

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 28 March 2022
Title:	Winter Funding Plans
Responsible Director:	Tim Eltringham, Director of South Ayrshire Health and Social Care Partnership
Report Author:	Tim Eltringham, Director of South Ayrshire Health and Social Care Partnership

1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- Government policy/directive;
- Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

On the 5th of October 2021, the Cabinet Secretary announced new recurring investment of £300m to help protect health and social care services over the winter period and to provide longer term improvement in service capacity across health and social care systems. This announcement was followed up by a letter from NHS Scotland Chief Operating Officer and the Director of Mental Wellbeing and Social Care, detailing the winter planning investment for health and social care included in Appendix 1.

This investment is to plan and build resilience into the system through winter and beyond to ensure sustainability and build on approach to recovery and renewal as set out in the NHS Recovery Plan and improve social care support. The investment has four key principles:

- Maximising Capacity
- Ensuring Staff Wellbeing
- Ensuring System Flow
- Improving Outcomes

On the 4th of November a funding allocation letter was received from the Scottish Government detailing the specific IJB allocations of Winter Pressures Funding to the meet the four key principles above. The funding allocation has been split into specific tranches that can be measurable in terms of input and expected outcomes measurable by Key Performance Indicators.

The Board are asked to note the plans developed by the HSCP for the deployment of the new investment in line with Scottish Government guidance and Key Performance Indicators.

On a recurring basis the investment is £4.110m and this amount is used to plan the longer term needs of the service to improve system flow, build capacity and improve outcomes for the people of South Ayrshire in line with our strategic priorities set out in our Strategic Plan 2021-31.

2.2 Background

On 5th October the Cabinet Secretary announced an investment of over £300m in hospital and community care to tackle what may be the toughest winter the NHS and Social Care will face. The new multi-year funding will support a range of measures to maximise hospital and primary care capacity, reduce delayed discharges, improve pay for social care staff and ensure individuals in the community who need support receive effective and responsive care.

The winter package of additional support includes:

- Recruiting 1,000 additional NHS staff to support multi-disciplinary working.
- £40 million for 'step-down' care to enable hospital patients to temporarily enter care homes, or receive additional care at home support, with no financial liability to the individual or their family towards the cost of the care home.
- An additional £62 million to maximise the capacity of care at home services.
- Up to £48 million will be made available to increase the hourly rate of social care staff to match new NHS band 2 staff.
- £20 million to enhance Multi-Disciplinary Teams, enable more social work assessments to be carried out and support joint working between health and social care.
- £28 million of additional funding to support primary care.
- £4.5 million available to Health Boards to attract at least 200 registered nurses from outwith Scotland by March 2022.
- £4 million to help staff with their practical and emotional needs, including pastoral care and other measures to aid rest and recuperation.

The funding in relation to increasing the hourly rate for social care staff employed by commissioned care providers has been addressed separately with funding provided to fully meet the cost of implementation of the uplift to local commissioned providers, including an uplift to the National Care Home Contract Rate.

A separate funding allocation of £109k has been received in relation to Primary and Social Care staff wellbeing supports.

2.3 Assessment

The IJB Winter Funding Plan focusses on the key areas of funding delegated to the HSCP to deliver:

- Alternatives to admission and supported discharge
- Practice Aligned Team
- Practice Team
- Maximise capacity in the community

The plan, included at Appendix 1, sets out the Health and Social Care Partnership's plans to invest in community services, focussing on the additional funding provided by the Scottish Government to address imminent Winter Pressures for 2021-22 with a view to supporting sustainable investment in services to deliver on our longer-term HSCP ambitions. The funding, elements of which is recurring, provides a real opportunity to address areas of investment in our community services to address issues with hospital flow (admission and discharge) and also to address elements of unmet need in communities.

The investment proposals illustrate the alignment with the South Ayrshire Strategic Plan, provides local context in terms of our needs assessment, demographic challenges and locality priorities, outlines the KPIs attached to the funding and describes the current service delivery challenges, demands and performance.

The investment proposals have been developed with the community care and health senior management team and has been informed by Adult and Older People Service Plan and the various service reviews underpinning this plan. The investment proposals have had oversight by our Strategic Planning Advisory Group on 14 December 2021, Council's Leadership Panel on 18 Jan 2022 and were approved by the Integration Joint Board in February 2022.

Expectations require to be managed in relation to how quickly the investment will have a noticeable impact on our health and social care system, as the investment is reliant on successful recruitment. Particularly as there is ongoing recruitment underway across services with all parts of the health and care system drawing on the same pool of candidates.

2.3.1 Quality/patient care

The additional investment and planned activity and capacity, made possible by the winter pressures fund, will make a significant contribution to improving outcomes for the people we provide care and support for in South Ayrshire. It is anticipated that the investment will support a reduction in delayed transfers of care and address unmet need in community services.

2.3.2 Workforce

There are opportunities in creating additional workforce in both NHS and South Ayrshire Council. Requests for new posts or recruitment to existing generic roles will be subject to vacancy management and scrutiny within each partner organisation.

2.3.3 Financial

The financial investments and resources allocation from the Scottish Government are stated in the report, these invest proposals are subject to approval by the IJB.

Thereafter proposals of individual elements in relation to workforce or commissioning will follow the governance processes within each partner organisation.

2.3.4 Risk assessment/management

Risks are highlighted in relation to the ability to secure the additional workforce to deliver on the planned improvements.

2.3.5 Equality and diversity, including health inequalities

The investment of funding and increase in capacity will support addressing inequalities in the provision of care with equal access and support across South Ayrshire.

2.3.6 Other impacts

The plans will be monitored against the key performance indicators with quarterly reports being provided by each HSCP to the Scottish Government. In South Ayrshire this information will also be provided to the IJB Performance and Audit Committee. IJB have agreed to remit responsibility for oversight to the IJB Performance and Audit Committee.

2.3.7 Communication, involvement, engagement and consultation

Plans have been developed in conjunction with South Ayrshire HSCP Management Team with wide engagement across services to develop the plan in line with Scottish Government guidance.

2.3.8 Route to the meeting

The investment proposals have had oversight by our Strategic Planning Advisory Group on 14 December 2021, Council's Leadership Panel on 18 Jan 2022 and were approved by the Integration Joint Board in February 2022.

2.4 Recommendation

For awareness. Members are asked to note the plans developed by the HSCP for the deployment of the new investment in line with Scottish Government guidance and Key Performance Indicators.

3. List of appendices

The following appendices are included with this report:

- Appendix No 1 – South Ayrshire HSCP Winter Funding Plans 2021-22



south ayrshire
health & social care
partnership

Appendix 1

South Ayrshire HSCP Winter 2021-22 Investment Plan



Introduction

This briefing sets out the Health and Social Care Partnership’s investment plan for adult and older people community health and care services over the winter 2021-22 and into the financial year 2022-23. The report **focuses on the proposed use of the additional Scottish Government ‘winter pressures’ funding** but also describes ongoing, budgeted-for investment contained within existing HSCP plans and how this activity contributes to the achievement of both the Scottish Government key performance indicators (KPIs) for winter pressures funding *and* the HSCP’s own Strategic Objectives.

This report is published to inform our IJB and other groups within the HSCP. Work continues to develop our overarching Commissioning Plan for Adult and Older People (and associated refresh of Service Plans) linked to the IJB Strategic Plan.

