Caring for Ayrshire

Programme Initial Agreement [PIA]

Draft v1.10

September 2020

Version Control Table

Version	Date Issued	To	Content
00.1	3rd Mar 20	T&S Directorate	Initial Draft Template
00.2	17th Mar 20	PIA Working Group	Updated with first tranche of data
00.3	13th April 20	PIA Working Group	Additional information included and realigned sections
00.4	13th May 20	Issued to PIA Working Group And Caring for Ayrshire Programme Board	Restructured document, revised sections including updated 2.2, 3.6, 4.4 and 5
00.5	8 June 2020	Iain Gairns, Andy Brown and Fraser Bell Fiona McGinnis	Review of outstanding comments
00.6	24 June 2020	Kirsti Dickson	Full review of document
0.07	30 June 2020	Kirsti Dickson	Updated document for discussion
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0.09	3 July 2020	Kirsti Dickson	Updated document with further changes/updates
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1.0	8 September 2020	Kirsti Dickson	Final draft version for wider scrutiny and feedback.
1.1	21 September 2020	Kirsti Dickson	Final draft for approval.

Contents

1   Overview of Proposal

1.1   The Programme Initial Agreement (PIA)

Following the submission of our Strategic Assessment (SA) in 2018 further work has been undertaken with Scottish Government (SG) colleagues in relation to the next stage of the capital investment lifecycle. For NHS Ayrshire & Arran projects requiring capital investment, the Scottish Capital Investment Manual (SCIM) process needs to be followed which would normally mean the development of a project Initial Agreement (IA).

Recognising that in Ayrshire and Arran we are taking a different approach, we have worked with SG colleagues on how best to prepare and present the case for our whole system approach to reform and redesign of health and care services. This has resulted in the need to develop a Programme Initial Agreement (PIA) which sets out an overarching proposition for future and on-going investment to deliver the strategic aims and ambitions of the programme.

An overview of our approach is set out in Appendix One.

The PIA represents the culmination of Stage 3 of the process drawing upon the work in Stages 1 and 2 where we have focussed on developing our strategic vision and assessing scale and order of magnitude. The PIA will however be a live document and, as part of Stage 4, will be further populated and enhanced through additional 'Chapters'.

These chapters will broadly define and outline either specific locality based solutions to delivering the proposed health and care model and / or pathway redesign to address improvements from a service perspective. This will in turn allow us to develop a set of strategic options to deliver the proposed programme, establish a better understanding of the impact on our infrastructure and assess the anticipated implications from a capital and revenue perspective.

Following this, Stage 5 will encompass the development of Outline and Full Business cases (Chapters) to secure approval for the individual projects that will underpin the delivery of our programme. In many cases these will be collaborative submissions factoring in other local public services and their needs in supporting a whole system redesign.

Strategic Case
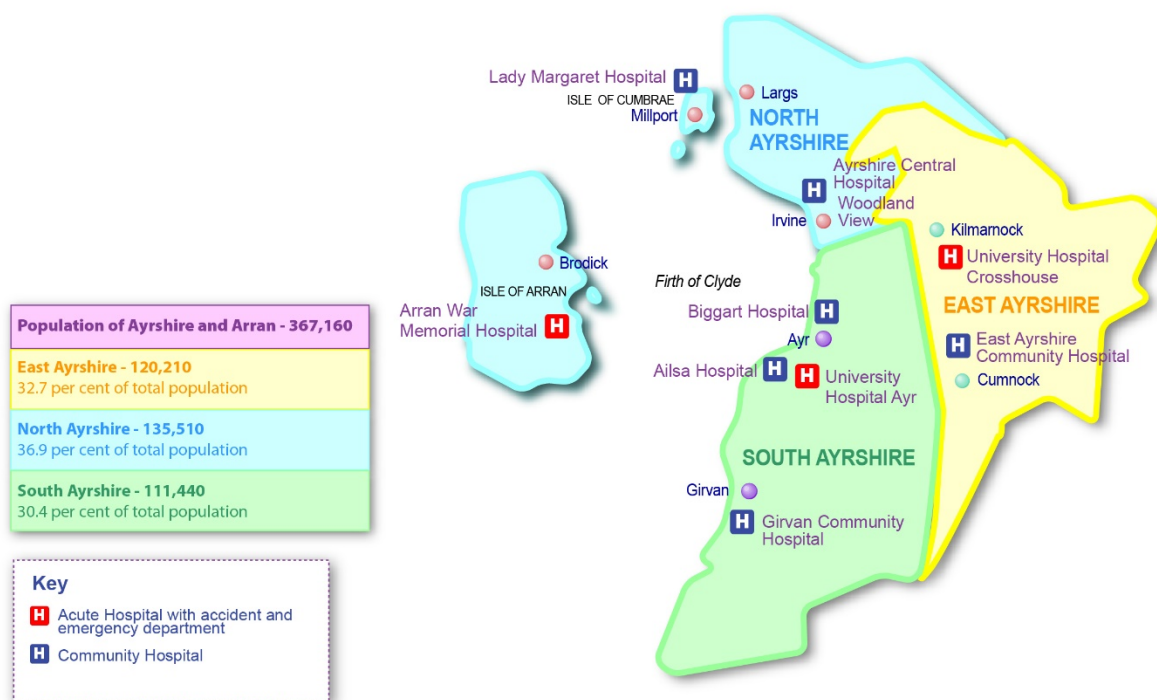
2   Current Arrangements

2.1   Overview

As one of 14 territorial Health Boards in Scotland, NHS Ayrshire & Arran is responsible for the monitoring, protection and the improvement of the population's health and wellbeing and for the delivery of frontline healthcare services. In doing so the Board works closely with the three Integrated Joint Boards (East Ayrshire, North Ayrshire and South Ayrshire) who, for a range of delegated services, are responsible for planning and resourcing health and care to improve quality and outcomes for their populations.

2.2   NHS Ayrshire & Arran

Ayrshire and Arran covers an area of some 2,500 square miles and serves a population of around 368,000 citizens (approximately 7% of the population of Scotland). Ayrshire and Arran's area is co-terminus with the three local authorities of East, North and South Ayrshire and includes the island communities of Arran and Cumbrae.

NHS Ayrshire & Arran invests around £750 million annually in health improvement and service delivery on behalf of its population. It employs around 11,000 staff (9,000 WTEs).

Currently within Ayrshire and Arran there are two University Hospitals at Ayr and Crosshouse (near Kilmarnock) providing a comprehensive range of acute hospital services. Acute Mental Health Services are provided from Woodland View which is located on the Ayrshire Central Hospital site in Irvine which also provides a wider range of community services to the population of North Ayrshire. Elderly Mental Health services for South Ayrshire patients are delivered at Ailsa Hospital, Ayr. Biggart Hospital in Prestwick provides rehabilitation services for the elderly following discharge from acute care or directly from the community. In addition, there are community hospitals in Arran (War Memorial Hospital), Cumbrae (Lady Margaret), Cumnock (East Ayrshire Community Hospital), Girvan (Girvan Community Hospital). Below is a map showing the configuration of hospital services across the Board area.

Population of Ayrshire and Arran - 367,160

East Ayrshire - 120,210
32.7 per cent of total population

North Ayrshire - 135,510
36.9 per cent of total population

South Ayrshire - 111,440
30.4 per cent of total population

Key
[H] Acute Hospital with accident and emergency department
[H] Community Hospital

In addition to services provided in our hospitals, there are 55 General Medical Practices with 290 GPs and their practice teams providing a full range of general medical services across 77 sites, stretching from Ballantrae in the south to Skelmorlie in the north. Around 160 general dental practitioners provide NHS dental services at more than 70 sites, 90 community pharmacies provide a range of pharmaceutical services, including minor ailment services and public health services and around 60 optometry practices provide a range of services across Ayrshire and Arran.

2.3   Integrated Joint Boards (IJBs)

2020/21 is the 6th year of full integration of our health and social care system. In Ayrshire and Arran the three Integrated Joint Boards have delegated responsibility for planning and resourcing of adult social care services, adult primary care and community health services, mental health services and some hospital services but also Children's Services and Justice Services. Each IJB area is divided into a series of localities whose purpose is to provide an organisational mechanism for local leadership of service planning, to be fed upwards into the IJB's strategic commissioning plan.

