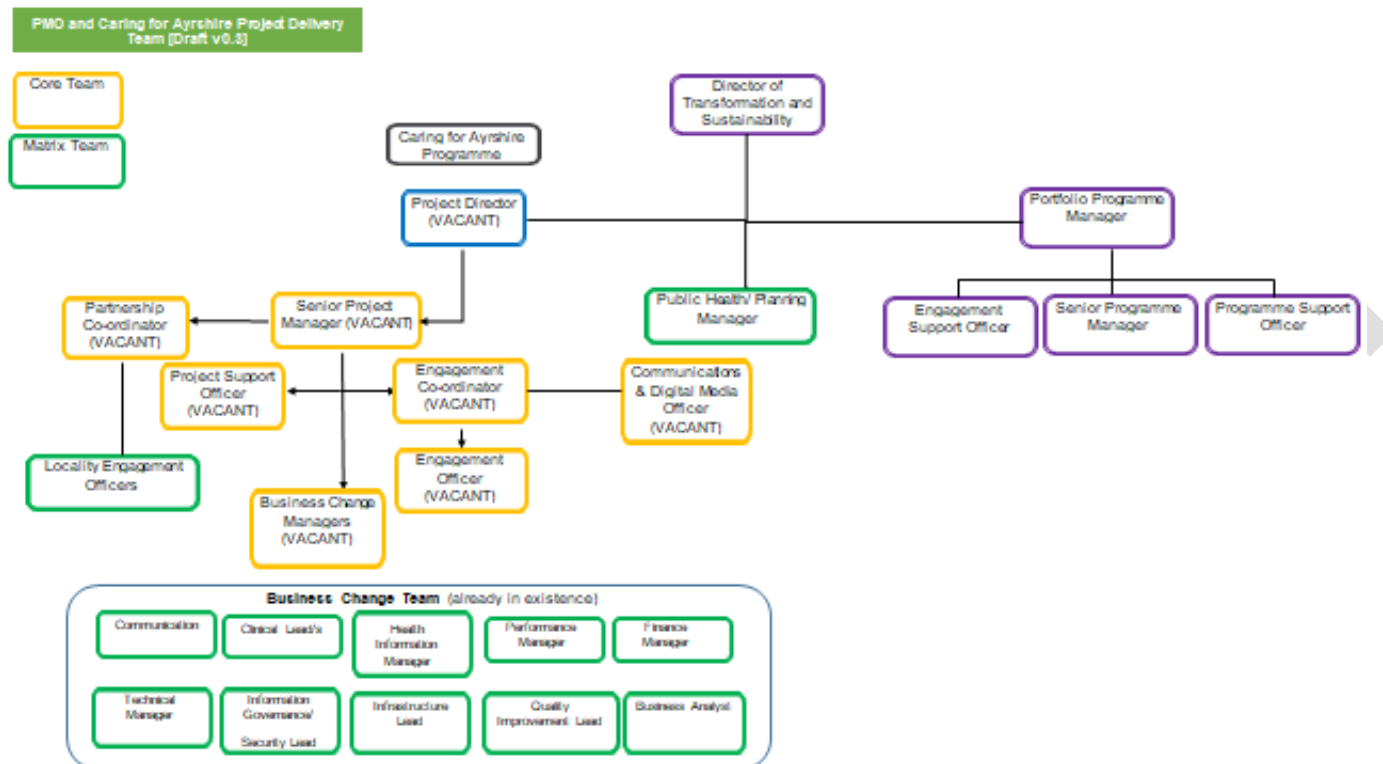
- Specialist User-Experience (UX)/Design expertise
- Social research/data analysis
- Social media consultancy
- Public Relations expertise/consultancy
- Graphic design/campaign development (if no capacity internally)
- Deliberative engagement expertise e.g. Citizen's Jury facilitation and associated need for randomised sampling from electoral role
- The Consultation Institute (advisory role/quality assurance)

