

Subject: **Caring for Ayrshire**

Purpose: To highlight the Caring for Ayrshire priorities and the next steps identified by NHS Ayrshire and Arran to support implementation.

Recommendation: IJB to note the priorities identified for North Ayrshire which have been approved by the NHS Ayrshire and Arran Infrastructure Programme Board and receive an update when timelines for implementation have been agreed.

Glossary of Terms

CfA	Caring for Ayrshire
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IPB	Infrastructure Programme Board

1.	EXECUTIVE SUMMARY
1.1	This report highlights the outcome of the review of the Caring for Ayrshire (CfA) service model across North Ayrshire HSCP and recommendations for the prioritised focus of future developments to meet the Caring for Ayrshire ambitions and is provided in a full report at Appendix 1 .
1.2	The North Ayrshire Health and Social Care Partnership has explored how it will commission the Caring for Ayrshire (CfA) programme. This 10-year programme is delivered in partnership with NHS Ayrshire & Arran (NHSAA) and the two other Ayrshire HSCPs. This will re-design how we provide local health and care services in the future. The programme recognises that there are many demands on health and care services both locally and nationally. Our whole system requires to do things differently, particularly when continuing to respond to the covid pandemic.
1.3	This paper has therefore, been developed using a new needs assessment, which show the impact of deprivation and other inequalities on the 10-year plan for community-based health & social care services.
1.4	It should be recognised that at this time, HSCP legislation does not delegate Property and Estates functions, with these remaining directly managed by both NHSAA and North Ayrshire Council (NAC). However, the HSCP does have a commissioning responsibility for future service models, and this will drive the premises required in the future.
1.5	The NHSAA Infrastructure Programme Board (IPB) approved the HSCP, and Acute Priorities submitted for their meeting on 14 th of December 2021 and the IPB are content with the proposed next steps highlighted at section 2.4 of this report.

2.	BACKGROUND
2.1	<p>Caring for Ayrshire is a 10-year programme in partnership with NHS Ayrshire and Arran and the three Ayrshire HSCPs to redesign how we provide local health and care services in the future. The programme understands the many demands on health and care services nationally and the need to do things differently, particularly as a continuing response to the covid pandemic.</p> <p>This strategic transformation programme will build on developing an integrated community health and care service model. This model will look at all aspects of health and care from birth, to end of life, with people 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). Going forward the programme will develop clear health and care pathways for the people of Ayrshire and Arran. Greater emphasis and resources will be focussed on providing care as close to home as possible, ensuring people can access appropriate health and care support in their own communities. This work will explore local Community Health and Social Care Centres providing more localised alternatives to acute hospital attendances and admissions. These could provide a wide range of services currently provided within acute hospital settings including:</p> <ul style="list-style-type: none"> • Treatment for minor injuries and illnesses • Primary Care out of hours services • 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) • Blood analysis. • Chemotherapy (day 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)
2.2	<p>Locally in North Ayrshire, Caring for Ayrshire (CfA) includes:</p> <ul style="list-style-type: none"> • Development of HSCP Multidisciplinary teams including effective rehabilitation and mental health supports, • Primary Care Implementation plan and interim solutions to support GP Practices where space is limited and work to explore local Community Health & Social Care Centres providing more localised alternatives to acute hospital attendances and admissions. • On the 5th of November 2021 the CfA team also requested a position statement in relation to the priorities of the Lead Partnership for Mental Health Services, and these fifteen option appraisal requests, including HSCP mental health services, are included in the attached appendix report at Appendix 4. <p>The model also details the joint partnership arrangements for Children, Family & Justice services, which have been in place with North Ayrshire Council Education Services, to deliver early intervention approaches within early year centres and school clusters, as well as GP practices, over many years.</p> <p>At the current time the transfer of acute services has not yet been agreed and the impact on future unscheduled care services, currently based on the Ayrshire Central Hospital site, Arran War Memorial and St Margaret's on Cumbrae in North Ayrshire has to be determined.</p>

2.2	A short life group was created with partners across health, social care, primary care, the CfA team, data analysts, NHSAA and North Ayrshire Council Estates departments. This group created a prioritisation tool using information about deprivation, GP disease impact, building suitability and sustainability from Property Services information, new areas of work and its impact e.g., Primary care Improvement Fund, impact of transport and analysis of new housing builds.
2.3	However, due to the complexity of the information it was not possible to weight factors such as deprivation, building sustainability etc. as the short life working group found that some buildings in deprived areas e.g., Eglington Family Practice (a Deep End practice) is relatively new, but others in less deprived areas e.g., Beith Health Centre are an operational risk. The group therefore used the evidence base, local knowledge, feedback from GP Cluster Quality leads & GP Cluster Locality meetings and an intuitive approach to generate prioritisation recommendations to the HSCP Partnership Senior Management team and Integration Joint Board.
2.4	<p>The NHSAA Infrastructure Programme Board (IPB) approved the HSCP and Acute Priorities information that was submitted for their meeting on 14/12/21 and the IPB are content with the proposed next steps as detailed below: -</p> <ul style="list-style-type: none"> • A pan Ayrshire prioritisation approach will now be required to determine the projects that are to be taken forward in the short, medium, and long term. • HSCPs and Acute will be asked to provide all necessary information to allow the IPB Advisory Group to undertake the NHS Ayrshire & Arran Capital Investment Prioritisation process • The prioritisation process is anticipated to inform a sequence for delivery of projects under the Caring for Ayrshire Programme. However, the timing of delivery of projects will then have to be aligned, where possible, with wider community developments being undertaken by local authorities and projects will also be dependent upon the availability of capital provided by Scottish Government following successful approval by the Capital Investment Group. • The output from the IPB Advisory Group's work including recommendations will be presented in a paper to be submitted to the IPB for approval <p>Timelines for the above will now be developed.</p>
3.	PROPOSALS
3.1	<p>IJB to approve the following order of priorities. Phase 1 identifies the immediate operational pressures:</p> <ol style="list-style-type: none"> 1. Oxenward – Kilwinning 2. Beith Health Centre – Garnock Valley 3. Frew Terrace – Irvine 4. Skelmorlie Practice - North Coast <p>Medium term (1-5 years) option appraisals Phase 2:</p> <ol style="list-style-type: none"> 5. Irvine and Kilwinning locality (Frew Terrace in Phase 1) 6. Arran Integrated Island Services 7. Three Towns, including West Kilbride Sub practice <p>And, long-term infrastructure option appraisal solutions Phase 3:</p> <ol style="list-style-type: none"> 8. Garnock Valley (Beith in phase 1) 9. North Coast and Cumbrae Locality (Skelmorlie Practice in Phase 1 and West Kilbride sub in Phase 2)