South Ayrshire IJB Strategic Plan

The South Ayrshire IJB Strategic Plan was published in 2021, setting out our strategic objectives (below) and the models of care we will deploy to achieve these objectives, including a focus on prevention, locality planning and tackling inequalities.



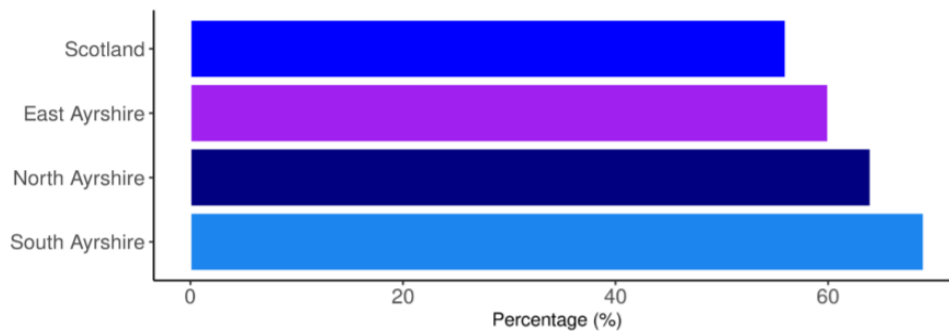
Our Strategic Plan is ambitious and aims to promote wellbeing in its broadest sense while keeping a sharp focus on improving health and social care outcomes. For adult and older people’s services our model of care revolves around a ‘team around the practice’ approach (MDTs), described in further detail below.

Specific challenges in South Ayrshire

It is important to acknowledge the specific challenges to community health and care services within South Ayrshire as a result of our unique population and geography. In short, South Ayrshire has the highest dependency ratio in Scotland, an older-than-average population, pockets of substantial economic deprivation (including the poorest ward in Ayrshire) and areas of significant rurality. **Our community and our public services are challenged by a combination of factors that mean there are less informal carers available, greater demand for care and a smaller working-age population from which to draw key workers.**

Dependency Ratio

The chart below shows the number of people aged 0-15 and 65+ as a percentage of those aged 16-65. For South Ayrshire HSCP, the figure was 70% for the most recent year.

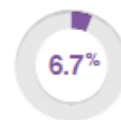


Inequalities

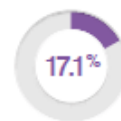
Each locality has its own unique strengths and assets, as well as its own challenges.

Severe deprivation continues to be concentrated around the Wallacetown, Ayr North, Lochside, Whitlets and Dalmling areas with Girvan, Barassie, Craigie, Kincaidston, Ayr Town Centre and Maybole also suffering deprivation.

By reducing inequalities, deprivation and the impact of poverty, we can make a long-term improvement to the health of local people.



In March 2020, **6.7%** of the over 16 population in Ayr North were unemployed compared to only **1.7%** in Prestwick.



17.1% (19,257 people) of South Ayrshire's population live in the **20%** most overall deprived datazones.



23% of South Ayrshire's children live in poverty. (after housing costs)



The average life expectancy for males in Ayr North is **73.6 years** compared to **80 years** for males who live in Troon.



17% of South Ayrshire's mothers exclusively breastfeed compared to **31%** in Scotland as a whole. The figure in Troon locality was **27%** compared to **12%** in Ayr North.

Ageing Population

Older people are valued members of our community and contribute so much to the care of our children and families. South Ayrshire has a significantly higher proportion of older people than East and North Ayrshire.

We need to ensure that we are supporting people as they grow older to live as independently and as full a life as they can.

The HSCP needs to consider the population change to ensure health and care services are equipped and able to support our ageing citizens to achieve their personal outcomes as well as supporting our unpaid carers.



The dependency ratio in South Ayrshire (the ratio of people aged 0-15 and 65+ compared to those aged 16-65) was **70%** in 2019, which is higher than both East and North Ayrshire (61% and 65%).



In 2019, **11.7%** (13,179) of South Ayrshire's population were aged 75 and over. This is a higher proportion than both East and North Ayrshire (8.8% and 9.9% respectively)



Life expectancy is expected to increase from **80.4** years in 2018 to **81.2** years in 2030.



At the Scotland Census 2011, **11,709** people in South Ayrshire identified themselves as a carer. This number includes both adult and young carers.



In the 2016 South Ayrshire 1000 Quality of Life Survey, **28%** of respondents said that they provided unpaid care in the last 12 months.



Balance of Care

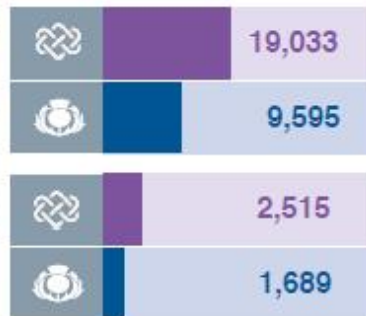
"Shifting the balance of care" is an objective for all of our services and for everyone we support: from childhood to old age.

For older people's services, a key priority that received concerted effort is bringing down delayed discharges. A delayed discharge is defined by NHS Services Scotland as "a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date".¹

Reducing delays in discharge from hospital matters for many reasons, but most importantly it is almost never an appropriate place for someone to be if they no longer need hospital care. Time spent in hospital when medically fit is an unnecessary risk to health and welfare, involving risks such as hospital acquired infection and loss of mobility.

In children's services "shifting the balance of care" is about our ambition to keep South Ayrshire's children in South Ayrshire and within families where ever possible.

This includes increasing the number of children and young people living within their own communities in South Ayrshire.



In 2018/19, the rate of delayed discharges in South Ayrshire (19,033 per 100,000) was more than double that of Scotland (9,595 per 100,000) as a whole.

In 2018/19, the rate of potentially preventable admissions to hospital was higher in South Ayrshire (2,515 per 100,000) than Scotland (1,689 per 100,000)



There has been no young people in secure accommodation since May 2019.



There were more emergency readmissions within 28 days per 1,000 discharges in South Ayrshire, particularly in the over 75 age group, than East and North Ayrshire in 2018/19.

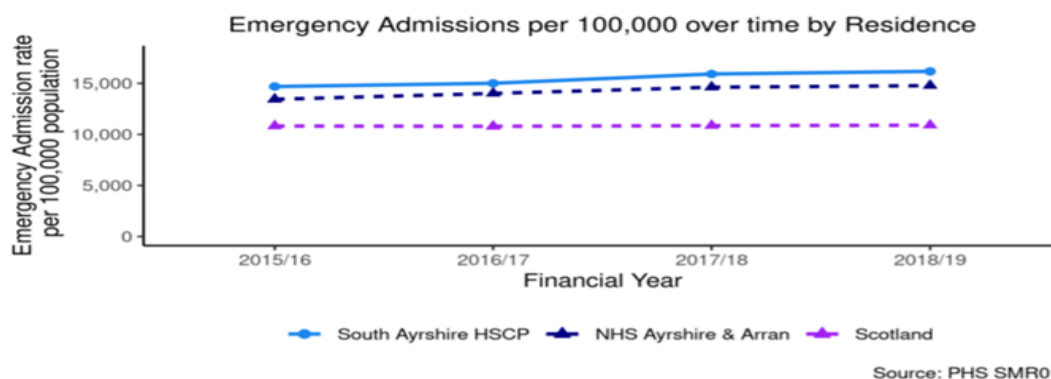


In 2018/19, **90%** of people over 75 years spent **90%** of their last 6 months of life at home or in a community setting. This is slightly lower than the national figure of **92%** and varies across locality areas.