Figure 3 – Stakeholder Engagement and Participation Plan: Summary of Key Actions with Indicative Timescales

Action	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Commission The Consultation Institute (advisory/quality assurance)	█									
Close feedback survey/discovery data collection.	█									
Two initial stakeholder events (clinicians)										
Ongoing staff engagement and communications	█	█	█	█	█	█	█	█	█	█
Complete EQIA (on engagement process)		█	█	█	█	█	█	█	█	█
Establish Stakeholder Engagement and Insights Group		█	█	█	█	█	█	█	█	█
Complete analysis of discovery data		█	█	█	█	█	█	█	█	█
Secure specialist design/UX expertise		█	█	█	█	█	█	█	█	█
Complete engagement/consultation risk assessment		█	█	█	█	█	█	█	█	█
Discovery data sharing		█	█	█	█	█	█	█	█	█
Deliver a minimum of five multi-stakeholder design workshops		█	█	█	█	█	█	█	█	█
Secure additional capacity to deliver online/social media engagement		█	█	█	█	█	█	█	█	█
Develop 'user persona' communications campaign and resources		█	█	█	█	█	█	█	█	█
Develop and approve a detailed consultation plan		█	█	█	█	█	█	█	█	█
Establish Stakeholder Forum/Youth Commission		█	█	█	█	█	█	█	█	█
Develop formal consultation materials		█	█	█	█	█	█	█	█	█
Deliver deliberative process (e.g. Citizen's Jury) to sense-check model of care		█	█	█	█	█	█	█	█	█
Complete EQIA (on draft proposals) with involvement of stakeholders		█	█	█	█	█	█	█	█	█
Formal 12 week consultation period						█	█	█	█	█
Consultation feedback analysis									█	█
Conscientious consideration of consultation feedback by IJBs/NHS Board										>May19

Appendix 2 – Proposed Caring for Ayrshire Management Structure





Appendix 3 – Programme Initial Agreement Phase 1

Development of PIA	Indicative TimeLine	Requirement under SCIM	Relationship with CfAP – Stakeholder Engagement & Insights and Consultation of Models of Care Redesign Activity
Executive Summary	Oct 2019	<p>To provide a summary of the overall CfA programme, existing challenges and current need for changes, proposed outcomes and benefits in patient care.</p> <p>By drawing upon the Caring for Ayrshire Programme Strategic Assessment, Project Initiation Document and other associated pre early engagement materials.</p>	<p><u>Early Engagement Phase</u> - Use outputs, documentation and learning from early Pre engagement activity, using and drawing upon the need for transformational changes in support of sustaining future health and care services, with whole system redesign approach.</p>
Strategic Case	Nov/Dec 2019	<p>A description of the existing health and care services / activity provision throughout NHS Ayrshire & Arran, covering areas such as:</p> <ul style="list-style-type: none"> • List of Acute Services • Our Primary Care Services • Inpatient Beds • Community Services • Support Services • Outpatient services <p>Analysis conducted on locations of services will be carried out, including the condition and performance (as identified in the Board's PAMS) of existing assets affected by the programmes aims and objectives.</p> <p>The need for change will be outlined and why new models of care are required in support of a sustainable future health and care service. Identification of challenges, risks, issues, dependencies and constraints will also be captured</p> <p>Using the outputs from the insights, stakeholder engagement activity so far and from the 'Discovery' and 'Define' phases of the CfA Service Redesign approach.</p>	<p><u>Discovery Phase</u> – From the consolidation of the activity and work undertaken to date in fulfilling the discovery phase of the programme, can look to populate draft strategic case.</p>