2.4   Opportunities in Ayrshire

The economy of Ayrshire has under-performed over a substantial period of time, and it has one of the highest unemployment rates in Scotland and the UK. Recognising this, initiatives such as the Ayrshire Growth Deal and Community Wealth Building, which sees NHS Ayrshire & Arran as an anchor institution, will provide a platform to

support wider economic regeneration and inclusive growth across the region and enhance the socio-economic benefit of decisions taken as part of the Caring for Ayrshire Programme.

3 Strategic Context

3.1 Overview

This section of the PIA sets out why change at scale (i.e. at a whole system level) is required if health and care services are to meet the future needs of our population. It sets out the strategic drivers that shape the rationale for transforming our services and articulates the local response in terms of what the programme needs to achieve if it is to address these changes in the most appropriate manner.

The need for change is framed around the Board's health and wellbeing framework for Ayrshire and Arran – Our Health 2020. This framework builds on the Board's existing clinical strategies and service reform whilst acknowledges the national context for public services in general, health services in particular and the three-step improvement framework for Scotland's public services.

The framework has been constructed to align with this national position whilst focusing on both local priorities and local "pillars" covering quality, service, people and finance. While the framework focuses on health and healthcare in the short to medium term, it recognises in the long run that health and wellbeing will be driven by three interrelated factors, namely:

- the requirement to achieve a decisive shift towards preventative spend;
- the integration of adult health and social care; and
- the challenges of multiple deprivation, health inequalities and poverty.

3.2 The Need for Change

For the purposes of this PIA the need for change is shaped around two areas outlined below.

The Strategic Drivers set out the key factors influencing the need to drive step change through this programme. The strategic drivers can be summarised through the following themes:

- Changing demographics;
- Shifting emphasis away from hospital based care; and
- Securing service sustainability

The Local and Regional Challenges identify the current service limitations / enablers and how they adversely affect the ability to deliver the required changes in service.

The regional and local challenges can be summarised through the following themes:

- The limitations of existing infrastructure (both building and digital infrastructure);
- Improving access to health and care services; and
- Supporting regional working.

The diagram below provides a summary of these themes.

These are explored in turn in the sections below.

3.3   Strategic Drivers

Changing Demographics

Increasing Elderly Population
More people are living into older ages, and whilst this is good news, it does bring with it some challenges for health, care and wellbeing services. In Ayrshire and Arran (2018 census), 22% of the population are over 65 and, by 2026, it is projected that the number of people over 75 will increase by 30%. Both of these indicators reflect a position which exceeds projections for Scotland as a whole. We know that the elderly population place greater demands on our health and care services. Many are now living with multiple long-term conditions, reduced independence and increasingly complex needs in relation to health, care and social support. Our current health and care model cannot support and sustain this level of change whilst maintaining quality of care and clinical effectiveness.

Life Expectancy, Morbidity and Mortality

We face specific challenges in supporting people living in our poorer and more rural communities who face increasing levels of poverty, social isolation and loneliness. Life expectancy in Ayrshire and Arran is 80.36 years for women and 76.55 years for men, both of which are below the national average. We know that life expectancy is closely linked to deprivation – in the period 2014 to 2018 males born in our 10% most deprived areas could expect to live 11 fewer years than those in the corresponding 10% least deprived area.

In terms of morbidity, many parts of Ayrshire and Arran have a higher incidence of illness and poor health 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. The death rate in Ayrshire and Arran (2019) was 11.2 per 1,000 population which is higher than the national average – the three leading causes of mortality were heart disease, cancer and respiratory conditions which accounted for almost 70% of the overall deaths.

Changes in the Workforce Profile

Providing high quality health and care services needs the right volume and mix of appropriately trained and skilled staff. The health and care sector across Scotland is experiencing challenges with the way that it organises staff and that is no different in Ayrshire and Arran. Some specialist staff don't see enough patients to maintain and build their expertise whilst in other cases lack of specialist staff results in delays in accessing appropriate care. There are on-going and widespread issues with availability of staff disciplines such as GPs, acute physicians and social care workers. As a result, there are too many staff vacancies, which often means employing temporary staff to keep services running which impacts on the quality of care for patients and can be expensive.

The ageing population will not only change the demands placed on our health and care services, it will also be reflected in the availability of the Ayrshire and Arran health and care workforce profile and skills. Going forward we will have an older workforce and a higher volume of retirements year-on-year. With an increasing older population and subsequent increase in health and care needs, the continuation of services delivery based on the current workforce model is unsustainable.

Shifting Emphasis Away from Hospital Based Care

Admission Avoidance and Minimising Hospital Length of Stay

Within our acute sector we are seeing a continued increase in the demand for unscheduled care through attendances at Emergency Departments and emergency hospital admissions. Where hospital based care is required, challenges in the timely discharge of patients is impacting on length of stay within our acute hospitals but also placing significant pressure on our community services and care sector.

A key strategic planning function of the Integrated Joint Boards is to address the needs of our community in relation to unscheduled care. In all three areas, increasing numbers of people are being cared for at home than in previous years, however, despite this our hospitals continue to experience increased numbers of people presenting for unscheduled care. This trend is not sustainable within our existing health and care models - we need to find ways of reducing emergency admissions by providing accessible community alternatives, reduce occupancy and length of stay by improving systems and processes within the Acute Hospital and reducing delays in discharge by providing appropriate community capacity.

Localised Alternatives to Acute Hospital Attendance
To transform how services are delivered in the future, and to ensure care is delivered as close to patients' homes as possible, it is recognised that an increased proportion of care can and should be delivered outwith our acute hospital environment. This means that citizens need to have equitable access to appropriate health and social care services which enhance the availability of health and care in communities and enables length of stay in acute settings to be as short as possible. In developing our programme, we need to be clear that system configuration and sizing must recognise this fundamental change in emphasis and the impact this will have on the overall balance of our health and care system.

Deployment of Digital Technologies to Optimise Patient Access
The effective use of digital solutions to support reform is paramount to drive effective change and efficiency as well as improving health and social care outcomes. Digital will remain at the centre of all clinical and support activity throughout the health and social care environments delivering both reform and collaboration.

The effective and widespread application of digital technologies allows clinicians to collaborate, interact with patients on a virtual basis and be effective regardless of location or time of day. These technological solutions actively contribute towards better outcomes for the people of Ayrshire and Arran through an improvement in the visibility and effectiveness of patient interaction and clinical data.

NHS Ayrshire and Arran have a local five-year strategy, "NHS Ayrshire & Arran's Digital Strategy (2018 – 2023)" which is aligned to the core principals of the wider Scotland's Digital Health and Care Strategy. Our local five year strategy provides key building blocks that includes:

- ***Enhanced clinical and social care applications***
  - A set of applications will be provided that support the needs of individual services and the ability to share information across organisational boundaries.

- ***Mobile and digitally connected workforce***
  - Staff will be able to access information wherever and whenever services are provided.

- ***Digitally connected citizens***
  - People will be able to connect with health and social care services more

easily to support their own care and wellbeing.

- ***Integrated applications and infrastructure***

  o Appropriate standards will be used to ensure an integrated approach to service delivery working closely with other organisations, locally, regionally and nationally, sharing technological platforms wherever possible.

- ***Decision support tools***

  o Analytics to drive continuous improvement and innovation by providing information for improved decision making, planning for service change, and to support improvement in quality and performance.

We will provide a digital environment that supports and transforms the way our staff work, underpinned by systems that are secure, performant, resilient and available wherever they are. Through the effective use of digital solutions we will support service reform.

Securing Service Sustainability

Addressing our Workforce Needs
At its most basic level effective workforce planning is about ensuring that we have the right staff, with the right skills and competencies in the right place at the right time. This must be balanced against the challenges in demography and supply and the need to ensure services are sustainable and affordable. As we move towards an increasingly integrated approach to service delivery, there will be more emphasis on workforce collaboration and skills transfer. By concentrating our scarce resources in multi-disciplinary teams operating across the health and care system, we can ensure that safe, effective, person-centred and sustainable services are delivered through a workforce that has the right skills and competencies and is able to achieve the best possible outcomes for our citizens. The Health and Care (Staffing) (Scotland) Bill requirements will act as a powerful enabler to ensure workforce planning is delivered effectively. The success of our programme will be highly influenced by the effectiveness of our workforce planning and the recognition that the shape and size of our staffing complement will need to be radically different to what it is now.