	These recommendations ask for an option appraisal of each locality to assess the placement of GP practices and a new Community Health and Social Care Centre. It should be noted that this the prioritisation list will always be influenced by external factors e.g., new legislation, flood, fire etc. and as a result NHS Ayrshire & Arran will require to respond to resolve. Appendix 1 within the full report, highlights this priority order in more detail.
3.2	The model also details the joint partnership arrangements for Children, Family & Justice services, which have been in place with North Ayrshire Council Education Services, to deliver early intervention approaches within early year centres and school clusters, as well as GP practices, over many years.
3.3	On the 5th of November 2021 the CfA team also requested a position statement in relation to the priorities of the Lead Partnership for Mental Health Services, and these fifteen option appraisal requests, including HSCP mental health services, are included in the attached appendix report at Appendix 4.
3.4	<u>Anticipated Outcomes</u>
	The Caring for Ayrshire programme will deliver outcomes to both the National Health & Wellbeing outcomes, National Recovery outcomes and the National Mental Health Quality Indicators.
3.5	<u>Measuring Impact</u>
	With the creation of the Caring for Ayrshire programme; a new set of performance indicators, linked to revised outcomes will be identified.
4.	IMPLICATIONS

Financial:	The implementation of Caring for Ayrshire will provide the relevant financial information.
Human Resources:	The implementation of Caring for Ayrshire will provide the relevant workforce information.
Legal:	Legal advice has been sought to ensure the implementation of Caring for Ayrshire meets the required legislation.
Equality:	An Equality Impact Assessment will be developed.
Children and Young People	This will be considered as part of the new Equality Impact Assessment.
Environmental & Sustainability:	This will be considered as part of the new Equality Impact Assessment.
Key Priorities:	As part of the planning process the key priorities and plans will be reviewed.
Risk Implications:	The implementation of Caring for Ayrshire will consider HSCP risks and challenges.
Community Benefits:	N/A

Direction Required to Council, Health Board or Both	Direction to: -	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	x
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	CONSULTATION
5.1	<p>On Arran there was extensive community and staff engagement on the proposals for an integrated hub on the island. This took place in 2018-9. The detail is included in the Initial Agreement which was endorsed at the IJB in June 2020 and the Ayrshire and Arran Health Board in August 2020.</p> <p>The Mental Health Lead Partnership undertook the Ayrshire Mental Health Conversation during 2017 and 2018 and developed a key set of Priorities and Outcomes 2019-2027. On the mainland work progress was updated at the GP Quality Cluster leads on the 3rd of November 2021 by the HSCP stakeholder GP, to the Strategic Planning Group on the 28th of October and the 23rd of November 2021, to the CfA team on the 29th of November 2021, to the HCSP Partnership Senior Management Team on the 18th of November 2021, the GP Locality Meeting on the 1st of December 2021 and all of the GP locality cluster meetings. A draft set of papers also went to the Joint Property Board on the 4th of November 2021. The report will also go to the HSCP Integration Joint Board in February 2022.</p> <p>Some engagement opportunities were cancelled due to covid emergency footing e.g., practice managers, professional lead meetings - so engagement has not been as wide as we would have liked. There has been no opportunity to engage widely with CPP partners or communities. (Please note majority of non-essential meetings were cancelled by NHS Ayrshire & Arran throughout August and September 2021 due to covid).</p> <p>The NHSAA Infrastructure Programme Board (IPB) approved the HSCP, and Acute Priorities submitted for their meeting on 14th of December 2021.</p>
6.	CONCLUSION
6.1	<p>The Caring for Ayrshire (CfA) programme is a significant 10-year programme delivered in partnership with NHS Ayrshire & Arran (NHSAA) acute services and the two other Ayrshire HSCPs to improve the health & well-being outcomes of the Ayrshire population as close to home as possible and in an integrated way across health and social care as a single 'whole system'.</p>

For more information, please contact Michelle Sutherland on 01294 317751 or msutherland@north-ayrshire.gov.uk



Caring for Ayrshire - North Ayrshire HSCP Service and Premises Priorities

The outcome of the review of the Caring for Ayrshire service model across North Ayrshire HSCP and recommendations for the prioritised focus of future developments to meet the Caring for Ayrshire ambitions.

November 2021



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Section 1: Executive Summary

The North Ayrshire Health and Social Care Partnership has explored how it will commission the Caring for Ayrshire (CfA) programme. This 10-year programme is delivered in partnership with NHS Ayrshire & Arran (NHSAA) and the two other Ayrshire HSCPs. This will re-design how we provide local health and care services in the future. The programme recognises that there are many demands on health and care services both locally and nationally. Our whole system requires to do things differently, particularly when continuing to respond to the covid pandemic.

This paper has therefore, been developed using a new needs assessment, which show the impact of deprivation and other inequalities on the 10-year plan for community-based health & social care services. It should be recognised that at this time, HSCP legislation does not delegate Property and Estates functions, with these remaining directly managed by both NHSAA and North Ayrshire Council (NAC). However, the HSCP does have a commissioning responsibility for future service models, and this will drive the premises required in the future.

It should also be noted that this plan will be iterative and may adapt because of unforeseen future events or strategic policy changes.