These contextual factors have an **impact on outcomes for our citizens** and create particular **challenges for our services** which is borne out in a range of indicators including South Ayrshire's significantly higher rates of hospital admissions than the rest of Scotland.

Hospital and Community Care

Emergency Admissions per 100,000 population



With these challenges in mind, it is vital that our services remain focused on key objectives around prevention, investing in early intervention and tackling these inequalities. Our Strategic Plan sets out how we will achieve this and makes commitments to future work with a ten-year timeframe; but much of our success will depend on the resources available to the HSCP. The additional investment from Scottish Government is therefore welcome and will enable the HSCP to deliver on the criteria set out in alignment with our direction of travel.

At this moment in time (December 2021), South Ayrshire continues to have very high numbers of people who are experiencing a delayed transfer of care (DTC) and faces challenges in creating capacity within Care at Home to meet demand. Everything the HSCP delivers and commissions – from primary prevention through building community capacity, to delivering direct care – has an impact on these key measures and national outcomes.

Our model of care: place-based and person-centred

To improve outcomes for people, the starting point for our model of care is **the person**: their needs, their home and their assets and strengths. People live in communities – neighbourhoods and villages – and our approach seeks to maximise the supportive assets that these communities contain to support their own people.

The closest universal services to most adults in communities are in primary care, not least GP Practices (but not forgetting the range of supports and services that Community Pharmacies provide). We are focused on building up Multi-Disciplinary Teams around our GP Practices to enable build better integrated and comprehensive supports for patients.

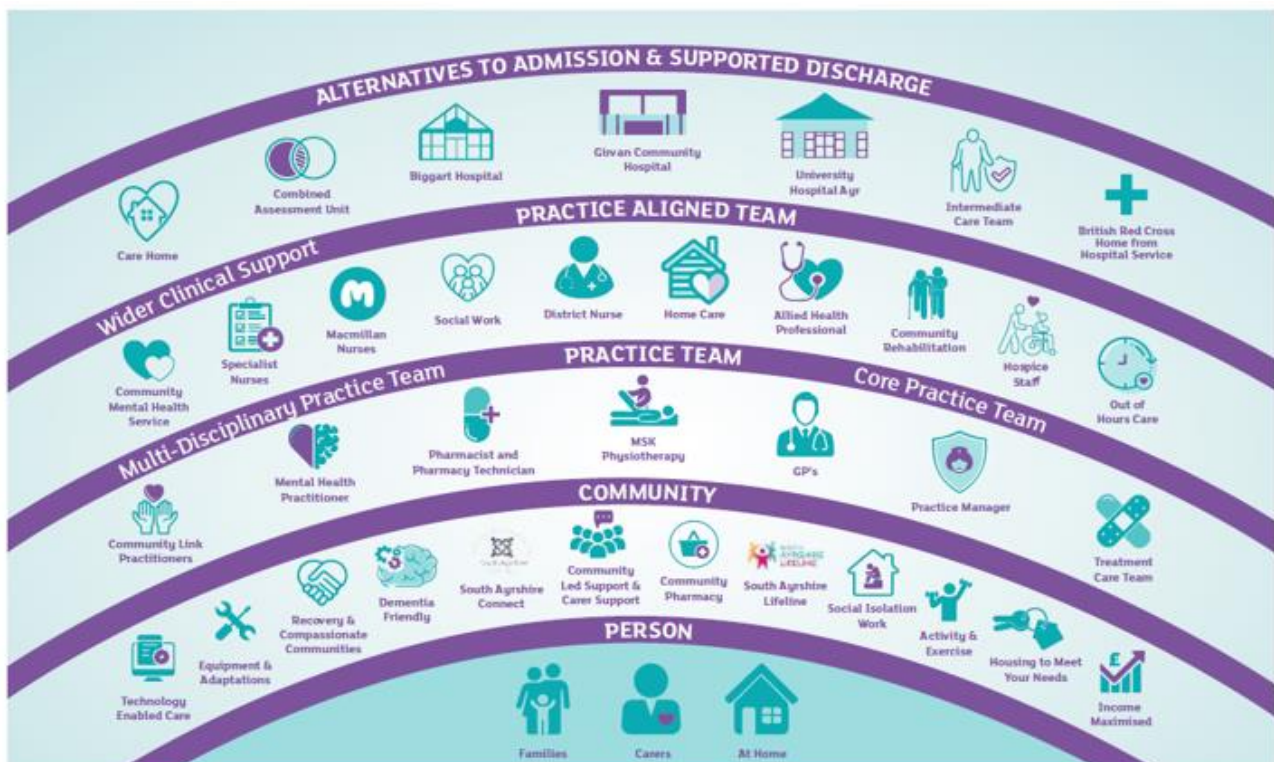
Where staff are not integral to GP Practices, we will align HSCP staff, as far as possible with GP Practices and/or localities.

Where people need more specialist services we will make them accessible as far as possible within our locality approach to services. Where this is not possible, we will ensure good articulation with services at local and specialist level.

In South Ayrshire we take seriously our six localities and in each area we aspire to:

- Local leadership attuned to the particular context of need and assets in their localities
- Comprehensive, preventative services that maintain health and independence
- Articulated services between and among levels of care and need
- Clear use of analytical information to pre-empt future demand and target need
- Partnerships with local statutory, third and independent services and with the wider public.

To deliver this, our 'team around the practice' multidisciplinary team approach is being rolled out across South Ayrshire, described in the model of care diagram below.



For each of the 'layers' of this model (i.e. **Home; Community; GP Practice; Aligned Team; Wider Specialist Support**) a logic model at Appendix 1 below describes how our services will be shaped to improve outcomes for our communities. This model has clear read-across to the Scottish Government's principles for winter preparations (**Maximising Capacity; Ensuring Staff Wellbeing; Ensuring System Flow; Improving Outcomes**) as well as the three high-level areas for investment of winter pressures funding i.e. **Multi-Disciplinary Working; Providing interim care; Expanding Care at Home capacity.**

Our model of care will also be increasingly supported by the **South Ayrshire Wellbeing Pledge** – our strategic approach for investing in and supporting community capacity and developing a new relationship with the community to promote self-care. This has been developed and is being implemented in partnership with our local third sector umbrella organisation VASA and other partners.

The South Ayrshire Wellbeing Pledge



Activity and investment to date

The overall budget for the HSCP's adult and older people's services (including community nursing, AHPs and intermediate care and rehabilitation) is **£66.850m**, with spend targeted according to need and in line with our Strategic Plan. To continue delivering high-quality services and move further towards the model of care set out above, there are a range of existing specific investments and improvement programmes in place, to complement and transform our routine business.