Transformative Approach to Health and Care
At the heart of our programme is a recognition of the need to radically change our approach to the provision of health and care services by shifting the balance of provision away from acute hospital-focused care to one where there is a greater emphasis on health improvement, prevention and community-based intervention. If we do not plan and deliver this transformation then inevitably our acute system will become over extended and need to be expanded through investment in additional capacity. This is not achievable, affordable or desirable given that the people of Ayrshire and Arran have clearly stated that, where it is safe to do so, they would like to receive their care at home, in a homely setting or a location close to where they live. This means that not only do we need to plan change at scale but we need to improve how we work as a system. This change cannot be planned and implemented by one part of the system and requires a collaborative multi-partner approach involving NHS, IJBs and their Localities, Local Authorities, Community Planning Partnerships, Voluntary Sector as well as citizens.

Improving Efficiency and Effectiveness
A sustainable health service needs to be able to operate efficiently within the funding available. For the last three years NHS Ayrshire and Arran has required financial brokerage from Scottish Government. This does however need to be set in the context of the current financial environment in which a combination of historical factors and new challenges mean that balancing revenue and expenditure across the system will continue to be problematic. To balance the budget in 2020/21 NHS Ayrshire & Arran would require to make revenue savings of £30m which equates to 4% of the overall budget. In light of this financial outlook it is important that the programme can demonstrate how it will contribute to the efficient and effective operation of the system thus facilitating a move towards a more balanced financial outlook. We know that the costs of delivering care in highly complex and large acute settings is higher when compared to alternative community based settings with much less specialist infrastructure. As we shift the emphasis of care towards more local settings our future acute care settings, with appropriate investment, will be smaller, more streamlined and have a greater degree of estate efficiency.

The COVID-19 pandemic was a catalyst for significant change in how services were delivered, both in acute and throughout the community, including a significant step change in the use of digital technology, in communications with patients and between clinical staff. Social distancing has encouraged a distributed model for the workforce with increased levels of remote working supported by technology. It is anticipated that these lessons will be taken forward through the CfA Programme to deliver a more flexible and adaptable capital investment strategy for physical infrastructure.

Limitations of Existing Infrastructure

Backlog Maintenance
NHS Ayrshire and Arran faces significant challenges in relation to its infrastructure, particularly in relation to the scale of our backlog maintenance requirements. Our Property and Asset Management Strategy (PAMS) incorporates a robust assessment of the condition and performance of all our assets along with the need for future investment. Our acute hospitals, which comprise over 40% of our total estate are ageing and becoming increasingly unfit for purpose, particularly University Hospital Crosshouse. Whilst there has been recent investment in our community estate, many of the current facilities do not provide an environment that supports integrated service delivery   The Board continues to seek to balance the need to reduce backlog maintenance expenditure whilst ensuring that the estate and other assets operate to an acceptable standard.

In 2018/19, the scale of backlog maintenance expenditure required to bring our operational estate up to an acceptable standard in terms of condition, meeting fire safety requirements and addressing statutory safety legislation stood at £62.0m with around half of this relating to University Hospital Crosshouse. In addition to the scale of our backlog maintenance position, the risk profile is of significant importance. Based on the 2018/19 PAMS assessment, it is estimated that 27% of the requirement relates to high or significant risk areas – whilst this represents an improved position as a result of expenditure on maintenance works, this is not sustainable. Investment in our infrastructure needs to address our backlog maintenance position as part of a phased programme of system wide change. This will allow the Board to address the legacy challenges, manage the rate at which new backlog arises and attaining the optimal level of estate performance consistent with the changes to the model of service delivery.

Despite ongoing expenditure, the backlog maintenance liabilities will continue to increase in line with the ageing of our buildings unless there is significant investment in our Estate. Furthermore, much of the accommodation is sub-optimal in terms of current guidance and it is not practicable or good value to upgrade these facilities to achieve compliance. The levels of expenditure required for backlog maintenance and the increasing levels of risk due to the standard of the Estate, in particular at University Hospital Crosshouse is unsustainable in the long term.

Inability to Implement New Models of Care
Aside from the condition of our estate, the way in which much of it is configured acts as a major barrier to supporting enhanced models of care. For our acute estate, we have made improvements to front door services, however much of the remaining infrastructure does not support the increased emphasis on specialist care, complex patient need and enhanced planned care pathways. A lack of ensuite room accommodation impacts adversely on the patient experience in terms of dignity and confidentiality. In our communities much of the infrastructure does not provide an appropriate environment to enhance local provision and provide an alternative to acute based care and in many cases cannot be easily adapted.

Long Term Investment in Digital & Building Infrastructure
We will need to invest significantly in our infrastructure, however, this will reflect a phased programme of expenditure across a 10 to 15 year timeframe. This investment will not only relate to our buildings but also improvements in digital technology, equipment and transport. As a Board and wider system we recognise that capital funding is limited and there is significant competition from other organisations and sectors. We will therefore need to look at a wide range of funding sources from traditional health capital resources, joint funding with partner organisations in the public and private sectors and wider national initiatives including City Deals. This will inevitably require a tailored set of commercial delivery arrangements.

The delivery of an environmentally sustainable and carbon neutral estate infrastructure will be core to the programme to make the most efficient and effective use of all resources. Developments shall consider supporting, enhancing and making a positive contribution to the local communities in which they are located, promoting good access by public transport, encouraging biodiversity in external spaces, reducing energy usage both during construction and in the operation of facilities, maximising natural ventilation and natural lighting, integrating renewable energy technologies and providing opportunities around community benefits for employment and training. The design and procurement of facilities shall include challenging environmental targets and be driven through the use of tools such as BREEAM to ensure that the targets are achieved.

Improving Access to Health and Care Services

System Wide Demand and Capacity Planning
To assess service requirements we need to understand how future demand fits around our integrated health and care models so that the right services are provided in the right setting appropriate to the users' needs. This means that we need to take a more joined up approach to how we plan the health and care environment and use our resources. As such, if we make assumptions about changes in our acute care model that impact on the level of activity flowing in and out of our hospitals then this needs to be reflected in enhanced community services that provide appropriate care in a range of alternative settings including people's homes. By taking a system wide approach to demand and capacity planning we will be able to plan, configure and size our health and care system to reflect the full range of provision across the health and care pathway.
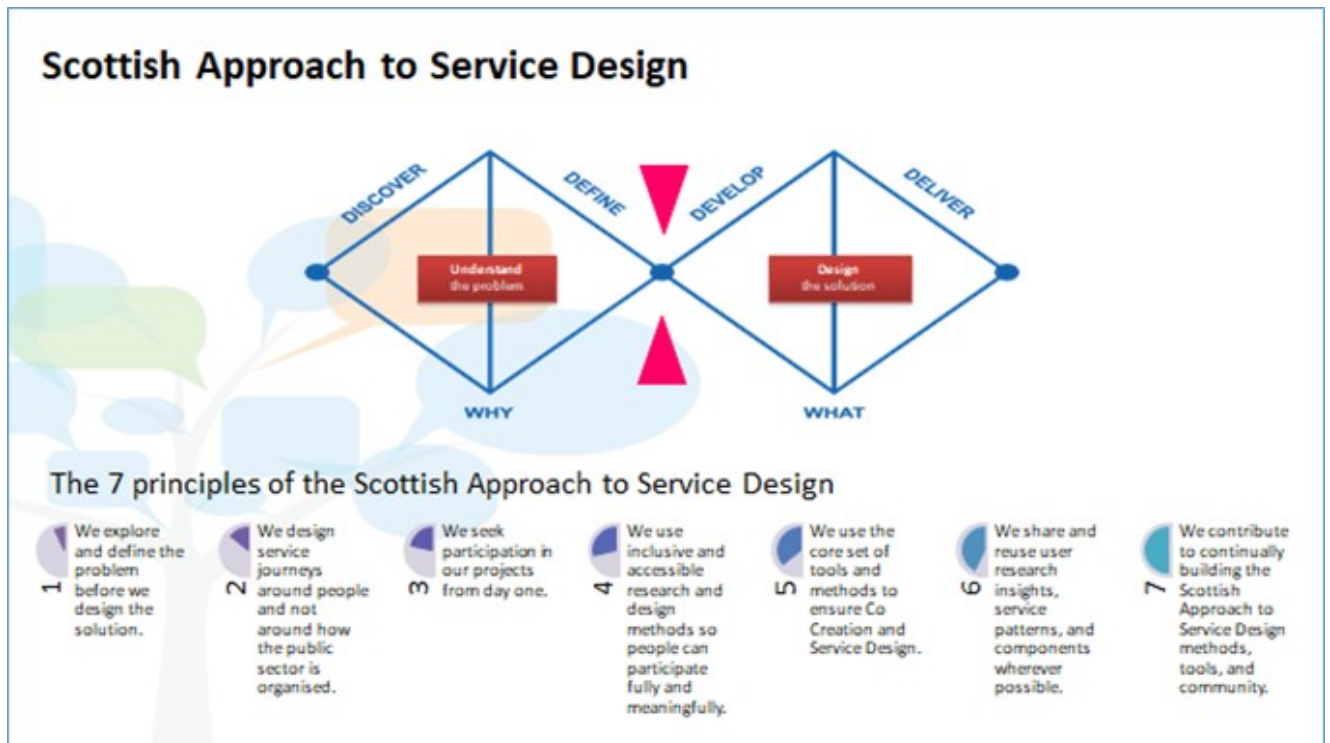
Improving Patient Outcomes