The North Ayrshire HSCP CfA model is described at **Section 4** of this report. This model includes nineteen GP Practices, plus two branch surgeries and one GP Practice using a community centre for delivery of clinical sessions, twenty-five dental practices, twenty-two optometry practices and thirty-eight community pharmacies and rehabilitation wards (Ward 1, Redburn & the Douglas Grant Centre) in Ayrshire Central Hospital and the two community hospitals on the isles of Arran and Cumbrae. Patients in the North Coast locality also attend Greater Glasgow & Clyde services at Inverclyde Royal Hospital and the Royal Alexandra Hospital in Paisley. The outstanding work is in relation to which acute services would migrate to delivery from local community health and social care centres and the future impact on out of hours i.e., minor injuries and unscheduled care services currently delivered from Ayrshire Central Hospital, and on the isles of Arran and Cumbrae. The model also includes Lead Partnership for Mental Health Services, HSCP Mental health Services and the arrangements for Children, Family & Justice services.

North HSCP has provided a high-level summary of immediate operational pressures with Phase 1:

1. Oxenward – Kilwinning
2. Beith Health Centre – Garnock Valley
3. Frew Terrace – Irvine
4. Skelmorlie Practice - North Coast



Medium term (1-5 years) option appraisals Phase 2:

5. Irvine and Kilwinning locality (Frew Terrace in Phase 1)
6. Arran Integrated Island Services
7. Three Towns, including West Kilbride Sub practice

and long-term infrastructure option appraisal solutions Phase 3:

8. Garnock Valley (Beith in phase 1)
9. North Coast and Cumbrae Locality (Skelmorlie Practice in Phase 1 and West Kilbride sub in Phase 2)

These recommendations ask for an option appraisal of each locality to assess the placement of GP practices and a new Community Health and Social Care Centre. It should be noted that this the prioritisation list will always be influenced by external factors e.g., new legislation, flood, fire etc. and as a result NHS Ayrshire & Arran will require to respond to resolve. [Appendix 1](#) highlights this priority order in more detail.

As a result of the new primary care investment programme all of the GP Practice sites in North that could have been altered/refurbished have been completed and there were just two possible opportunities for new space/extensions identified – this would need GP agreement - Bourtreehill Medical Practice (GP owned) and Ardrossan South Beach first floor (GP private leased).

The partnership has also worked with NAC and partner colleagues to assess if there were council assets or other known commercial assets that could be explored. This highlighted the following to form part of any future option appraisals and the full details of each locality are attached at [Appendix 2](#) and with initial costings at [Appendix 3](#):

- Re-development of Kilwinning Town Centre may offer opportunities around the Housing Office,
- Montrose House wing on Arran,
- Garnock valley - Taigh Mor respite unit and Beith Library
- Possible land asset at the side of Cumbrae Garrison building (community owned),

North HSCP has met with the Community Planning Partnership (CPP) Team and NAC is in the early stages of place-based locality planning to inform its community wealth building initiatives. North HSCP has experience of working effectively with CPP partners and Police Scotland's community team are now based in the Brooksby Resource Centre in Largs, alongside health and social care. The Caring for Ayrshire ambition has been shared with the CPP team, to inform their work. At this time the re-development of Kilwinning Town Centre may offer opportunities around the Housing Office.



The North HSCP recognised at its inception, the key priority of ensuring children and young people had the best start in life. This early intervention and prevention approach was put in place as a longer-term protector of adult health & wellbeing. This has meant that children and families services such as health visiting, school nursing and children and families social work are community focussed and already deliver from a range of community venues – early year centres, school campuses and GP Practices. Children and families social care and health teams are currently in the Lockhart School Campus at Stevenson, Kilwinning Academy, Greenwood Academy and will be in the developing Ardrossan campus. There is a gap in provision in the North Coast, Irvine, Arran and the Garnock Valley, however services continue to be delivered via GP practices and social care offices. It is proposed that children and family services, which cannot be accommodated in shared campuses with education services, will be placed in future community and social care centres. The CfA team received a detailed update on children and families' ambitions including MDT working, Locality teams, Locality wellness approaches and employability support on the 29th of November 2021.

On the 5th of November 2021 the NHSA&A Caring for Ayrshire Team also requested a position statement in relation to the priorities of the Lead Partnership for Mental Health Services, and these fifteen option appraisal requests, also including HSCP Mental Health Services are attached at [Appendix 4](#).



Section 2 – Background and Purpose

In addition to the policy drivers identified in *Let's deliver care together*, found at www.nahscp.org, the following new strategic policy development will influence North Ayrshire Health & Social Care Strategic Commissioning Plan from 1st April 2022:

Caring for Ayrshire

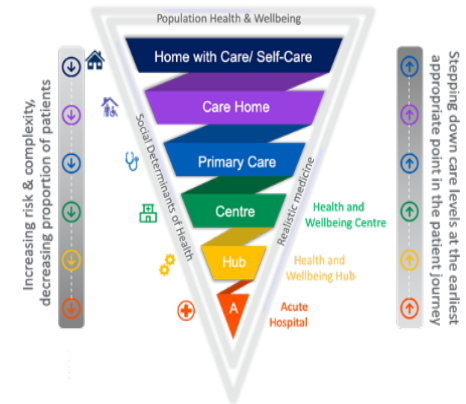
Caring for Ayrshire is a 10-year programme in partnership with NHS Ayrshire and Arran and the three Ayrshire HSCPs to redesign how we provide local health and care services in the future. The programme understands the many demands on health and care services nationally and the need to do things differently, particularly as a continuing response to the covid pandemic.

This strategic transformation programme that will build on developing an integrated community health and care service model. This model will look at all aspects of health and care from birth, to end of life, with people 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). Going forward the programme will develop clear health and care pathways for the people of Ayrshire and Arran. Greater emphasis and resources will be focussed on providing care as close to home as possible, ensuring people can access appropriate health and care support in their own communities. This work will explore local Community Health and Social Care Centres providing more localised alternatives to acute hospital attendances and admissions. These could provide a wide range of services currently provided within acute hospital settings including:

- Treatment for minor injuries and illnesses
- Rehabilitation after a stay in hospital (step-down beds)
- Day surgery and planned investigations
- Endoscopy
- Blood analysis.
- 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)
- Primary Care out of hours services
- Midwife-led maternity service
- CT scanning
- Renal dialysis (day service)
- Chemotherapy (day service)



Delivering care together





Where this is not possible, people will be cared for by more intensive services, such as a local health and wellbeing hub, local or regional hospital.