This existing investment programme is summarised below and is grouped according to the main locus of support as set out in our overall Older People and Adults with Complex Care approach:

- **Home**
- **Community**
- **GP Practice MDT Team**
- **Wider Practice Aligned Team**
- **Alternatives to Admission and Supported Discharge (+ wider specialist support)**

Locus	Intervention	Investment
Home	<p>Investment in purchased care at home, to provide additional capacity in the community to reduce unnecessary delays in hospital.</p> <p>Mobile Responder Service to expand existing service to provide a timely response to alerts and provide capacity to enable transfer of care from hospital back to home</p> <p>Additional mental health nurses in the community to support elderly referrals to avoid unnecessary admissions to hospital, supporting care home residents and those at home to remain in the community.</p> <p>Technology Enabled Care: investment in home pods in the community to support health and care needs at home for specific service users.</p>	<p>£1,049,957</p> <p>£100,000 (2020/21)</p> <p>£80,000 (2020/21)</p> <p>£60,000 (2020/21)</p>
Community	<p>South Ayrshire Wellbeing Pledge funding to local community groups to strengthen and build on significant Covid response, meet needs within localities and offer early intervention supports.</p>	<p>£100,000 (2020/21)</p>
GP Practice	<p>Additional Self Help Workers and Mental Health Practitioners to support GP practices to meet needs of increasing referrals providing early intervention support</p>	<p>£96,984 (2020/21)</p>
Aligned Team	<p>Additional capacity for AHPs to provide additional Speech and Language therapy, Dietetic, Physio and OT input to meet an increased demand and people with complex rehabilitation needs (inpatient and community). This additional capacity supports Rehabilitation and Recovery and positive outcomes for people through improved access to therapy, and early intervention and prevention.</p> <p>Additional Occupational Therapists to support increased frailty need in the community linked to GP Practices</p> <p>Investment in district nursing capacity following full review of the current structure and assessment of community need.</p>	<p>£322,880 (2020/21)</p> <p>£143,000 (2020/21)</p> <p>£100,000 (2020/21)</p>
Alternative to admission and discharge support	<p>Reablement Team, growing the service by 66% to reduce acute and hospital pressure, supporting a “discharge to assess” model.</p>	<p>£415,000 (2020/21)</p> <p>£590,000 (2022/23)</p> <p>£200,000 (2020/21)</p>

	<p>Temporary investment of increase care home capacity to support timely discharge until reablement team is at capacity.</p>	<p>£104,000 (2020/21)</p>
	<p>Investment to support Adults with Incapacity, expanding existing MHO capacity to increase support to adult concerns and AWI cases in relation to Delayed Discharges</p>	<p>£125,000 (2020/21)</p>
	<p>Additional capacity to review community care packages to ensure care needs are met and where appropriate reduce care allowing for release of care capacity to support reduction in delayed transfers.</p>	<p>£500,000</p>
	<p>Additional beds in Biggart Hospital to remain open due to lack of capacity in the community to support rehabilitation and community care.</p>	

This programme of investment has been fully endorsed by the IJB with the aim of furthering the objectives of the Strategic Plan. With oversight from the Directorate Management Team the Head of Community Health and Care leads on the delivery of the range of initiatives through the internal “Driving Change” group. The logic models below (**Appendix 1**) demonstrate how these programmes of work contribute to our overarching strategic objectives, *and* those Key Performance Indicators set out by the Scottish Government to be achieved through the additional winter funding.

In the context of the current recruitment and retention problems for care at home services it is important to note that the HSCP upgraded all front-line care at home staff in 2020. The investment of **£316,104** was made to reflect the increase in complexity in managing higher levels of need in the community. While anticipated outcomes included the recruitment and retention of staff the more recent experience is that it is proving extremely difficult to recruit to the service.

Primary Care

Some of the investment to further substantiate activity within and aligned to GP Practices is in addition to the significant investment that is in place from Primary Care Improvement Funding and other sources.

This includes the develop of a comprehensive **Practice based Pharmacotherapy** provision (over £1 million in South Ayrshire), new **Community Treatment and Care** services (over £1 million in South Ayrshire), **Physiotherapists for MSK issues** (over £100k) and **Mental Health and Wellbeing related services** including the provision of Mental Health Practitioners, Community Link Practitioners and Distress Brief Intervention.

Broader activity

In addition to these investments, there are a range of other activities underway across the HSCP that will drive improvement within our services and contribute to the objectives and desired improvements set out in the Scottish Government's winter plan e.g.

- Targeted work to **recruit and retain more staff in Care at Home**, including in our third and independent sector. A Short Life Working Group has been established with the aim of maximising recruitment opportunities and improving retention. Examples of work being progressed include improvements to the MyJobScotland Portal and plans for "Recruitment Fayres" in early 2022;
- Implementation of our **HSCP Digital Strategy**, including the move from Analogue to Digital, implementation of new information systems, further exploration of ;
- Implementation of our **Adult Social Work Learning Review**;
- Continuation of **enhanced support to care homes and care at home providers**, through strong links to Scottish Care local reps and the rollout of a QA Framework;
- **South Ayrshire Wellbeing Pledge** (above);
- Collaborative development of new strategies / commissioning plans for Learning Disability and Mental Health Services.

These key areas of work ultimately report into the South Ayrshire IJB but are supported by a range of internal governance groups such as Driving Change, the Frailty Commission, the Wellbeing Pledge Board and the Strategic Planning Advisory Group. The HSCP's Directorate Management Team (DMT) takes collective operational ownership of these programmes.

Scottish Government winter funding

On 5th October 2021, the Cabinet Secretary announced new recurring investment of £300m nationally to help protect health and social care services over the winter period and to provide longer term improvement in service capacity across health and social care systems. This announcement was followed up by a letter from NHS Scotland Chief Operating Officer and the Director of Mental Wellbeing and Social Care, detailing the winter planning investment for health and social care included in Appendix 2.

The criteria for use of this funding adhere to the four principles guiding the Scottish Government's winter preparations (Maximising Capacity; Ensuring Staff Wellbeing; Ensuring System Flow; Improving Outcomes) and is targeted at three high-level areas:

1. **Multi-Disciplinary Working (including the recruitment of 1,000 Health and Care Support Staff)**
2. **Providing interim care**
3. **Expanding Care at Home capacity**

These areas are supported by further national initiatives such as continued financial support to social care providers; funding for the social care pay uplift (to enable an uplift from £9.50 per hour to at least £10.02 per hour); targeted national/international recruitment campaigns; and, funding to support staff wellbeing.

South Ayrshire allocation

South Ayrshire's allocation of the funding (£4.11m recurring from 2022/23) is broken down below.

Area	Allocation	Scottish Government Allocation (£m)	Funding Status	South Ayrshire 21-22 (£m)	South Ayrshire 22-23 (£m)
Winter 21/22 Funding	Interim Care Beds	40.282	Non Recurring	1.002	0.501
	Care at Home Capacity	61.563	Recurring	1.554	3.108
	Multi-Disciplinary Teams	101.845	Recurring	0.501	1.002
			TOTAL	3.057	4.611

Developing our proposals

In order to make best use of this funding, ensure that it meets the criteria set by the Scottish Government and our local priorities based on local need, we have identified areas for investment through consultation with management, staff and our IJB members. The HSCP's Directorate Management Team (DMT) have led development of these proposals in consultation and collaboration with partners and existing partnership governance groups (e.g. South Ayrshire's Budget Working Group and Strategic Planning Advisory Group).