By providing better access to health and care, irrespective of the setting, we aim to improve the health outcomes of our citizens. Already a wide range of health and care services are provided to our communities but often these can be difficult to access, are not aligned to need or require multiple contacts with health and care professionals. At the same time, we need to recognise that outcomes are influenced by wider factors than the services we provide and there also needs to be a strong focus on population health and wellbeing as well as addressing the wider social determinants of health.

People living in areas of multiple deprivation experience relatively more ill-health, earlier onset of long-term conditions, poorer mental wellbeing and premature mortality compared to those living in less deprived areas. Health impact assessments should be part of all planning processes in order to mitigate health inequalities and achieve more equitable service delivery. To assist with this aim, the Fairer Scotland Duty came into force in 2018 to ensure that public sector bodies consider how they can reduce socio-economic disadvantage when making high level strategic decisions. Supporting people to access the health and care services and support their need at the right time and in the right place is a key principle in the development of our future vision and model for health and care.

https://www.gov.scot/publications/fairer-scotland-duty-interim-guidance-public-bodies/

Understanding the Needs of Our Citizens

With any service redesign, it's important to understand the needs of our citizens, workforce and stakeholders, therefore the programme is adopting the Scottish Approach to Service Design. By embedding this framework, it means that people who work or those who interact with health, care and wellbeing services will have opportunities to understand the problems they're faced with from a range of perspectives, before creating any service redesign solutions. The Design Council's Double Diamond model (see diagram below) will be at the forefront of all our service redesign activity within the programme.

Scottish Approach to Service Design

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 to ensure Co Creation and 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.

Within our service design approach, we will adopt a "place-based approach", to ensure that the community is effectively consulted and engaged and that both the physical environment and the social environment are integrated into the strategy for the co-production of future health and care services in localities.

As part of the initiation phase of the Caring for Ayrshire programme, we conducted early pre stakeholder engagement named the 'Caring for Ayrshire Conversation'. This involved holding two multi-stakeholder events in University Hospital Ayr and University Hospital Crosshouse. The events were attended by a range of people, with representation from across health and social care; education; third sector; independent care sector; and private sector, providing an overview of some of the challenges facing health and care i.e. the need for change, followed by facilitated table discussion on two key questions:

1. From your experience, what challenges do health and care services in Ayrshire and Arran face?
2. What do you think matters most to the people of Ayrshire and Arran when accessing care and treatment?

In addition to our public engagement, we also co-ordinated two half day events between NHS Ayrshire & Arran staff, HSCP's and wider community partners, with the aim of facilitating initial **Discovery** around future 'Models of Care'. Below is a summary with the captured key themes from these events along with what we had collated from the engagement with our citizens.
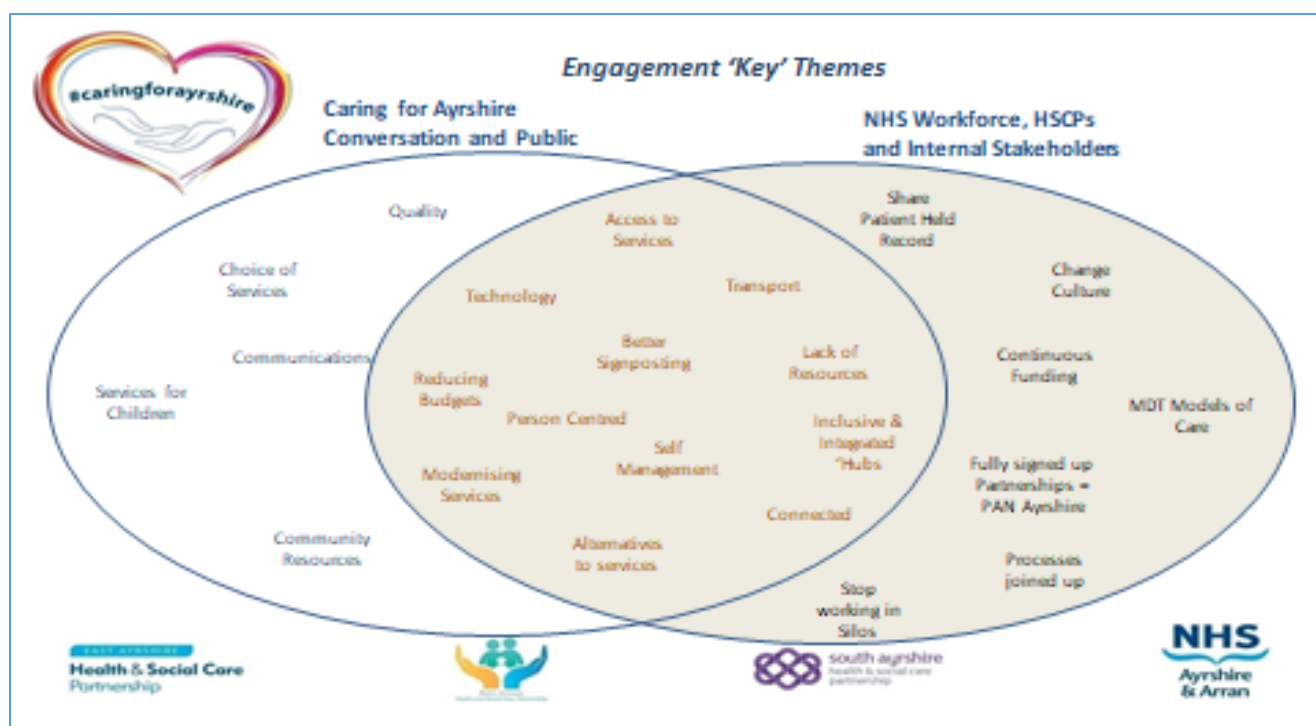
Key themes from Early Pre Engagement Phase

This service redesign approach will continue to be refined to ensure that all stakeholders are supported and empowered to actively participate in the definition, design and delivery of new health and care services for Ayrshire and Arran.

Our short and medium term planning during the coming months and years will be influenced by continuously engaging with our three health and social care partnerships as well as our acute teams.

Our strategic ambition of the Caring for Ayrshire programme is informed by a shared understanding with our partnerships of the change needed locally, regionally and nationally to develop health, care and wellbeing for the benefit of our communities. This vision ensures that we deliver on our commitment to the expectations of key legislation and plans with our partnerships.

The diagram below shows the breadth of collaborative partnership working and shows the wider community planning approach that will be adopted.