Locally in North Ayrshire, Caring for Ayrshire (CfA) includes:

- Development of HSCP Multidisciplinary teams including effective rehabilitation and mental health supports,
- Primary Care Implementation plan and interim solutions to support GP Practices where space is limited and
- Work to explore local Community Health & Social Care Centres providing more localised alternatives to acute hospital attendances and admissions.
- On the 5th of November 2021 the CfA team also requested a position statement in relation to the priorities of the Lead Partnership for Mental Health Services, and these fifteen option appraisal requests, including HSCP mental health Services, are attached at [Appendix 4](#).

At the current time the transfer of acute services has not yet been agreed and the impact on future unscheduled care services, currently based on the Ayrshire Central Hospital site for North Ayrshire has to be determined.

This paper has therefore been developed, to show a clear 10-year plan for community-based health & social care services and the premises required to support this approach moving forward. It should be recognised that at this time HSCP legislation does not delegate the property and estates functions and these remain managed by both NHS Ayrshire and Arran and North Ayrshire Council. However, the HSCP does have a commissioning responsibility for future service models, and these have driven the premises development requirements.

In doing so, the authors have set out a clear description of the local CfA model, the needs of each locality area, including the challenges and opportunities for change, as well as a full appraisal of the demographic projections, levels of deprivation and known disease prevalence.

All of this, along with a current assessment of the pressures on General Medical Services in North Ayrshire; an overview of the limitations and opportunities within the current estate; and a description of the proposed model of Multi-Disciplinary Team working locally is designed to offer the reader a high level of insight into the priorities for premises development on a locality-by-locality basis.

It is important to clarify for the reader, where the priorities are from the perspective of North Ayrshire Health and Social Care Partnership and this paper therefore proposes a ranked list of option appraisals to support future premises developments for approval by NHSAA governance structures and North Ayrshire HSCP Integration Joint Board.



Section 3. North Ayrshire Needs Assessment

A new Community Health & Social Care needs assessment was undertaken including a full appraisal of the demographic projections, levels of deprivation, population levels and known disease prevalence at each practice. The document which can be found [here](#) is presented by order of deprivation impact:

- Three Towns
- Irvine
- Kilwinning
- Garnock Valley
- North Coast and
- Arran

This work highlights that the GP Practices supporting the most deprived communities are Eglinton Family Practice (also a national Deep End Practice), Townhead Medical Practice, Bourtnehill Health Centre and Dalry Health Centre. Sadly, the impact of deprivation continues to worsen across North Ayrshire and the levels of health and social inequalities continue to grow. The work also highlights an inward migration of a retirement aged population to Arran and the North Coast including Cumbrae.

Lead Partnership Mental Health – Needs assessment

On the 5th of November 2021 the NHSA&A Caring for Ayrshire Team also requested a position statement in relation to the priorities of the Lead Partnership for Mental Health Services and HSCP Mental Health Service developments. There was not time to create a new specific mental health needs assessment. However, when creating the HSCP Bridging Strategic Plan 2021/2022 a new 'whole system' needs assessment was developed: including alcohol & drugs, acute service demand, learning disabilities and mental health. This can be found [here](#)

This work builds on the following:

- The Ayrshire Mental Health Conversation: Priorities and Outcomes 2019-2027 which can be found [here](#).
- Learning Disability Strategic Plan 2017-19 which can be found [here](#)
- North Ayrshire Alcohol and Drug Partnership Strategy 2019-2024, which can be found [here](#)



Section 4 – North Ayrshire Caring for Ayrshire Model

The work presented in this paper was supported by a multiagency short life working group and the full membership is attached at [Appendix 5](#) and the development of a prioritisation tool attached at [Appendix 6](#) with the supporting methodology at [Appendix 7](#) and possible impact of new house building at [Appendix 8](#).

Current Provision

This model includes nineteen GP Practices, plus two branch surgeries and one GP Practice using a community centre for delivery of clinical sessions, twenty-five dental practices, twenty-two optometry practices and thirty-eight community pharmacies and rehabilitation wards (Ward 1, Redburn & the Douglas Grant Centre) in Ayrshire Central Hospital and the two community hospitals on the isles of Arran and Cumbrae. Patients in the North Coast locality also attend Greater Glasgow & Clyde services at Inverclyde Royal Hospital and the Royal Alexandra Hospital in Paisley. The outstanding work is in relation to which acute services would migrate to delivery from local community health and social care centres and the future impact on out of hours i.e., minor injuries and unscheduled care services currently delivered from Ayrshire Central Hospital, and on the isles of Arran and Cumbrae. The model also includes the prevention and early intervention approaches to support children and families across health visiting, school nursing and children's social care where integrated arrangement with NAC Education Services are not yet available.

North caring for Ayrshire Model

The CfA model proposed has been identified delivery at four levels:

1. A Community Health & Social Care centre within each locality and to support integrated island services, including Children & Family Services,
2. Interface 'whole system' services which support both locality and GP Practice Service
3. GP Practice model
4. Lead Mental Health Partnership services including Mental Health inpatient services; Community Mental Health Services, Psychology, Child and Adolescent Mental Health services, Autism services, Eating Disorder services, Learning Disability Services, Elderly Mental Health Beds and Drug & Alcohol Services. The HSCP has also included its Mental health Service priorities covering community mental health, community addictions and Community learning disability future requirements.