South Ayrshire HSCP 'winter pressures' funding allocations

Based on the data and intelligence above, our existing strategic direction and our commitment to meeting the Scottish Government's criteria for winter planning, South Ayrshire HSCP will invest the additional 'winter pressures' funding in the following areas:

Investment Area	Investment Proposal Description	Proposed Investment
Hospital at Home	Investment in practitioners and business support to support the Ayr Hospital 'hospital at home' model, manage interim care beds, linking with the community rehab and ICT team	£380,000
Discharge without Delay	Investment in additional social work capacity at hospital to support discharge without delay and co-ordinate services with ICT, Community rehab and care at home	£110,000
Interim Care	Commissioning interim care home beds across localities. Managed / monitored by the Hospital team for discharge without delay.	£500,000
Care at Home (capacity)	Investment in existing care at home services both internal and commissioned, increasing capacity to provide flow from hospital and reablement services, including resources allocated to Out Of Hours and Mobile attendants to provide round-the-clock access to support.	£1.15m

Care at Home (supervisory)	Additional supervisory capacity to manage systems and care at home services including business support, quality assurance and officers to monitor care and data systems essential to capture activity to continually improve standards	£690,000
Community AHP	Additional Physios, OTs, SLT and HSCW aligned to localities to provide a rehabilitation service, enabling discharge from hospital and recovery at home or in a homely setting. Working alongside hospital teams and Multi Disciplinary Teams to embed good practice and clear referral practices	£260,000
Community Nursing	Additional community nurses and a clinical nurse manager resource to build capacity in the community to provide services that would otherwise be delivered in hospital. Team will focus on anticipatory care.	£410,000
Enhanced Locality MDT Workforce (CTAC)	Community Treatment Assessment Centre nursing resource, to provide hospital services in the locality linked to GP service	£110,000
Enhanced Locality MDT Workforce (PC Dietetics)	Additional Primary Care Dietetics to provide capacity in supporting people in their locality and enhancing preventative approach to avoid care needs escalating	£110,000
Enhanced Locality MDT Workforce (OTs)	Additional Occupational Therapy support to provide early intervention and prevention to frailty to avoid and reduce care needs escalating.	£300,000
Enhance Community Supports	Commission services from third sector to provide supports to carers and alternative support to traditional services allowing greater choice and control to meet health and social care needs in the community	£250,000
Technology Enabled Care	Invest in technology enabled care to provide early intervention support and support people in their homes, this includes resources to understand the needs of the end user and how these can be met from the various technology options	£360,000
Total		£4.61m

Anticipated impact







The additional activity outlined above, made possible by the winter pressures fund, will make a significant contribution to improving outcomes for the people we support and will support the achievement of the key performance indicators set out in the Scottish Government's letter of 4th November 2021 (Appendix 2).









Further discussions are to be held with the Scottish Government around how these KPIs will be reported and in order to begin to benchmark the impact in South Ayrshire, we had captured the current status (below) on each indicator where the measures are already established.









No.	Key Performance Indicator	Current status (8/12/21)	Anticipated impact (by June 2022)
1	Number of people delayed in their discharge from hospital.	88	Reduced by 60-70%
2	Number of people who have been discharged to an interim care home.	10 (cumulative)	Reach 40 by end December
3	Number of people who have moved on from the interim placement by the agreed date for the placement to end.	1	Aim for this to be standard.
4	Average length of interim care placements.	-	-
5	Significant reductions in delayed discharge and occupied bed days	2,454 Bed Days (Oct 21 source PHS)	See above – significant reduction
6	Number of NHS staff recruited at bands 3 and 4, to roles across community services and acute.	Data held by NHS.	Data held by NHS.
7	Increase in assessments carried out at home rather than hospital.	No data yet	Data to be tracked in 2022.
8	Evidence of a reduction in the number of people waiting for an assessment.	170	Reduce by 50-60%
9	Evidence of a reduction in the length of time people are waiting for an assessment.	Definition required	Reduction
10	Reduction in those waiting for care	8 (people waiting for Care Home who are delays in hospital)	
11	Reduction in those waiting for a care at home service.	1259 (community) 58 (hospital)	Reduce by half
12	Reduction in unmet need	949 Hours (community) 771 Hours (hospital) (as at 6/12/21)	Tracked weekly
13	Evidence of the types of services and activity funded, and the number of people supported by these.	Contained within investment plan.	Reporting to SG to be agreed
14	% increase in the use of community equipment and technology to enable care, or other digital resources to support care provision.	2476 clients (Nov 2021)	Indicators to be confirmed
15	Evidence of resource to support the use of technology and digital resources.	Indicators to be confirmed	-

How these areas of investment contribute to the Scottish Government criteria and our broader objectives is shown in the diagram below. Progress (activity and impact/outcome) will be monitored within the HSCP and the spending decisions are subject to agreement by the IJB in December.

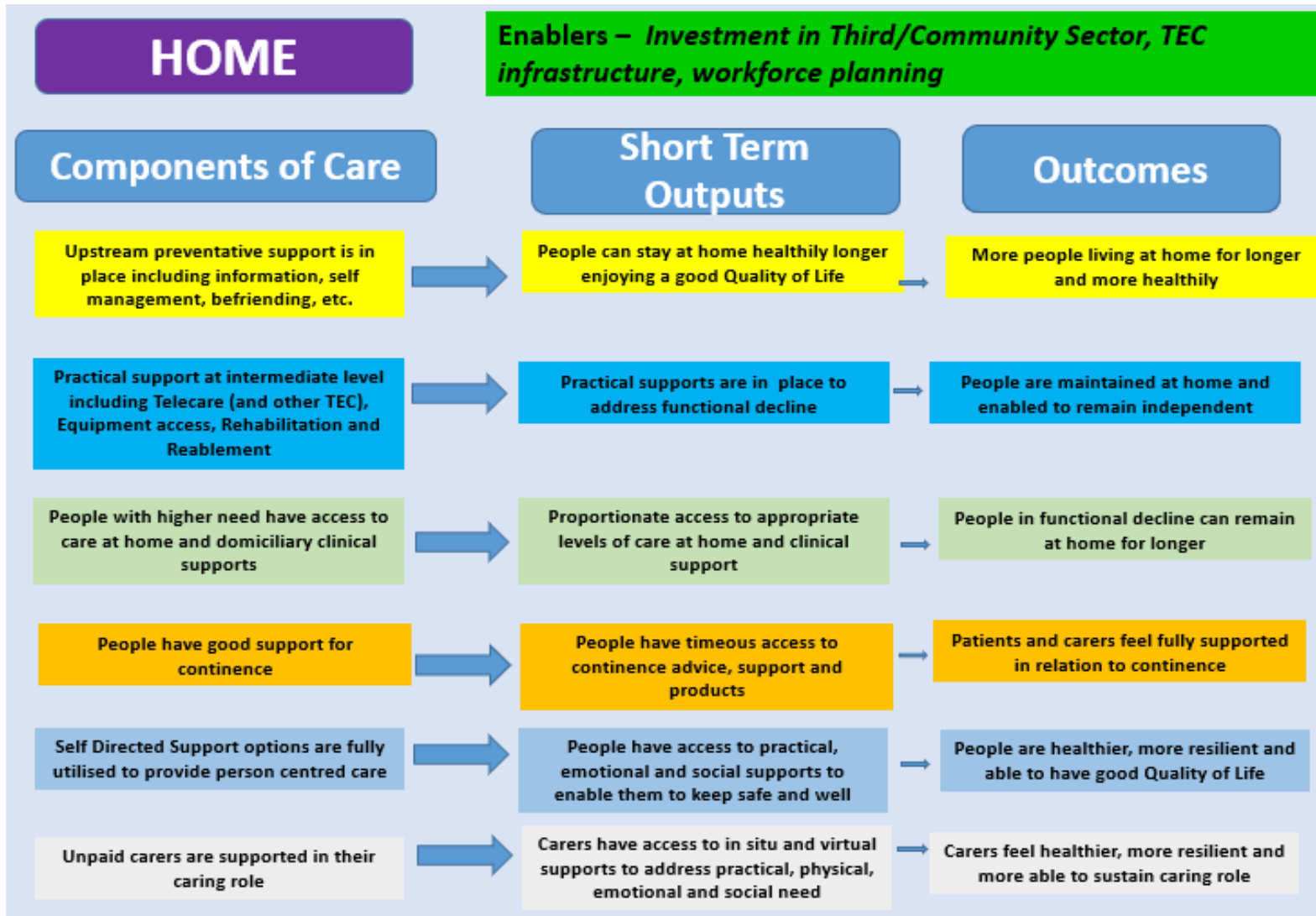
How it all fits together – winter pressures funding