Author: Kirstin Dickson, Director of Transformation and Sustainability
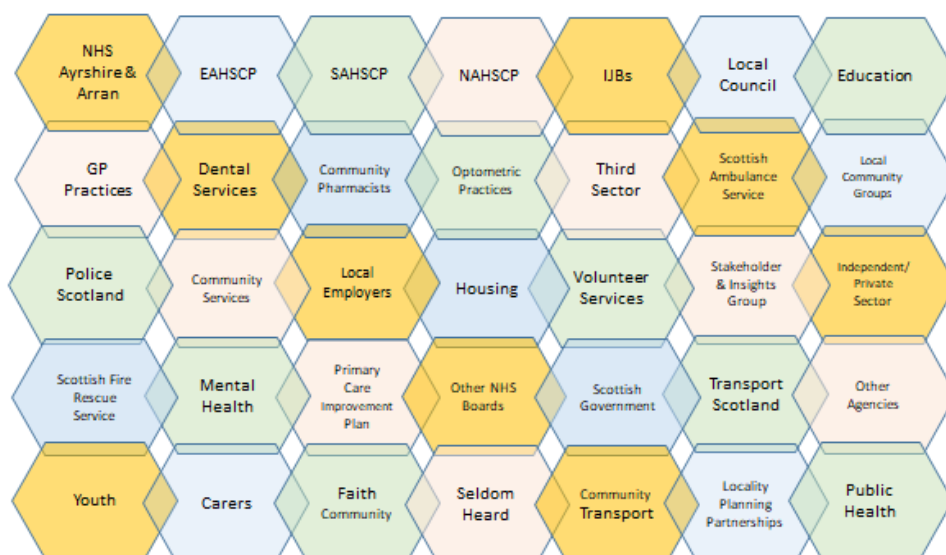
Whole System Partnership Collaboration

Additionally, our governance and delivery arrangements recognises the need to work with partners outwith the health and social care arena.

The outputs from these engagement sessions have been used to shape the programme vision. As the programme develops the Board are committed to further formal and informal engagement with citizens.

Supporting Regional Working

Improving Access to Tertiary Care
We recognise that where services are highly specialised, complex and high risk there is a need for some of the care for our population to be delivered outwith the NHS board area within tertiary centres. We do need to improve how our local services and teams located within these tertiary centres work together so that these highly specialised services are available when patients need to access them and to recognise that this is part of a wider patient pathway combining local and tertiary provision.

Co-ordinated Service Delivery
In the West of Scotland we have been working across our Health Boards and Integration Joint Boards to establish a common purpose to planning that respects the importance of local and locality planning within the wider regional context. This means that all stakeholders must develop and deliver services that meet the triple aim of improving the patient experience of care, improving the health of the population and optimising the cost of healthcare delivered.

West of Scotland Board planning
This approach requires organisations to come together and focus on regional planning of services where appropriate. Working across and connecting beyond our traditional boundaries - across health and social care; across professions and disciplines; across settings; across specialties; and across organisations - will be critical to building a person-centred and sustainable service that is fit for the 21st century.

Regional planning is intended to contribute to the overall transformation of the whole health and care system as represented in the model below. We must ensure that our programme of change is cognisant of and consistent with this approach.

Author: Kirstin Dickson, Director of Transformation and Sustainability
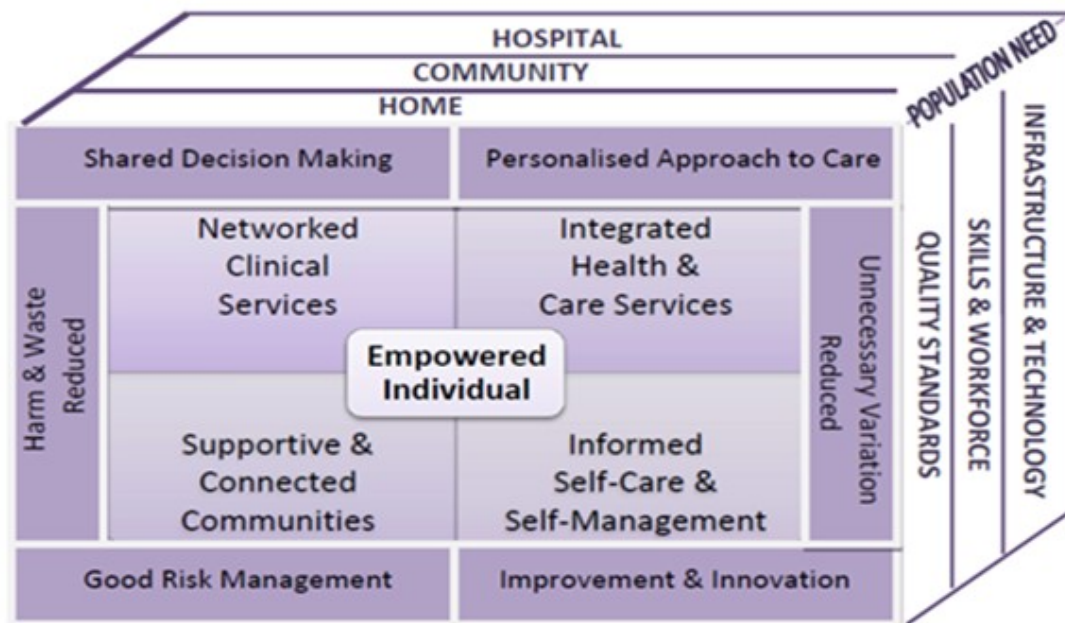
3.4   Other drivers

Public Health

Whilst health and care services have a vital role in keeping people healthy and supporting them when they become ill, it is important to recognise that personal choice and lifestyle decisions can impact on our health and wellbeing. In developing our vision it is important to recognise the primary determinants of wellbeing, health and (importantly) health inequalities are well recognised as being economic, social and environmental; and as such, many of their primary causes lie outside the direct influence of health and social care. Consequently, collaboration and co-ordination at local, regional and national levels is crucial in addressing those determinants for and with local communities.

Community Planning aims to help public agencies work together and with their communities to plan and deliver better services which make a real difference to people's lives. Each of our Community Planning Partnerships (CPPs) in Ayrshire and Arran have prepared and published a Local Outcomes Improvement Plan (LOIP) which will take this work forward. These LOIPs frame the context in which organisations have to operate in seeking to help improve population wellbeing and health, and address health inequalities; and set out the local outcomes which each CPP is prioritising for improvement, with tackling inequalities being a specific and common focus.

The Caring for Ayrshire programme recognises the importance of working with CPPs to ensure a whole system approach is adopted when developing a pan Ayrshire health, care and wellbeing model.

Regeneration and growth

The scale of the Caring for Ayrshire programme provides a platform to support wider economic regeneration and inclusive growth across the region.   The economy of Ayrshire has under-performed over a substantial period of time, and it has one of the highest unemployment rates in Scotland and the UK. Initiatives such as the Ayrshire Growth Deal aim to create an Ayrshire that is vibrant, outward-looking, confident and attractive to investors and visitors, and which will make a major contribution to Scotland and the UK's growth. The Community Wealth Building initiative developed in North Ayrshire but soon to be a pan Ayrshire approach sees NHS Ayrshire and Arran identify as an anchor institution where the socio-economic benefit of decisions taken as part of Caring for Ayrshire will be visible in communities throughout Ayrshire.

We firmly believe that there are opportunities to align our programme to these initiatives with the dual aim of contributing to the anticipated growth and accessing funding streams that could potentially contribute to the financing of our programme.

3.5 Investment Objectives and Benefits

In developing the vision and our strategic aims of the Caring for Ayrshire Programme, a range of investment objectives have been identified that will deliver benefits and address our key drivers for change. Through the aims and ambitions of the Caring for Ayrshire Programme our strategy will be to adopt a whole system redesign to transform Ayrshire and Arran's health, care and wellbeing service model.

Below are those investment objectives that have been identified in supporting the drivers for change, and also where those can reflect and contribute in supporting Scotland's National Performance Framework [https://nationalperformance.gov.scot/].