1. HSCP – Community Health & Social Care Centre (at Locality/GP Cluster level) operating 24/7

- Covid Red zone,
- District Nursing and Health Care Assistants,
- Specialist Nursing,
- Primary Care Nursing and Health Care Assistants,
- Allied Health Professionals – Physiotherapy, Occupational Therapists, Dietetics, Podiatrists, Speech & Language Therapy
- Health & Therapy teams,
- Social Work – complex adults and older people
- Social Care – complex adults and older people
- Social Care Assistants – complex adults and older people
- Independent Living Team/Blue Badge team
- Responder service – Care at Home
- Care at Home dop-in space
- Physical Disabilities Team
- Sensory Impairment Team
- Carers Supports
- Universal Early Years – Health Visitors and Support staff (if school space unavailable*)
- School Nurses (if school space unavailable*)
- Children & Families Social Work teams (if school space unavailable*)
- Immunisation Teams
- Immunisation Hall
- Locality team meeting space for Teams MDT discussions with locality/Cluster GP Practices
- Specialist Alcohol and Drug Services (Bookable clinic rooms and group space. MAT standards to be delivered here.),
- Specialist Mental Health Services, (Bookable clinic rooms and group space)
- Community Learning Disability Services, (Bookable clinic rooms and group space)
- CAMHs (Bookable clinic rooms)
- Eating Disorders (Bookable clinic rooms)
- Occupational Therapy Rehabilitation Kitchen and living space



- Rehabilitation gym
- Community Pharmacy Services
- Community Dental Services
- Enhanced Intermediate Care Team
- Control of infection and decontamination space
- Clinical Waste Storage
- Support staff e.g., reception, records and management

In addition, for island communities:

Arran Integrated Island Services operating 24/7:

- Emergency Department
- Inpatient beds for treatment of wide range of illness
- Midwifery unit supporting on island deliveries,
- Palliative end of life beds
- Out of Hours Responder Service

Cumbrae Integrated Island Services operating 24/7:

- Minor injuries unit
- Step up and Step-down beds
- Palliative end of life beds

***School space limited in Irvine, Garnock Valley, North Coast, Arran and Three Towns**

Partner and Visiting Services

- Health Improvement and public health initiatives
- Midwife-led maternity service
- Asylum Seeker Support Team
- Homelessness support team
- Hearing impairment services and other commissioned third sector health & wellbeing services
- Acute Services re-provisioned services in the community





- Treatment for minor injuries and illnesses
- Phlebotomy Services
- Primary Care out of hours services
- Day surgery and planned investigations
- CT scanning, Xray and imaging,
- Endoscopy
- Renal dialysis (day service)
- Blood analysis.
- Chemotherapy (day 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)

Community space with council and third sector partners e.g., Older People Day services, Community Café, Breastfeeding Room, Prayer Room, Library, Bookable Community Group space for health and wellbeing.

2. Interface Services

- Scottish Ambulance Service (SAS) transfer service to support the isles of Arran and Cumbrae,
- Rehabilitation wards (Ward 1, Redburn & the Douglas Grant Centre) at Ayrshire Central Hospital
- Elderly mental health beds as part of the Lead Partnership and the Community Elderly Mental Health team
- Support from Fullerton Community Hub for patients registered with the Eglington Family Practice, who deliver GP sessions from there.
- Provision of Community Pharmacy, Optometry, and Independent Dental services on site,
- Provision of council services with HSCP integrated elements e.g., Complex care housing support, resettlement, homelessness etc. (TBC)
- Provision of support for Care Homes,
- Provision of support for supported accommodation models at locality level.

3. General Practice Model

- General Practitioners
- Covid Red zone



- Community Treatment and Care Services (CTAC: Nurse / Health Care Support Worker)
- Practice Nurses
- Health Care Assistants
- Advanced Nurse Practitioners
- Community Link Workers
- Mental health Practitioners
- Clinical Pharmacists – Pharmacotherapy staff, (Clinical Pharmacist, Technician / Support Worker)
- MSK specialist Physiotherapists & MSK Advanced Practice Practitioner
- MSK specialist Physiotherapists
- Support staff e.g., reception, records and management
- Cluster and MDT Locality meeting space
- Specific space if a GP Training Practice
- Immunisation clinic space (over 85 and specific at-risk groups)
- Control of infection and decontamination space
- Clinical Waste Storage
- Breastfeeding Room,
- Prayer Room

HSCP and Visiting Services (Bookable clinic rooms and group space)

- Health Improvement
- Specialist Alcohol and Drug Services, (MAT standards to be delivered here)
- Specialist Mental Health Services,
- Community Learning Disability Services,
- Midwife led Maternity Services
- CAMHs
- Eating Disorders
- Allied Health Professionals – Physiotherapy, Occupational Therapists, Dietetics, Podiatrists, Speech & Language Therapy





Community space with council and third sector partners e.g., Older People Day services, Community Café, Breastfeeding Room, Prayer Room, Library, Bookable Community Group space for health and wellbeing.

Interface

- Provision of Community Pharmacy, Optometry and Independent Dental services on site.

4. Lead Partnership - Mental Health Services

North Ayrshire Health and Social Care Partnership will continue to manage and deliver the following services on behalf of the East and South Partnerships. We will work to improve: Prevention and early intervention; Access to treatment and joined up accessible services; the physical wellbeing of people with mental health problems; Rights, information use, and planning.

Mental Health Inpatient Services across Ayrshire, including:

- Acute inpatient assessment for individuals experiencing functional and/or organic presentation
- Low Secure male inpatient services
- Intensive Psychiatric care provision
- Generic and forensic rehabilitation services
- Hospital Based Complex Continuing Care for individuals 65 and over on Ailsa site
- Inpatient addiction service, offering inpatient detoxification programme, residential and day attendance rehabilitation programme.

Also included within the inpatient portfolio of services are:

- Community Forensic Team
- Elderly, Psychiatric and Alcohol Liaison Services
- Mental Health Advanced Nurse Practitioners
- Acorn – service based at Ailsa offering structured activity, sheltered employment opportunity and supporting individuals who have/are experiencing mental disorder to develop a range of skills Inpatient services are split between Woodland View on



Ayrshire Central Hospital site in Irvine and on Ailsa Hospital site in Ayr, the majority of adult services being based at the new bespoke provision within Woodland View.

Crisis Resolution Team

The Ayrshire Crisis Resolution Team offers a home-based alternative to in-patient care for adults (aged 16-65) experiencing acute and severe mental health crisis. The service offers short term support up to 21 days, in line with the national standards for crisis services.