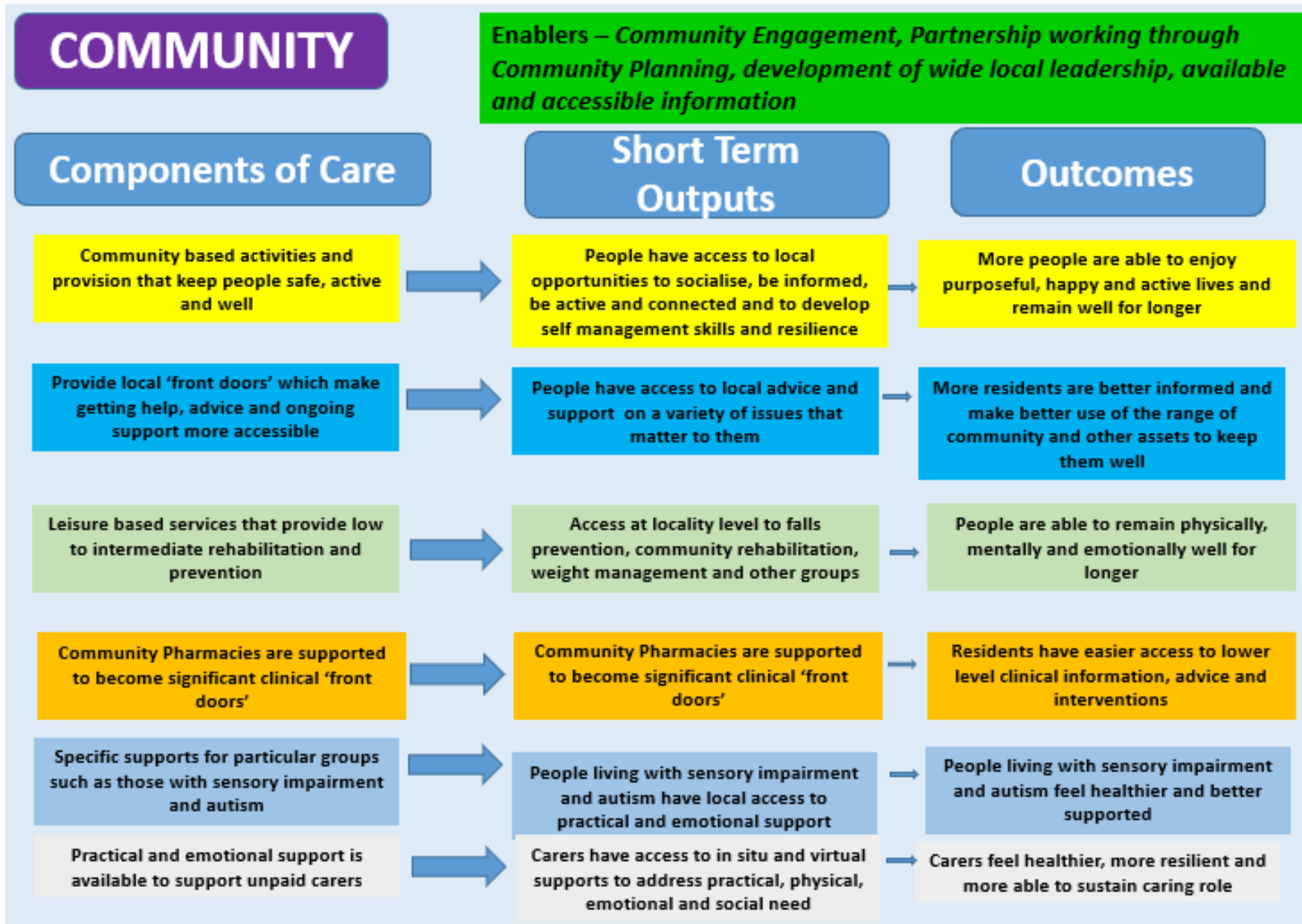
Investment Area	Investment Proposal Description	Amount	Impact (link to SG theme)	Scottish Government 'system pressure' themes			SG 2021-22 KPIs	Link to HSCP Strategic Objectives
				Multi-Disciplinary Working	Providing interim care	Expanding CAH capacity		
Hospital at Home	Investment in practitioners and business support to support the Ayr Hospital 'hospital at home' model, manage interim care beds, linking with the community rehab and ICT team	£380,000	Multi Disciplinary Working - dedicated hospital to home teams, support social care assessments and augment hospital to home	X			1 to 4	  We work together to give you the right care in the right place
Discharge without Delay	Investment in additional social work capacity at hospital to support discharge without delay and co-ordinate services with ICT, Community rehab and care at home	£110,000	Multi Disciplinary working - resources for social work to support complex care assessments and reviews	X	X		1 to 4, 5 to 9	 We work together to give you the right care in the right place
Interim Care	Commissioning interim care home beds (13+) across localities. Managed / monitored by the Hospital team for discharge without delay.	£500,000	Interim Care - More appropriate care and support for people who are unnecessarily delayed in hospital.		X		5 to 9	 We are an ambitious & effective Partnership
Care at Home	Investment in existing care at home services both internal and commissioned, increasing capacity to provide flow from hospital and reablement services, including resources allocated to Out Of Hours and Mobile	£1.15m	Expand Care at home capacity - existing services should be expanded	X		X	1 to 4, 10 to 15	 We work together to give you the right care in the right place  We are an ambitious & effective Partnership