Investment Objective	Caring for Ayrshire Targeted Objective Activities	Desired Benefits	Scotland's National Performance Framework
1.Meet user **needs & requirements** of health, care and wellbeing services	1. Maintain and enhance optimum local health and social care service delivery 2. Improve accessibility to all health, care and wellbeing services through community and locality 3. Improve access and effectiveness to all clinical, speciality, social care and wellbeing areas 4. Improve the clinical operative suitability of the healthcare and wellbeing estate 5. Reduce unnecessary overnight hospital stays through improving flow with improved Step Up and Step Down and Care at Home services ensuring all patients can remain in their own homes for as long as clinically possible 6. Improve the physical condition of the health, care and wellbeing estate across Ayrshire and Arran 7. Provide fully integrated health, care and wellbeing service offering to citizens	Local care being delivered by local teams and community across Ayrshire and Arran Citizens confidence in Ayrshire and Arrans Health and Care services will improve Improved accessibility of services Integration of services with focus on wellbeing, population health	A. Health B. Children & Young People C. Human Rights D. Communities E. Environment
2.Improve the **quality** and **effectiveness** of health and care services	1. Increase the robustness of unscheduled care and out of hours services 2. Continue to deliver services as close to home as possible in a sustainable and integrated way 3. Provide community based services in meeting the needs of those within the surrounding locality 4. Realignment of staffing models to support future sustainable models of care 5. Reduce adverse harmful events 6. Improve statutory compliance in delivering and supporting health care services 7. Reduction of unnecessary transportation in accessing services	Healthcare system efficiencies will be increased Patient safety will be increased Increased timeliness and availability of relevant clinical information meaning decreased risk to patients' safety	A. Health B. Children & Young People C. Human Rights D. Environment E. Economy

Investment Objective	Caring for Ayrshire Targeted Objective Activities	Desired Benefits	Scotland's National Performance Framework
3. Provide **integrated & accessible** services across Ayrshire and Arran	1. Optimise workforce and staffing levels through effective co-ordination of all health, care and wellbeing services 2. Reduce the number of patient hand-offs through creating seamless health and social care pathways 3. Continue to deliver services as close to home as possible in a sustainable and integrated way 4. Provide community based services in meeting the needs of those within the surrounding locality 5. Support the realisation and maintenance of skills within all professional groups and partnerships 6. Reduce the number of children/vulnerable users being admitted to an adult in-patient ward 7. Enhance the separation between medical and emergency care through the provision of separate appropriate high risk and complex clinical services	Positive patient outcomes will increased under developed new models of care Citizens are able to look after and improve their own health and wellbeing and live in good health for longer Seamless citizen journeys and pathways to accessing whole system services	A. Health B. Children & Young People C. Human Rights D. Communities E. Environment F. Education G. Fair work and business H. International I. Poverty J. Economy
4. Improve our **population health** & health inequalities	1. Supports self-management and early identification of referral to specialists 2. Reduce excessive journeys in attending outpatient appointments 3. Providing preventative and pro-active service interventions 4. Improvement of social determinants of health	Our citizens wellbeing increases with a focus on healthier living, thus reducing the need to access health services Population health improves resulting in decrease of accessing healthcare services	A. Health B. Children & Young People C. Human Rights D. Communities E. Environment F. Poverty G. Economy
5. Increase **service performance** across our health and social care system	1. Ensure that a sustainable service is supported through the creation of new models of care that is delivered by integrated, co-located and flexible teams to provide the required across Ayrshire and Arran 2. Reduce the challenges being faced in recruitment and retention of our workforce and staff. 3. Ensure that all health, care and wellbeing facilities have been designed with our citizens and meet their needs from a physical and functional suitability. 4. To raise the awareness of the benefits of our infrastructure across Ayrshire and Arran with a reduced impact on the environment 5. To support NHS Ayrshire & Arran's and our three HSCPs progress towards corporate environmental objectives	Provides value & sustainability of services, in meeting the demands of our citizens Healthcare system efficiencies will be increased Positive outcomes in supporting and managing health, care and wellbeing across Pan Ayrshire	A. Health B. Communities C. Environment D. Fair work and business E. Poverty F. Economy

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Investment Objective	Caring for Ayrshire Targeted Objective Activities	Desired Benefits	Scotland's National Performance Framework
	6. To provide staff with digital technology that supports Agile working and overall productivity 7. To provide an easily maintained set of services and facilities with good quality finishes and materials. 8. 9. Improve design quality in support of increased quality of care and value for money 10. Contribute to overall revenue savings after budgetary re-investment/re-alignment has occurred 11. Ensure that digital technologies and the creation interoperable solutions and communication system supports staff to deliver increased efficiencies. 12. Increase integration with other public services in that whole system approach to service delivery		
6. Improve **economic growth** resulting in wider/social benefits	1. Aid recruitment and retention of workforce and staff 2. Promote local procurement and innovation of delivering, services, therefore enhancing local social economic factors 3. Bring capital investment to cross purpose public services, sustaining jobs and enhancing full integration of services 4. Support new models of care, with a consequential positive impact on Ayrshire and Arran economy and sustainability 5. Promote community benefits within all procurement activities to generate local employment and apprenticeship opportunities for the local communities and encourage the utilisation of local suppliers and contractors where possible. 6. Promote community benefits within procurement activities to ensure that suppliers and contractors undertake a positive engagement process with the local communities including schools, during the development of new or refurbished facilities. 7. Encourage opportunities for social enterprises in the procurement of goods and services and design routes to market to ensure barriers are removed.	Supports and compliments wider Ayrshire inclusive growth, providing citizens local values and outcomes Overall decrease on healthcare systems and solutions Promoting fair work arrangements across services	A. Communities B. Environment C. Fair work and business D. International E. Economy
7. Provide **sustainable services** resulting in financial benefits	1. To provide citizens with a sustainable services that are fit for purpose and person centred. 2. To provide a whole system integrated service of health, care and wellbeing that is sustainable in responding to different groups and specific needs.	Provides longevity of future services for citizens Enables better financing and budgeting for supporting healthcare services	A. Health B. Children & Young People C. Communities D. Environment E. Education F. Fair work and business

Investment Objective	Caring for Ayrshire Targeted Objective Activities	Desired Benefits	Scotland's National Performance Framework
	3. To provide staff with working environments conducive to delivering the best health care in sustainable environments that also supports the long-term sustainability of the workforce in supporting recruitment and retention. 4. Optimise overall resource utilisation 5. Improve financial performance including optimising overall staff costs vs outcomes. 6. Reduce travel costs associated with patient transfer 7. Improve space utilisation across the estate 8. Optimise overall running cost of infrastructure including buildings 9. To challenge the market to provide innovative solutions and systems that minimise the environmental impact of buildings 10. Supports and provides inclusive growth opportunities within Ayrshire and Arran	Improves equity across Ayrshire and Arran for services	G. Economy

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Wider Socio Economic Benefits

In addition to the benefits identified above which relate to the investment objectives, it is anticipated that the Caring for Ayrshire programme will deliver a wider range of indirect social and economic benefits for the population of Ayrshire and Arran. These arise from a number sources but are predominantly focussed on the benefits arising from improvements in population health – this means that not only will Ayrshire and Arran residents lead longer lives but their quality of life will be enhanced relative to a situation in which NHS Ayrshire & Arran does not undertake any level of transformational change.

The economic and societal benefits associated with the life years gained as a result of the programme can by quantified by using the concept of Quality Adjusted Life Years (QALYs). We would propose to further develop this approach as part of our Stage 4 activities.

Economic Case

4 Strategic Vision and Service Solution

4.1 Overview

The Caring for Ayrshire programme vision is complex and challenging and is therefore being framed within a programme approach with the initial emphasis to further build on developing an integrated health and care service model. This model will look at all aspects of health and care from birth, to end of life, with citizens being at the heart of the proposals ensuring our future services consider the changing population demographics (e.g. ageing population and increasing inequalities, particularly as a result of poverty) and the other key drivers as outlined within this document that impact on service needs.

4.2 Approach and Strategic Solution

In progressing our scoping activities, and building on several other areas of work being progressed and driven by our communities and local authorities around redesigning services our Clinical Programme Board (as the design authority) established a dedicated writing group to undertake preliminary scoping work and internal engagement to inform and set out our strategic future models of care. Continuing to work closely with our three Integration Joint Boards in East, North and South Ayrshire, other community colleagues, 3rd sector, private, independent, voluntary sector organisations as well as our other public sector services will be key to the successful delivery of the programmes aims and objectives.

In order to understand this strategic direction, we need to define our visionary models of care which underpin this transformation towards a more sustainable and balanced system, whilst recognising that we all have a role to play in supporting health, care and wellbeing services. In order to meet the demands of the future, we need to move away from a 'diagnose, fix and treat' approach to one based on population health and wellbeing with more emphasis on health and care anticipation, being trauma informed, preventing illness where we can, and supporting self-management to achieve the best health possible for people living with long term conditions.

Where health and care intervention is necessary, the model needs to put the person receiving health and care at the centre of decisions made about them. This will help to ensure their care is proportionate, and that benefits and risks are clearly understood in order to make informed choices. This approach needs to recognise the principles of Realistic Medicine, specifically the link between clinical interventions and likely outcomes.