<p>Economic Case</p>	<p>Jan/Feb 2020</p>	<p>As this is only Phase 1, the PIA will have to be explained in a way that describes the new Models of Care outcomes and identifies a list of known individual projects that will be required to achieve this. It must also include a Do Nothing or a Do Minimum option that will be used as a benchmark for determining the relative value of the other proposed solutions under consideration.</p> <p>A summary would be required with the potential high level outlined options that will support and facilitate the implementation the new Models of Care and must include:</p> <ul style="list-style-type: none"> -Acute Services proposals -Creation of Health and Well Being Centres/ Hubs -Services that will be delivered in different facilities by shifting the balance of care to community and at home -The use of technology in support of remote and virtual services <p>We can at a high level at this stage provide a description of the proposed service / activity provision including information, where relevant, on:</p> <ul style="list-style-type: none"> -The services or activities to be delivered by these new models of care. <p>However we will not be at this stage looking to identify any proposed locations of the services / activities.</p>	<p><u>Discovery and Define Phase</u> – Using outputs and creations from the analysis from the discovery phase will help shape early thoughts on the economic case. Acknowledging early indications from initial Define activity such as Stakeholder Engagement and Insights Group will aid populating the case.</p>
<p>Commercial Case</p>	<p>Feb/ Mar 2020</p>	<p>Some early outline details around of how prepared/resourced/organised NHS Ayrshire & Arran and the Health and Social Care Partnerships are, can be drafted following the outputs of the 'Define' stage and early 'Planning & Development' phase. The notion would be to further refine this under phase 2 of the PIA development.</p> <p>Initial thoughts around the Procurement Strategy could be prepared, evidencing that consideration has been given to all procurement options in line with legislation and that a preferred way forward would be identified as part of phase 2.</p> <p>The Governance section can be completed comprehensively,</p>	<p><u>Define and Develop Phase</u> – Having worked through the models of care and user personas in how health and care services could be transformed and delivered in the future will support the commercial viability of the programmes aims and ambitions.</p>

		<p>taking into account the proposals within the PID and project execution document in identifying the governance arrangements for the project. This should include the various Boards or Committees who will provide oversight, constrictive challenge, guidance and decision making and overall approval. This can also cover the Project/Programme Management structures of the teams along with the identified roles and responsibilities</p>	
Finance Case	Mar 2020	<p>Providing a comprehensive financial case at this stage would be difficult, however we would look to provide an indicative range of costs across the new models of care, with the caveat these would be refined under phase 2.</p> <p>An organisational financial situation statement could be included that explores the options for the funding streams and what expectations exist around provision of funds – both capital and revenue going forward.</p> <p>The resources proposed for the project can be identified and include an assessment of their suitability and availability currently and projected throughout the length of the programme in support of delivery and implementation.</p> <p>We would look to identify any known constraints on revenue or capital funding, which would include along with any known or anticipated contributions from planning partners or external sources.</p>	<p><u>Define and Develop Phase</u> – Only high level indicative financial aspects will be available at this time, and recommended that phase 2 focuses on the finance case.</p>
Management Case	Mar 2020	<p>We would be well placed in providing the organisational management case that demonstrates the governance for the Programme and associated projects. This would cover a summary of the key individuals, organisations, Boards and Committees represented and how they have been involved in the development of the overall Programme.</p> <p>Provide an overview of the capability of those tasked with delivering the project both internally and externally along with an assessment by the organisation of its readiness to take the Programme/Projects forward including any specific workforce arrangements required to support the proposed resourcing.</p>	<p><u>Discovery, Define and Develop Phase</u> – Working through the programme activity from the outset will help develop the management case, drawing upon all the outputs, analysis and options on new models of care will provide bases on the management aspects.</p>