Learning Disability Assessment and Treatment Service

People with a learning disability have a significant, lifelong condition that affected their development, and which means they need help to; understand information, learn skills, and cope independently. The Learning Disability Assessment and Treatment Service is a 10-bed inpatient admissions unit based at Woodland View, Irvine. The unit provides access to specialist a range of specialist professionals and intensive multi-disciplinary services for all adults living in Ayrshire who have a learning disability. The unit accepts both planned and unplanned admissions:

- A planned admission to Woodland View provides short-term intensive assessment and treatment. Where a planned admission is deemed appropriate, a pre-admission meeting will take place with the individual and family members and a range of support staff including Community Learning Disability Team, designated Social Worker, and Third sector representatives.
- Emergency admissions to Woodland View are facilitated by members of the Community Learning Disability Team. Admissions are agreed with a Responsible Medical Officer and members of the Community Learning Disability Team will be in contact with Woodland View nursing staff to facilitate the admission process. The following is a list of criteria for why an individual would be admitted to Woodland View:
 - The person requires a period of complex nursing and therapeutic care which cannot be met elsewhere.
 - The person has severe emotional, behavioural or mental health difficulties which cannot be appropriately assessed or treated elsewhere. • The person requires a period of sustained specialist led support and rehabilitation.
- Where risk evaluation indicates that hospital admission is most likely to reduce short and medium-term risks which are significant and likely to pose a hazard to the patient and/or others.



Psychology Services

Psychological Services are provided across Ayrshire and Arran and are embedded within various specialist teams. Specialities covered are:

- Child Psychology
- Adult Mental Health
- Older Adults, physical health and neuropsychology, and
- Learning disability services

The service deploys a range of staff within these specialist roles to undertake focused work, such as primary care mental health, community mental health and eating disorders.

Child and Adolescent Mental Health Service (CAMHS)

The CAMHS service is available to young people aged 5 to 18 years old and offers short term treatments for those with mild to moderate mental health problems; to more complex treatments for children and young people experiencing more severe and complex problems. North Ayrshire shall deliver mental health services in line with the 10-year National Mental Health Strategy 2017-2027. This strategy aims to ensure that mental health problems are treated with the same commitment and passion as physical health problems. The lead partnership will also support the new national Foxgrove development supporting children from across Scotland.

The HSCP also identified local mental health services development areas:

Alcohol and Drug Services

As a result of the continuing addition issues across North Ayrshire there is already a clear direction from Scottish Government about improving the access and delivery of alcohol and drug services through primary care-based delivery of same day services as detailed in the new treatment standards at [Appendix 9](#). This new model, although a positive one, may place additional pressure on the existing estate and infrastructure.



Community Mental Health Services

In addition to phase 1 of the Primary Care Improvement funding for mental health practitioners; the Scottish Government has identified additional monies via its mental health directorate to fund additional primary care based mental health staff. The details of this are not yet confirmed, however this positive news, may place additional pressure on the existing estate and infrastructure.

Section 5: Recent & Future Developments

GP Practice Primary Care Improvement Fund - Impact

There are currently 19 General Medical Practices aligned to the North Ayrshire Health and Social Care Partnership. The Primary Care Management Team within East Ayrshire Health and Social Care Partnership have been developing a model of Multi-Disciplinary Team working that seeks to bolster the traditional core GP Practice Team with an enhanced range of key practitioners. This work highlights the significant GP Practice workload associated with supporting those experiencing low level mental health problems, long term conditions and musculoskeletal problems as well as that associated with Pharmacy related issues.

Phase1: Core GP Practice MDT Model

Mental Health Practitioners

In 2020/1 North Ayrshire 18 out of 19 GP Practices have access to a MHP. The service is currently not offered in Skelmorlie Practice. There is currently a total of 8 Whole Time Equivalent (WTE) posts active across North Ayrshire and additional staff are going through induction. From October this will provide 13 WTEs the following additional sessions will be provided to:

- South Beach (0.5 WTE)
- Kilbirnie (0.5 WTE)
- Bourtreehill (0.5 WTE)
- Eglinton (0.3 WTE)
- Ayrshire Medical Group ((0.2 WTE)
- Saltcoats (0.5 WTE)
- Arran (0.4 WTE)
- Cumbrae (0.1 WTE)



There continues to be no resilience for absence and this gap is being explored, with additional 6 (WTE) staff proposed by 1st April 2022 providing a total of 19 (WTE) permanent posts.

Advanced Musculoskeletal (MSK) Physiotherapist

In 2021 North Ayrshire 10 out of 19 GP Practices have access to Advanced MSK Physiotherapy support. This will be 14 when the current recruitment process concludes.

There are currently the following session gaps:	The following practices do not yet have a service:
<ul style="list-style-type: none"> • Dalry x 1 session • Townhead x 2 sessions • Frew Terrace x 3 sessions • Oxenward x 1 session 	<ul style="list-style-type: none"> • Stevenson x 3 sessions • Central Avenue x 2 sessions • Boutreehill x 4 sessions • Skelmorlie x 2 sessions • Cumbrae x 2 sessions

The service is currently under pressure as there is no built-in absence resource and a lack of availability of senior MSK physiotherapists to recruit due to marketplace shortages, this gap is being explored, with additional 5.5WTE staff proposed by 1st April 2022.

Due to space pressures the service requires to have a hub model and could potentially be based in existing core MSK departments, if agreeable with core MSK. The staff will require 50% of time to be spent in practice to maintain communication links with GP practice.

Community Link Workers

In 2021 North Ayrshire all of 19 Practices have access to a Community Link Workers. However, as GP practices remobilise there remains a lack of resilience as a result of no built-in absence resource, and we are proposing to add 2.5WTE permanent posts CLWs to provide North Ayrshire with 14.5WTE permanent for April 2022.

Clinical Pharmacists – Pharmacotherapy Service.

In 2021 15.8 WTE clinical pharmacists with support from 7 technicians and 2.9 support staff deliver services across all of North Ayrshire GP Practices. Two additional technician posts to support care homes and community pharmacy are being explored for 1 April 2022 using Winter Pressure monies.



Due to current accommodation pressures the pharmacy service require to move to a hub model for non-face to face technical work, with a hub in each GP cluster. Resilience plan is for floating clinical pharmacists to use the hubs, until needed in practice with bookable touchdown space as per distributed working approach.

Advanced Nurse Practitioners

Practices across North Ayrshire had the opportunity to train existing nursing staff to expand their skill sets using the ANP college approach.