This approach to developing and articulating a future model of health, care and wellbeing across Ayrshire and Arran recognises that, where intervention is required, there are a number of 'layers' in the system. Each layer will require a different level of resource (service, workforce and infrastructure) to meet the needs of our population with the focus being on shifting the balance more towards local homely settings and only using high intensity settings for specialised care where it is absolutely essential.
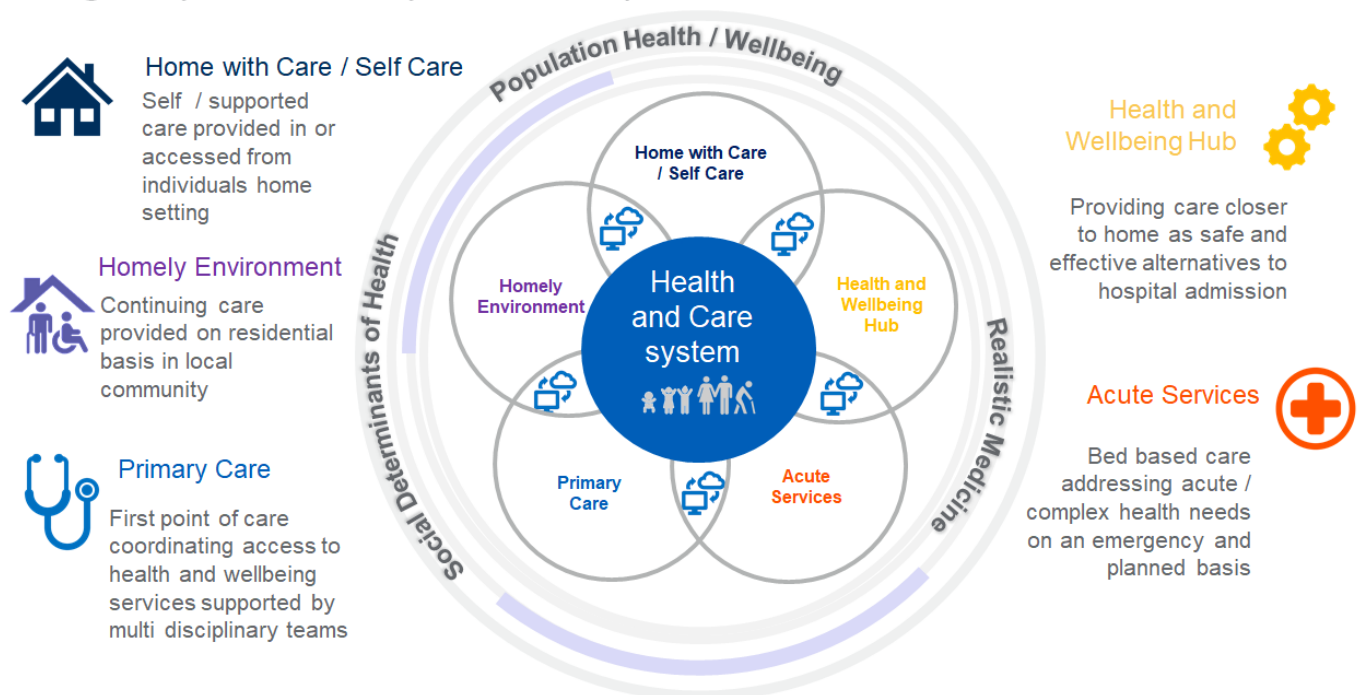
Some services currently accessed in acute hospitals can and should be provided in alternative settings without impacting adversely on quality, safety or the user experience. To support this there will be a strong reliance on digital technology to join up different parts of the system and our citizens to ensure that firstly information required is available real time in electronic form and secondly effective alternatives to face to face contact between the practitioner and service user are available where it is appropriate and safe to do so.

As a starting point we have developed a 'System Components' map which seeks to frame the service layers across a range of health and care settings. At this stage the settings themselves do not represent a physical environment or indications of specific locations and may flex to reflect local circumstances. Likewise they are not mutually exclusive and components within each setting will inevitably overlap. It provides a framework against which an initial health, care and wellbeing model can be established.

The founding principle is to start the mapping exercise with the most local, least complex, lowest risk and work through the layers to the most complex, highest risk activities which can realistically only be sustained through a more concentrated approach. This recognises that key elements of high risk care take place in peoples own homes in order to keep them safe and well, as such complexity does not always equate to a specific place of care.

The map is set out below along with supporting narrative providing further details of each component and how it contributes to the wider model.

Digitally enabled system components

Home with Care / Self Care
Self / supported care provided in or accessed from individuals home setting

Homely Environment
Continuing care provided on residential basis in local community

Primary Care
First point of care coordinating access to health and wellbeing services supported by multi disciplinary teams

Health and Wellbeing Hub
Providing care closer to home as safe and effective alternatives to hospital admission

Acute Services
Bed based care addressing acute / complex health needs on an emergency and planned basis

Population Health / Wellbeing
Social Determinants of Health
Realistic Medicine

Home with Care / Self Care — Homely Environment — Health and Wellbeing Hub — Primary Care — Acute Services — **Health and Care system**

Home with Care/Self Care

Care that individuals could access at home, on a self-management or visiting / virtual basis as well as services provided in local conurbations such as community pharmacies. There are differences in health outcomes within our communities and many of these are the result of disadvantage (or socioeconomic differences). Our model of care will be designed to mitigate these inequalities wherever possible.

Homely Environment

Where care cannot be safely or sustainably provided in people's own homes then, depending on need, Care Homes based in our local communities can become someone's own home, or provide that homely environment/ setting either long term or short term to meet a specific need. This will enable wider access to a range of health and care professionals and multi-disciplinary teams on a substantive and or visiting basis.

Primary Care

Depending on the dispersion of the population served, there will be a range of services provided from practices supporting multiple health, care and wellbeing needs under one roof in or near the local community. Where scale permitted these would typically be referenced as health and wellbeing centres that could accommodate larger primary care practices if required and facilitate interaction between acute and primary care professionals either on a face to face basis or using digital means (e.g. Attend Anywhere) to reduce the need for patients to physically attend higher acute care settings.

Health and Wellbeing Hub

Providing more localised alternatives to acute hospital attendances and admissions. These would provide a wide range of services currently provided within acute hospital settings including:

- Treatment for minor injuries and illnesses
- Primary Care out of hours services
- An overnight stay in a bed if you can't be cared for at home but don't need to go into hospital (step-up beds)
- Rehabilitation after a stay in hospital (step-down beds)
- Midwife-led maternity service
- Day surgery and planned investigations
- CT scanning
- Endoscopy
- Renal dialysis (day service)
- Chemotherapy (day service)
- Blood analysis

Acute Services

This will deliver emergency and planned care from an appropriately sized acute environment focussing on specialist, complex and high risk provision. It will provide specialist led medical services 24/7 ensuring that a wide range of services are available for the local population. Services provided will include consultant led maternity, neonatal and specialist paediatric care.

The majority of outpatient activity will shift from acute settings to community settings with appropriately skilled and trained workforce supporting face to face and virtual consultations. This shift includes current and future nurse, midwife and AHP led services which will become more community based with acute reach-in.

The acute hospital setting will have a new approach to urgent and emergency care which will be enabled by modern facilities, the latest technology, high quality care focussed on acute need, and subsequently allowing patients rapid transfer back to their communities or to their homes. Patients will be seen by senior clinicians at the front door enabling more rapid decision making and management of conditions with the aim of improving patient flow and reducing the length of stay of patients in the acute setting.

Where access is required by Ayrshire residents, this setting would also cover tertiary services provided from Health Boards outwith the NHS Ayrshire & Arran area.

Impact of COVID-19

Due to the impact of COVID-19, we have had to deliver services in an unprecedented way. Throughout this time we have swiftly reconfigured our primary, secondary and community care services to support our population during the COVID-19 pandemic. These reconfigurations have allowed us to manage COVID-19 and non COVID-19 pathways of care but have also enabled service reform in line with the principles of our Caring for Ayrshire Strategic Vision.

As we start to remobilise our services, in line with our vision, we are taking the opportunity to carry out reform to our services. The areas of service reform include:-

- development of an urgent care pathway, this redesign will include consistent triage from NHS 24 allowing a seamless pathway to local hubs for further clinical consultation and consistent onward referral for self-management and to other community or acute settings as required;
- Scheduling of ED, this will reduce the number of direct referrals to ED from NHS 24 that could be triaged as a different outcome;
- increase the use of NHS Near Me in primary and secondary care services;
- enhance our capacity within our Intermediate Care Teams and in particular the Care at Home service; and
- continue to develop our Primary Care MDTs to enhance the joint opportunities, to form solutions and build upon the good working relationships developed during the pandemic.