Appendix 4 – Governance – Boards/Groups purpose and memberships

Board/ Group	Purpose	Membership
NHS Corporate Management Team	<ul style="list-style-type: none"> To provide assurance to the Board that robust systems are in place for the monitoring, management and improvement of services in terms of quality, safety, people and financial performance. To discuss any business pertaining to the operation of the organisation, ensuring that CMT maintain an overview and that a strategic, coordinated and agreed approach is established in respect of current programmes of work and any required actions. To take decisions that require corporate endorsement and support from the Chief Executive and other directors. 	<ul style="list-style-type: none"> Chief Executive (Chair) Director of Acute Services Director of Corporate Support Services Director of Finance Director of HSCP – East Director of HSCP – North Director of HSCP – South Director of Human Resources Director of Public Health Employee Director Director of Transformation and Sustainability Medical Director Nurse Director
Integrated Governance Committee	<ul style="list-style-type: none"> To provide assurance to the NHS Board that issues identified in specific governance Committees are discussed across the Board thereby ensuring joined up corporate governance 	<ul style="list-style-type: none"> The lead Director for each of the five other standing Board Governance Committees will be in attendance. The Chief Executive and Corporate Business Manager will attend to provide information and advice. The Non -Executive Director in position as Chair/Vice Chair of each Integrated Joint Board will attend to provide representation for each Health and Social Care Partnership. The Committee may co-opt additional advisors as required.
Caring for Ayrshire Programme Board	<ul style="list-style-type: none"> To discharge the function of a Programme Board for the Caring for Ayrshire Programme. To provide oversight and direction to the work of the, Clinical Programme Board, Infrastructure Programme Board, Capital Programme Management Group and Digital Programme Management Group and Stakeholder Engagement and Insights Group in relation to the Caring for Ayrshire Programme. 	<ul style="list-style-type: none"> Chief Executive (Chair) Director for Transformation and Sustainability Chair of Infrastructure Programme Board Chair of Capital Programme Management Group Co-chair of Clinical Programme Board Chair of Stakeholder Engagement and Insights Group Public Representatives from Stakeholder Engagement/ Insights Group
Clinical Programme Board	<ul style="list-style-type: none"> Forum for providing strategic oversight around all clinical aspects within NHS Ayrshire & Arran, linking service delivery with integrated use of digital and TEC - eHealth leads and as well as Andy Grayer to attend to support this function 	<ul style="list-style-type: none"> Joint Medical Director (Co Chair) Director of Nursing (Co Chair) Associate Medical Director University Hospital Crosshouse Associate Medical Director University Hospital Ayr Associate Medical Director Primary and Community Care Associate Medical Director Mental Health

Board/ Group	Purpose	Membership
	<ul style="list-style-type: none"> Through the CPB this board will be a design authority for the clinical service models and pathways of care. This will cover short, medium and longer term service change in line with the overarching strategic intent. 	<ul style="list-style-type: none"> Associate Medical Director Women, Children and Diagnostics Associate Medical Director Acute Services Associate Nurse Director Acute Services Associate Nurse Director/Head of Midwifery Women & Children Associate Nurse Director East Ayrshire Health & Social Care Partnership Associate Nurse Director North Ayrshire Health & Social Care Partnership Associate Nurse Director South Ayrshire Health & Social Care Partnership Assistant Director Quality Improvement Associate AHP Director Healthcare Sciences – <i>to agree with these disciplines who would be best to contribute on their behalf</i> Chair, Area Clinical Forum Director of Pharmacy Director of Public Health Clinical Director, East Ayrshire Health & Social Care Partnership Clinical Director, North Ayrshire Health & Social Care Partnership Clinical Director, South Ayrshire Health & Social Care Partnership
Infrastructure Programme Board	<ul style="list-style-type: none"> This group will give leadership and strategic direction to the work to develop the capital and digital plans to deliver the clinical model in the short, medium and long term within NHS Ayrshire & Arran. 	<ul style="list-style-type: none"> Director of Health and Social Care, East Partnership (Chair) / (SRO) Director of Health and Social Care, North Partnership Director of Health and Social Care, South Partnership Director of Acute Services Director for Transformation and Sustainability Director for Corporate Support Services Head of Property Services, Strategy and Partnerships Assistant Director of Digital Services Workforce representatives (as required) Finance representatives (as required)
Capital Programme Management Group	<ul style="list-style-type: none"> The Capital Programme Management Group (CPMG) will be responsible for driving the Capital programme forward and delivering project outcomes. 	<ul style="list-style-type: none"> Director of Corporate Support Services (Chair) Programme SROs Project Directors Assistant Director of Estates and Clinical Support Services