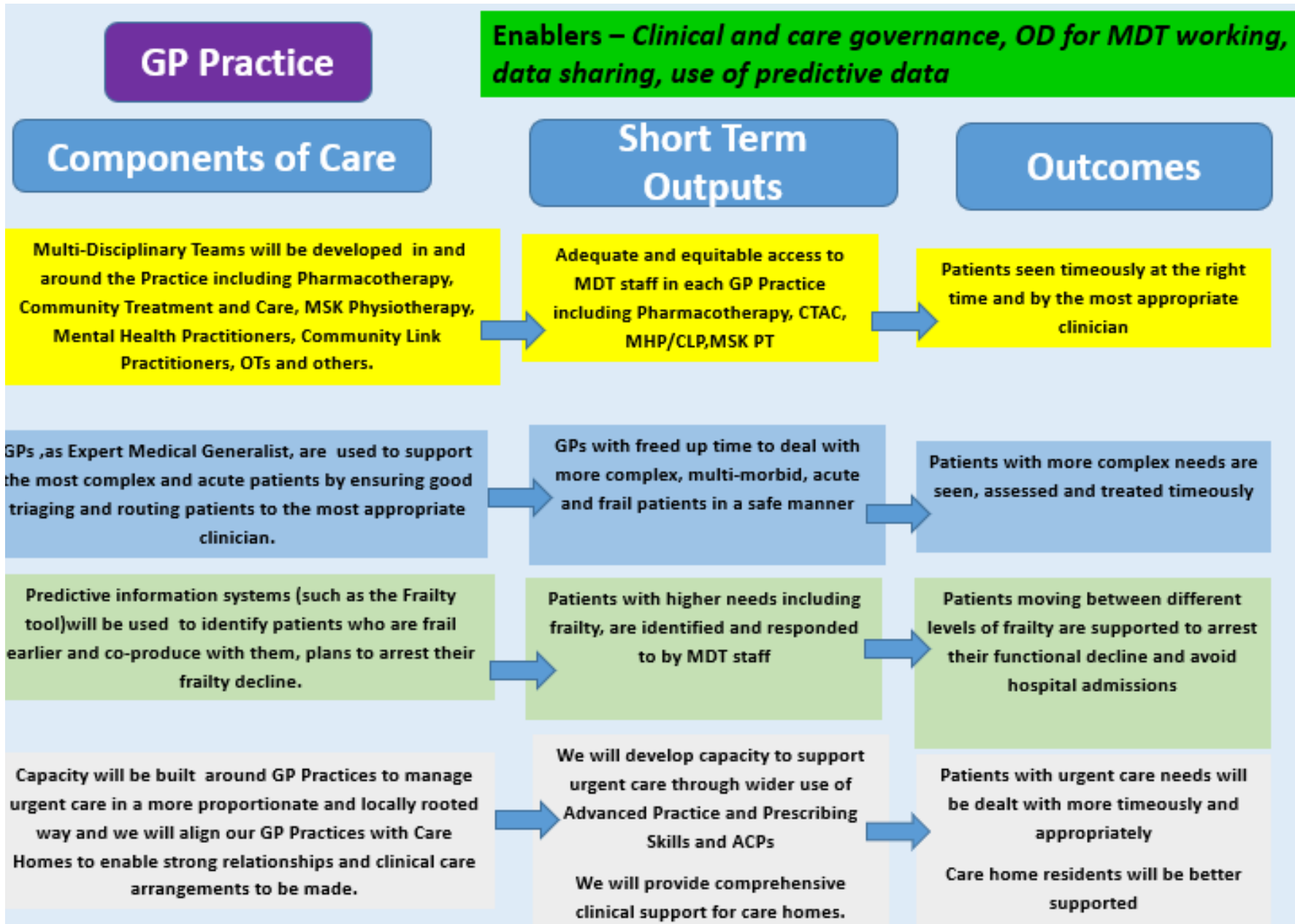
	attendants to provide round-the-clock access to support.								
Care at Home	Additional supervisory capacity to manage systems and care at home services including business support, quality assurance and officers to monitor care and data systems essential to capture activity to continually improve standards	£690,000	Expand Care at home capacity - existing services should be expanded			✗	10 to 15	 We are an ambitious & effective Partnership	 We work together to give you the right care in the right place
Community AHP	Additional Physios, OTs, SLT and HSCW aligned to localities to provide a rehabilitation service, enabling discharge from hospital and recovery at home or in a homely setting. Working alongside hospital teams and Multi Disciplinary Teams to embed good practice / clear referral practices	£260,000	Expand Care at Home Capacity and Multi Disciplinary Working - support a range of preventative and proactive approaches rehabilitation	✗		✗	1 to 4, 10 to 15	 We focus on prevention & tackling inequality	 We work together to give you the right care in the right place
Community Nursing	Additional community nurses and a clinical nurse manager resource to build capacity in the community to provide services that would otherwise be delivered in hospital. Team will focus on anticipatory care.	£410,000	Multi Disciplinary Working - dedicated hospital to home teams, support social care assessments and augment hospital to home	✗		✗	2 to 4, 10 to 15	 We focus on prevention & tackling inequality	 We work together to give you the right care in the right place
Enhanced Locality MDT Workforce	Community Treatment Assessment Centre nursing resource, to provide hospital services in the locality linked to GP service	£110,000	Expand Care at Home Capacity and Multi Disciplinary Working - support a range of preventative and proactive approaches	✗		✗	3 to 4, 10 to 15	 We focus on prevention & tackling inequality	 We work together to give you the right care in the right place