CTAC Core GP Practice MDT Model

The Community Treatment and Care Team continues to expand rising from 14.4 WTE to 21.8 WTE primary care nurses over 2021. The service will also be supported by 11.8 Health care Assistants.

Due to current accommodation pressures the service require to move to a hub model, in each GP cluster.

Phase 2: Proposed Primary Care Occupational Therapy Team

There are currently Occupational Therapy tests of change running to 31 March 2022 in each of the Ayrshire Partnerships to support mental health presentations. The North test has been delivered in the Largs Practice. This model has been very effective in NHs Lanarkshire and is being promoted by Scottish Government.

In North the three areas of work that the Occupational Therapist has been delivering whilst working with the clinical Pharmacist, MSK Physiotherapist and Community Link Workers to agree multi-professional input to those with most complex needs is:

- Support for people with mental health issues to implement approaches that encourage the individuals to engage with third and specialist support providers. The occupational Therapist undertakes a full functional assessment and manages more complex cases for a longer period, if a community signposting referral from the community link worker is not sufficient,
- Support for individuals with long covid in terms of physical and mental health functionally via a full assessment and linking to others for multi-professional supports,
- Supporting those with complexity, who are of working age to access supports which support 'fit' note needs and return to work.

Initial feedback at local and national level is that this model closes the gap between community link worker and more specialist mental health practitioner services, offering both community based and clinical support. In Phase 1 we propose to create a new service with a Primary Care Occupational Therapist team lead supported by 6.5 Occupational Therapists supporting each GP Practice via a cluster model. This would provide 7.5 WTE permanent posts in total, on a recurrent basis.



PCIF: Additional Building space

To support GP practice MDT developments, the following GP Practices were adapted between 2018-2020 by various means, extensions, reconfiguring existing space and back-scanning patients records to remove paper file rooms to create additional clinical space, to ensure face to face, clinical time however, some of these spaces are now also full and there are no other opportunities to expand:

- Bourtnehill Medical Practice - Full
- Frew Terrace - Full and HSCP services delivered via hub
- Dundonald Medical Practice - Full
- Beith Health Centre - Full
- Dalry Health Centre - Full and HSCP services delivered via hub
- Kilbirnie Health Centre - Flexibility
- Oxenward Surgery - Full
- Kilwinning Medical Practice – Limited Flexibility
- Saltcoats Health Centre - Full
- Saltcoats Group Practice – Flexibility
- Stevenston Health Centre – Full
- Ardrossan Health Centre - Full
- Arran Medical Group – Flexibility
- Arran War memorial Hospital and GP Practice review – Flexibility

There was no opportunity to expand space in West Kilbride branch Surgery (Ayrshire Medical Group), and HSCP service were relocated to a community centre to provide more space for new primary care posts.



Health & Community Care – Locality Community Health & Social Care Centre Services

HSCP Multi-Disciplinary Locality Team Working – A Case for Change

In late April 2017, at the request of the Kilwinning Locality Forum, a stakeholder event was convened to determine how HSCP Multi-Disciplinary Locality Team working should be developed to better assess, treat, care for and support local people. The learning from this event is applicable across North Ayrshire and offers the following basic principles to support Multi-Disciplinary Team development.

Specifically, the importance of Multi-Disciplinary Locality Team working is recognised in terms of:

- Adopting a person-centred approach when assessing, treating, caring for and supporting individuals, recognising the complex needs any given individual is likely to present with and that many practitioners are likely to be involved in effectively and holistically responding to their needs.
- Providing a means for practitioners to understand their respective skills, expertise, roles and abilities in responding to an individual's needs and ensuring the team as whole wrap themselves around the individual ensuring the most appropriate practitioner responds at the right time based on known needs.
- Recognising the importance of the General Practitioner as the 'Expert Generalist' offering medical support to the multi-disciplinary team and ensuring they focus on providing what on a General Practitioner can provide, thereby underpinning the General Medical Practice model of the future to help sustain General Medical Services locally.
- Enhancing information sharing across all professionals involved in an individual's care to remove duplication, while improving communication and co-ordination of practitioner input to effectively deal with the cause of the issue being encountered by the individual and, as a norm, getting the response right for that person first time; and
- Ensuring consistency of communication with local people, particularly in relation to the promotion of self-management and in building the trust and confidence necessary to allay any fears and anxiety about being supported by a wider range of practitioners.



How should we structure Multi-Disciplinary Locality Team working?

The Partnership is committed to the development of multi-disciplinary locality health and social care teams around GP Practices, to support GPs by offering alternative supports which can divert patients from GP appointments. Arran have developed a locality team model including supports for unscheduled care responses, however staff cannot yet be fully collocated due to a lack of suitable accommodation.

It is proposed to develop a tiered model where there may be potential for co-location for some professionals. This work will continue, as it is recognised that new building facilities take time to develop.

- GP
- District Nurse
- Social Worker
- Pharmacist
- Care co-ordinator – Enhanced Intermediate Care Service
- Mental Health Worker
- Community link Worker
- Allied Health Professional e.g., Occupational Therapists

There are a further range of professionals who may be aligned to GP Practices including:

- Community Psychiatric Nurse
- Podiatry
- Care at home
- Responder service
- Third Sector Lead

On Arran the model of Complex Care model and MDT is well developed however, there is no overnight Care at Home or District Nursing at the moment and options are being explored.

Social Care Services

Currently the majority social work and social care services supporting adults with complex needs, sensory impairment and older people are based within social work offices across North Ayrshire and there is an ambition to collocate these services with community health teams e.g.,



Brooksby Health and Resource Centre. Social care services also play a key role in supporting early hospital discharges and sustaining the vulnerable in their homes.

Arran delivers a generic social work and care services with integrated occupational therapy services and island based social care delivery.

Complex Packages of Care

The health and Community Care team are experiencing a growth in the level of people requiring complex care, at home or in a homely setting. People with complex care often require 24/7 health and social care responses. This requires health and social care to deliver joint care and interventions.

Community Elderly Mental Health

The service is currently testing a skill mix model and this extent the numbers of staff available to work across North Ayrshire, supporting people with a dementia diagnosis. At the current time two Band 5 nurses are supporting the existing three band 6 nurses and band 7 team lead. There is an effective interface with Mental Health Lead Partnership inpatient beds.