The COVID-19 remobilisation plans have been approached in a whole system basis with our IJB and Council colleagues, in collaboration with our staff side representatives. The

plans have been developed through strong clinical and professional leadership, co-produced across community, primary and secondary health and care teams.

Our established Emergency Management Team and Gold, Silver and Bronze structures bring together colleagues from across the Health and Care system, community, primary and secondary care services from clinical and professional leadership roles.

Our service reforms align to our Caring for Ayrshire principles to care for people at home or in their communities, to build on the use of digital innovation, to provide alternatives to care in an acute hospital environment and to see acute environments as where we deliver specialist care.

4.3   Illustrative Models of Care

In order to further 'bring to life' the proposed strategic vision around our future models of care in Ayrshire and Arran, the dedicated writing group were tasked with providing detail on the types of services that would be delivered in each of the system components. The diagram below shows where services would be delivered in the future.

	Living at home you could access support either through self management or on a visiting/ virtual basis.	• Self care • Personal care • Domiciliary care	• Reablement • District nursing	• Primary care • Acute care

Living at home you could access support either through self management or on a visiting/ virtual basis.

- Self care
- Personal care
- Domiciliary care
- Reablement
- District nursing
- Primary care
- Acute care

In a Care Home you could receive the same provision as in your own home but on a residential/ respite basis with additional some services as required.

- Medical support
- Nursing care
- Dementia care
- Therapy
- Podiatry

Primary Care service provision will be provided in alignment with the size of the population served.

CORE
- General practice (GP/ ANP, Practice Nurse consultations, Primary Care Practitioners)
- Health Visiting/ District Nursing/ Midwife
- Pharmacy
- Mental Health Nursing

EXTENDED
- Physiotherapy
- Podiatry
- Vaccination/ immunisation
- Community treatment and care
- Phlebotomy

Further services to be offered at the largest practice locations and may overlap with Health and Wellbeing Centres

At a Health and Wellbeing Centre, you could receive treatments and interventions provided locally.

- Outpatients appointments and clinics
- Tests and scans, including x-rays
- Care before and after surgery
- Planned and preventative care for people living with long term conditions
- Mental health advice and support;
- Voluntary sector support;
- Advice and support on a range of health & wellbeing needs, including information on preventing and treating illness

At a Health and Wellbeing Hub you could receive treatments and interventions as provided at a Health and Wellbeing Centre, with access to a wider range of services in one place.

- Treatment for minor injuries and illnesses
- GP out of hours service
- An overnight stay in a bed if you can't be cared for at home but don't need to go into hospital (step-up beds)
- Rehabilitation after a stay in hospital (step-down beds)
- Midwife-led maternity service
- Day surgery and planned investigations
- CT scanning
- Endoscopy
- Renal dialysis (day service)
- Chemotherapy (day service)

Focussing on delivery of major / complex urgent and planned care across a range of services.

- Full emergency department (24/7)
- Medical, surgical and frailty assessment
- Trauma Centre
- Specialist unscheduled inpatient care
- High risk elective surgery
- Diagnostics – CT, MRI, U/S etc.
- Specialist paediatrics
- Neonatal
- Consultant led maternity
- Level 1,2,3 Critical Care
- Specialist outpatients

4.4   Developing Options

At this stage in our process we have not developed a detailed set of options. As set out in Section 1.1 of our PIA, we have established a staged approach to progressing our proposals within which to frame our vision and supporting model. We have also considered the likely variables that will shape the development of options which will include:

- Numbers – across our service model how many of each component part will be needed within Ayrshire and Arran;
- Location – specifically where proposed facilities might be required to support our health, care and wellbeing model;
- Phasing – how we might choose to deliver our proposals whether this be on a geographical basis or by service layer. As a principle, changes to our acute settings will be delivered later in the programme on the basis that many of the proposed out of hospital changes will already be in place; and
- New build / refurb – the degree to which we need new development or alternatively to refurbish and adapt existing infrastructure to provide the appropriate environment.

There are however, some projects that align to the Caring for Ayrshire Programme that have progressed namely, the national development of a Forensic Child and Adolescent Mental Health facility, the East Ayrshire Community Hospital PFI review and the proposal for a whole system approach on Arran.

Commercial, Financial and Management Case

5 Organisational Readiness

5.1 Overview

The Caring for Ayrshire Programme is still at a developmental stage and therefore little detailed work has been undertaken in relation to the ultimate delivery of the programme. This section of the PIA is consequently very high level although it does build on the work contained within the Strategic Assessment.

5.2 Commercial Case

The Caring for Ayrshire Programme vision to redesign and deliver health, care and wellbeing services on a whole system approach will mean procurement arrangements are likely to be wide ranging and complex. In addition to traditional procurement routes, having a wide range of partners involved in this programme of work will create and provide other opportunities and routes, allowing collaborative and joint capital funding ventures to be explored.

The scale and magnitude of the programme of work is so vast and varied that at this stage it is not possible to identify preferred options on how the infrastructure investment to support the new models of health and care will be procured and delivered. Final assessments will be further undertaken in latter stages as part of the OBC and FBC development.

Through our early scoping work we know that there is a commitment to look at innovative procurement arrangements, noting that the approach will not always be NHS led. Our vision on how to provide and deliver services to citizens in the future, needs to be supported by the relevant and appropriate procurement mechanisms. Procurement for health and care services may be led by partner organisations and the route will be identified prior to any formal business case submissions to stakeholders and Scottish Government. In terms of established arrangements there are a wide range of existing routes to access the required support in delivering our programme. These include:

- Frameworks Scotland – to access major contractors, healthcare planning services, lead advisors, relevant consultancy etc. with likely sub-contract works locally where possible;
- Hub South West – who we anticipate will continue to support a number of primary care and locality based opportunities where appropriate;
- Public Contract Scotland – providing national access to vast wide range of opportunities to offer services and bid for contracts for the supply of goods, works and services to the whole Public Sector in Scotland; and
- Local Authority Tendering - using existing arrangements and approaches to securing a wide range of relevant services and support.

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5.3 Financial Case

The financial case needs to demonstrate that the 10 year strategic vision and associated programme of investment and change is affordable in capital and revenue terms.

As part of the Strategic Assessment for the Caring for Ayrshire programme there was an indicative view on the overall anticipated capital investment costs in delivering that whole system approach which suggested a requirement for £750m of capital investment over that 10 year period. It is recognised that this estimate was based on the situation at a point in time and following the development of our future vision on models of care and the strategic aims of delivering health, care and wellbeing services across Ayrshire and Arran the likelihood is that this cost will be further refined as we progress through our remaining chapters.

It is our aim that the programme can be delivered within the existing revenue resources of all parties. It is our belief that the strategic vision and associated programme will allow us to use existing resources more effectively, however there is a recognition that significant redistribution of resources will be required to reflect the future balance of health and care delivery. For example, any new inpatient hospital provision will have to have more single rooms which have a larger footprint than current wards. The resulting increased property related costs will need to be mitigated by a fewer number of inpatient beds than are available currently. This would be facilitated by enhanced community services minimising the requirement for inpatient stays where possible. Community services will therefore be sequenced first so as to change the pathway for patients.

5.4 Management Case

The Caring for Ayrshire Programme will require robust governance and appropriate structures put in place that reflect our whole system approach. By its nature, the NHS Board, working in collaboration with their Health and Social Care Partners will be complex whilst accepting there will be a need to ensure openness and transparency around designing and implementing the strategic vision of the new models of health, care and wellbeing.

Additionally working wider than just Health and Social Care, the concept of working in partnership with other public services such as our local authorities and education sector will require our governance routes and mechanisms to be adaptable to support and complement those who we are seeking to collaborate with in providing a whole system approach around future integrated services.

The NHS Board has already put in place governance arrangements to support Stages 1 and 2 of the programme. The Caring for Ayrshire Programme Board was established to ensure oversight and to provide direction to the Caring for Ayrshire programme and is supported by a number of groups delivering on key areas of the programme.

Pan Ayrshire Governance

The initiation phase of the programme has been supported by a whole system governance approach ensuring that colleagues in community, primary, secondary and social care teams converge so that ensuing future models of care are being redesigned on a whole system basis.

True partnership working will be embedded across all health, care and wellbeing service redesign with an ethos of collaborating in delivering the ambitions of this complex major service transformational programme.

Appendix one