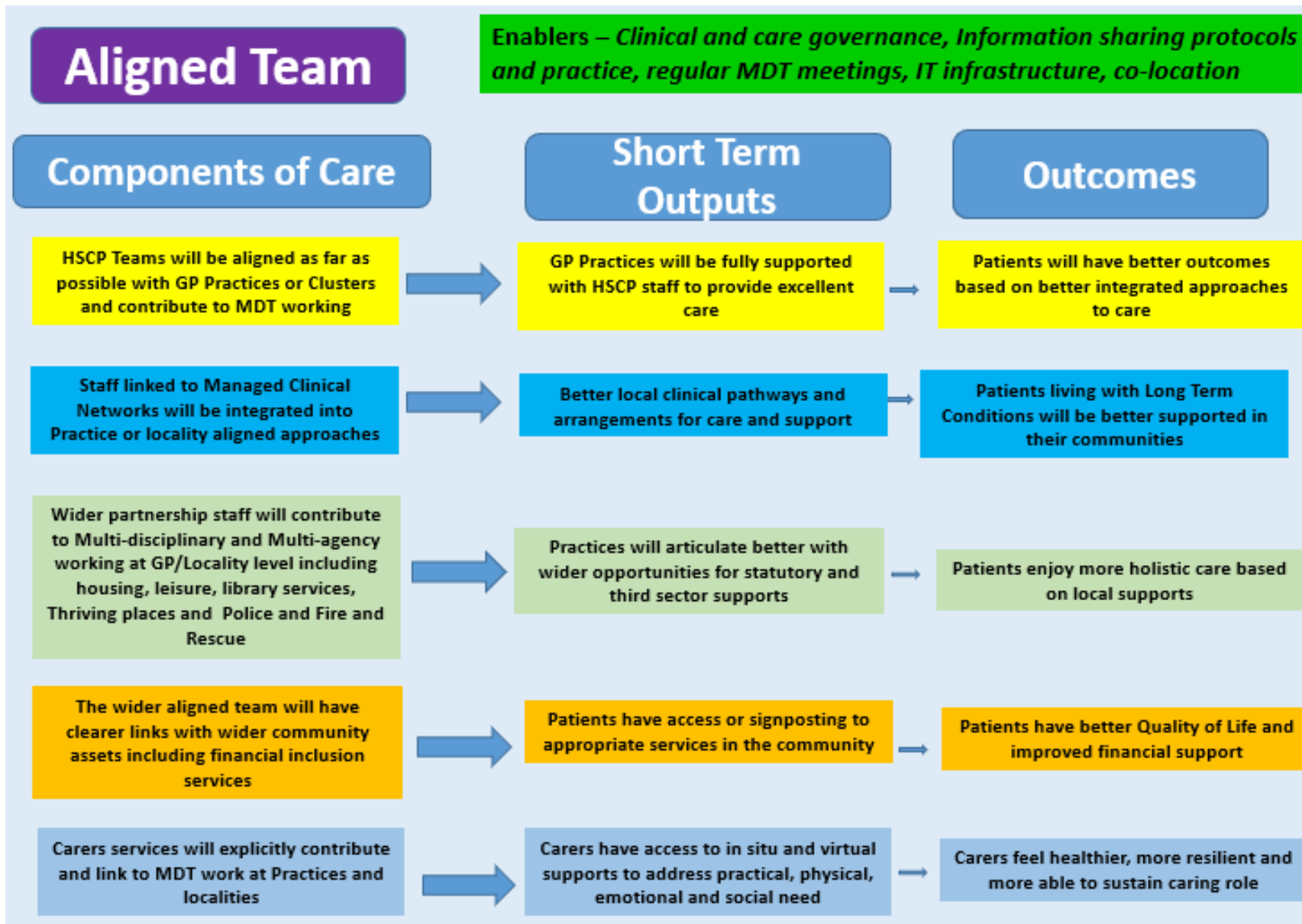
			(rehabilitation, reablement, community based support)					
Enhanced Locality MDT Workforce	Additional Primary Care Dietetics to provide capacity in supporting people in their locality and enhancing preventative approach to avoid care needs escalating	£110,000	Expand Care at Home Capacity and Multi Disciplinary Working - support a range of preventative and proactive approaches	X		X	4 to 4, 10 to 15	 We focus on prevention & tackling inequality  We work together to give you the right care in the right place
Enhanced Locality MDT Workforce	Additional Occupational Therapy support to provide early intervention and prevention to frailty to avoid and reduce care needs escalating.	£300,000	Expand Care at Home Capacity - support a range of preventative and proactive approaches	X		X	5 to 4, 10 to 15	 We focus on prevention & tackling inequality  We work together to give you the right care in the right place
Enhance Community Supports	Commission services from third sector to provide supports to carers and alternative support to traditional services allowing greater choice and control to meet health and social care needs in the community	£250,000	Expand Care at Home Capacity and Multi Disciplinary Working - enabling unpaid carers to have breaks and build community capacity	X			1 to 4	 We focus on prevention & tackling inequality  We nurture & are part of communities that care for each other
Technology Enabled Care	Invest in technology enabled care to provide early intervention support and support people in their homes, this includes resources to understand the needs of the end user and how these can be met from the various technology options	£360,000	Expand Care at home capacity - Increase use of community equipment and Technology Enabled Care (TEC) where appropriate supporting prevention and early intervention	X			1 to 4	 We work together to give you the right care in the right place  We are an ambitious & effective Partnership
Total		£4.61m						

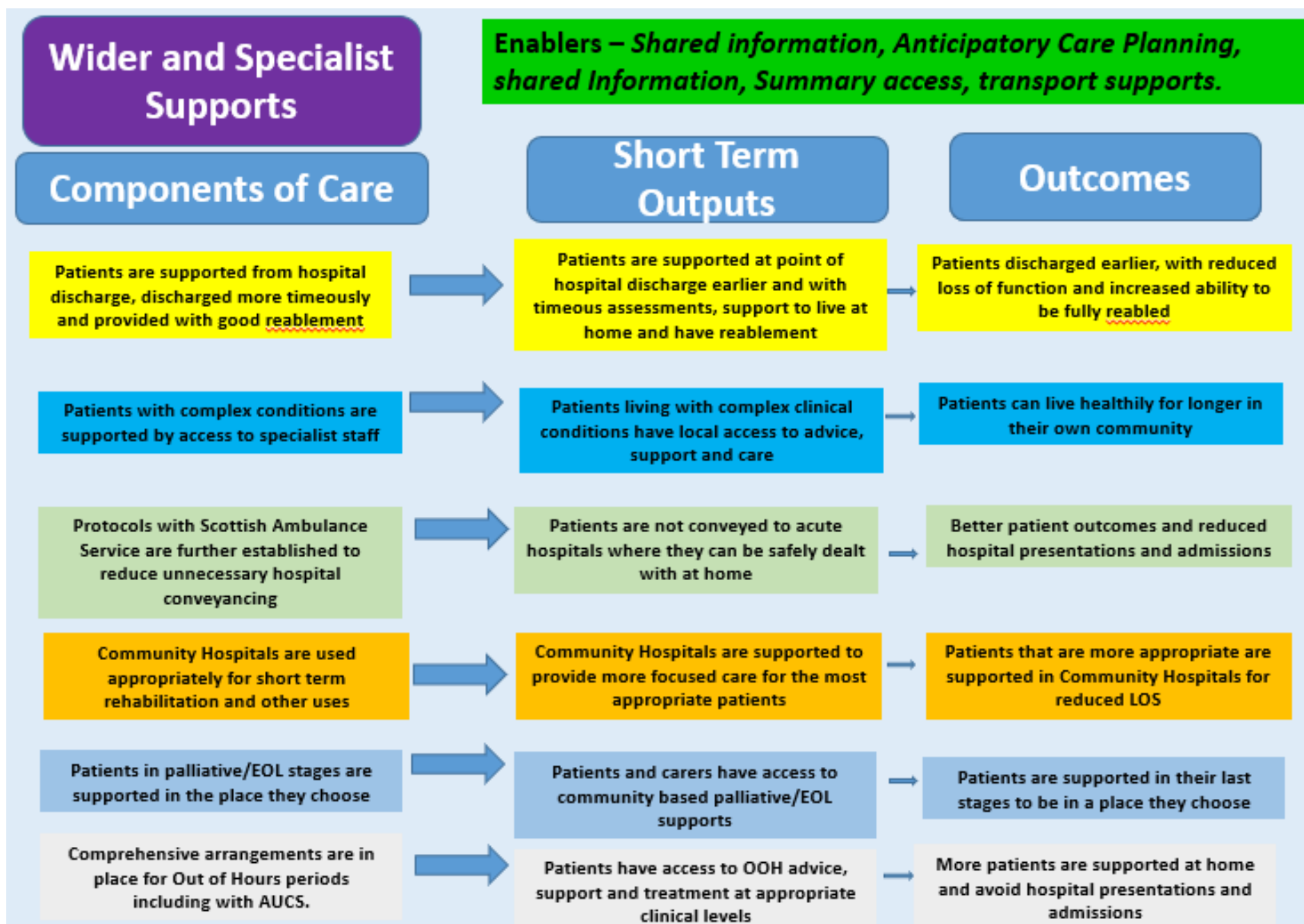
APPENDIX 1 – Logic Models











Appendix 2 – Scottish Government funding letters (winter 2021-22)



Appendix Two Care
at home and interim



Appendix One SG
Letter 5.10.21 £300m