Board/ Group	Purpose	Membership
	<ul style="list-style-type: none"> CPMG will be accountable and responsible to the Corporate Management Team (CMT) for the delivery of individual projects / programmes within agreed timescales and costs. 	<ul style="list-style-type: none"> Assistant Director (Programmes) Head of Capital Planning Services Senior representatives from corporate functions (Finance, Health & Safety etc) Operational Manager(s) (Representatives from other Operational departments who will act as bridge between Programme and Service) Staff side representatives(s)
Digital Programme Management Group	<ul style="list-style-type: none"> The Digital Programme Management Group (DPMG) will be responsible for driving digital services forward and delivering project outcomes. DPMG will be accountable and responsible to the Corporate Management Team (CMT) for the development and delivery of projects included in the Board's Digital Services Development Plans (Strategic and Tactical). In conjunction with service users, the Group is responsible for overseeing the delivery of digital transformation and the realisation of associated benefits. 	<ul style="list-style-type: none"> Director of Corporate Support Services (Chair) Assistant Director of Digital Services Head of Digital Systems Programmes and Development Digital Services Clinical Director Digital Services Clinical Lead Digital Services Nurse Consultant Director of Pharmacy or representative Medical Director or representative Nurse Director or representative Director of Transformation and Sustainability or representative Directors of Health and Social Care Partnerships or representatives Clinical Directors of Health and Social Care Partnerships or representatives Director of Finance or representative Director of Acute Services or representative Director of HR or representative Chair of the Primary care and Community Digital Services Group.
Stakeholder Engagement/ Insights Group	<ul style="list-style-type: none"> The Stakeholder Engagement / Insights Group will provide oversight management and co-ordination for the responsibility in ensuring both internal and external stakeholder engagement throughout the lifecycle of the programme, whilst supporting the management of timely communications. Additionally the remit of this group will be to facilitate and gain stakeholder, public, third sector and independent sector insights around informing and shaping the whole system redesign in a co-creation approach. 	<ul style="list-style-type: none"> Director of Transformation and Sustainability Engagement Support Officer Employee Director Equality and Diversity Adviser Five Public Representatives – 3 x HSCP, third sector and independent sector (5No)

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Appendix 5 – Primary Care Programme Improvement Plans 2019/20

Area	Commitment	Target for 2019/20	Status [RAG]
Pharmacotherapy	Recruit a total of 29 new wte staff members to roll out service	Recruit to remaining skill mix of staff to complete pharmacotherapy model in all GP Practices. Monitor performance and qualitative measures being established to demonstrate and ensure task transfer and correct skill mix	Green
	Establish a training academy model	Continue to develop approach to training linking with national groups and workforce planning	Green
	Serial prescribing - establish a systemic and standard approach for phased implementation and roll out plan.	Continue to roll out as per timelines in plan and monitor impact on workload.	Green

Area	Commitment	Target for 2019/20	Status [RAG]
Primary Care Nurse Service	Recruit to 9 nurse graduate roles to develop Primary Care Nurse role	Commitment achieved. 9 nurses in post Jan 19 (3 in each HSCP)	Green
	Design proposed workforce model for delivering community treatment and care (CTAC) for consultation with services and stakeholders.	A vision for CTAC linked to wider community nursing to be agreed between stakeholders at design event June 2019 A focussed project group taking forward under the Community Treatment and Care Project (CTAC) Group. Model due to be presented for consultation August 2019.	Green

Area	Commitment	Target for 2019/20	Status [RAG]
Vaccination Transformation Programme	Preschool Programme – scope and cost pan Ayrshire model	Model to be agreed by August 2019 with service being implemented end of 2019 – rolled out until 2021.	Green
	Travel vaccinations – await national guidance for safe delivery requirements	Agree timelines and approach between 2019 and 2021 to progress preschool, travel, influenza, and other at risk groups	Green
	Influenza Programme – scope the use of nurse bank	Will be progressed through CTAC model design.	Green
	At risk group – focus on pregnant ladies. Vaccines to be delivered at 20 week scan or by community midwife	Commitment achieved. Service transferred 1 October 2018	Green

Area	Commitment	Target for 2019/20	
Urgent Care	Maintain and maximise Pharmacy First and Eyecare Ayrshire	Establish Standardised Pathways for Advanced Practitioners linked to MDT	Green
	Provide infrastructure /pathways for consistent signposting and navigation to alternative service	Support Implementation of NHS 24 Practice Websites	Green
	Undertake social media/communication campaign for right care, right person	Commitment achieved. Communication plan and public campaign messages being taken forward through the Communications Group for launch by end of April 2019.	Green
	Seek to become test of change site for Advanced Paramedics	Test commenced late 2018 in GP Practice- Ongoing monitoring	Green
	Create local collaborative with clusters to undertake quality improvement activity	Work will continue with HIS and local programme team to develop national initiatives and projects being carried out	Green
	Scope home visit activity and share best practice/protocols	Will be progressed with Clusters and GP Practices to inform an advanced practice model by August 2019	Green

Area	Commitment	Target for 2019/20	
Multi-disciplinary Team (MDT) in General Practice	MSK Physio - Recruit to an additional 7 MSK Advanced Physio roles	Commitment achieved. All recruited by December 2018 Work with core service to review and refine model, identifying where further resource can be added.	Green
	Primary Care Mental Health Services - Continue to invest in Community Mental Health and scope pathways/models	Continue to develop pan Ayrshire model and seek further additional investment from Action 15	Green
	Community Link Workers - sub Group established to scope roles and try ensure consistency of approach	Evaluate the models across the HSCP and support a consistency of service the Community Link Workers provide across Ayrshire and Arran	Green
	<ul style="list-style-type: none"> • ANP Academy: • Cohort 1 – 14 from Sept 2017 to complete in 2019 • Cohort 2 – 10 commenced September 2018 	11 due to complete in 2019 Cohort 3 to commence September 2019	Green

Future Plans for Primary Care Improvement programme 2020-2022

The Primary Care Improvement Programme are proposing that further plans are developed through an iterative process, involving all clusters and localities to understand the different priority needs within each HSCP. Work has already begun around this, with the following high level time line and activities being listed below:

- **June – August 2019**

A series of workshops with a stakeholders to learn from current changes and determine future service models as outlined in the new contract

- Stakeholder workshop to design Community Treatment and Care service
- All GP Practices to attend workshop to inform effective practice based MDT working and influence the whole system clinical model
- Stakeholder workshop to design a preferred model for advanced practice assisting with on the day demand in General Practice.

- **August – October 2019**

- HSCPs are provided with information on their expected allocated funding, along with the range priorities agreed through the workshop sessions.
- Clusters consider where they think gaps are and what would assist them to deliver the new contract
- Clusters have a joint discussion with their HSCP to form a Partnership wide view aligned to the HSCP strategic priorities
- Pull together into a pan Ayrshire proposal which then goes through the relevant Implementation Groups for detailed design and project planning

- **October 2019**

- Present proposals and outcomes of discussions for further consideration or further information required with HSCPs and Clusters.

- **November/December 2019**

Final PCIP 2020-2022 prepared and presented to IJBs, LMC and NHS Board:

7 October – NHS Board

27 November – East Ayrshire IJB

2 December – Ayrshire & Arran NHS Board

11 December – South Ayrshire IJB

17 December – GP Sub Committee/ Local Medical Committee

19 December – North Ayrshire IJB