Community Alarm Responder Team

The teams are currently based in supported accommodation, and it is proposed to move this team in to the locality multidisciplinary teams based within Health & wellbeing Centres to ensure effective handovers to colleagues. The service is delivered on a 24/7 basis and requires a base for the following:

- | | | |
|------------------------------------|----------------------------------|--------------------------------------|
| • Three towns = 3 members of staff | North Coast = 3 members of staff | Beith/Kilbirnie = 2 members of staff |
| • Irvine = 8 members of staff | Arran = Model being developed | |

Care Home Liaison support

The models supporting care homes continue to expand with care home liaison staff being based locality. It is expected that new models will be developed in the coming years.

Community Nursing

The community district nursing services is a seven day a week service, including out of hours provision. The teams are based in health centres and Ayrshire Central Hospital, which act as hubs for delivery to GP Practice office space, where this is available. This service is expected to grow in the coming years, based on workforce analysis tools.



AHP Rehabilitation whole system review

A whole system review of Allied Health Professionals is being undertaken to ensure support for community-based rehabilitation and those affected by long Covid. The service is also expanding to ensure support for care homes and those in intermediate care placements to support rehabilitation nearer to home. It is clear that services such as domiciliary physiotherapists, occupational therapists, community dietetics and other AHP services will require additional workforce over the coming years.

Enhanced Intermediate Care

North Ayrshire has an experienced and GP led enhanced intermediate care team which supports complex individuals both to remain at home for longer and to facilitate discharges from hospital. The model is also exploring enhanced support for care homes and a hospital at home model in the longer-term.

Welfare Advice and Health Partnerships 'Test and Learn Programme'

Scot Gov / Improvement service funding Welfare Rights in GP surgeries with that Money Matters providing this service initially with nine GP surgeries in North Ayrshire supported by two Income Advisers (Grade 7) for 23 months temporary contracts. If successful, this model may grow placing more pressure on primary care.

Children, Families & Justice Services

Currently Universal Early Years' service staff, including health visitors, support staff, school nurses and immunisation teams are predominantly based within health centres across North Ayrshire. The immunisation team is based within Ayrshire Central Hospital, although host clinics within health centres and the Kilwinning health visiting team is co-located with children and families' social work within Kilwinning Academy. Within the last year and in the year to come, the school nursing service is expected to expand, placing further pressures on health centre space. HSCP had 6 school nurses and have added 6, with 4 of these funded from the Scottish government allowance, giving a total of 6.8 WTE, so we still have another 2.8WTE to recruit

The North HSCP recognised at its inception, the key priority of ensuring children and young people had the best start in life. This early intervention and prevention approach was put in place as a longer-term protector of adult health & wellbeing. This has meant that children and families services such as health visiting, school nursing and children and families social work are community focussed and already deliver from a range of community venues – early year centres, school campuses and GP Practices. Children and families social care and health teams are currently in the Lockhart School Campus at Stevenson, Kilwinning Academy, Greenwood Academy and will be in the developing Ardrossan campus. There is a gap in provision in the North Coast, Irvine, Arran and the Garnock Valley, however services continue to be delivered via GP practices and social care offices. It is proposed that children and family services, which cannot be accommodated in shared campuses with



education services, will be placed in future community and social care centres. The CfA team received a detailed update on children and families' ambitions including MDT working, Locality teams, Locality wellness approaches and employability support on the 29th of November 2021.

Previous Integrated Service Model reviews

Prior to 2021 a range of service reviews had been undertaken and these will now form part of the caring for Ayrshire report:

- Irvine explored a Health & Wellbeing hub in response to Frew Terrace, Townhead and two community clinic issues,
- Garnock Valley explored a Health & Wellbeing hub in response to Beith issues,
- Arran Integrated Island Services model and
- Cumbrae Integrated Island Service model.

The Lead Partnership for Mental Health Services has undertaken a considerable Transformation Programme including:

- Development of perinatal mental health services,
- Provision of forensic and low secure beds,
- Provision of community based mental health rehabilitation and supported accommodation,
- Redesign of CAMHs, as a result of new national specification,
- Integration of alcohol and drug services, community mental health and learning disability services,
- The whole system redesign of elderly mental health inpatient beds across the Ailsa and Woodland View hospital sites,
- Redesign of learning disability services including new inpatient assessment beds, supported accommodation and day opportunity models,
- Implementation of new Medication Assisted Treatment Standards to enhanced access to locality premises so that alcohol and drug services staff can meet with service users, families and carers in their own localities e.g., GP practises and new community health and social care centres. The MAT Standards (see below) require access to premises in each locality area across North Ayrshire. We also need rooms/space that full wraparound support services can be available e.g., mental health, Harm reduction, housing, welfare, advocacy.

Workforce Pressures

There are currently workforce pressures across community health & social Care services, including the recruitment of General Practitioners. At the current time the Isle of Arran runs with a continuous HSCP vacancy rate of 10% and other HSCP mainland localities team vacancies run between 0%- 21.43%.



Primary Care highlighted the challenges of GP recruitment at Kilbirnie, Skelmorlie, Frew Terrace and Arran. There is also local market saturation in recruitment of Advanced Nurse Practitioners and Specialist MSK Physiotherapists. A hub model and professional skill mix are being explored for both services to ensure capacity is maximised to support our local communities.

Digital Approaches

New digital approaches, including the digitising of patient records, use of digital and remote access and appointing approaches e.g., NHS Near me, have allowed GPs and staff to work in different ways, especially during the covid pandemic. These new approaches are expected to grow over time to increase efficiency, transparency and patient responsiveness.

Agile and Distributed Working

As digital access and solutions grow the way in which staff work is changing. As a result, staff are working in more agile ways with flexible attendance at GP practices, hubs and people's homes to deliver care in a responsive way. As the covid pandemic continues new approaches will be tested and refined.

Environmental Factors

New property developments should be fully cognisant of the green environment, including active travels plans with bike storage access, suitable showering facilities, links to walking routes and electric vehicle chargers. The sites should also be fully compliant to reduce or eliminate negative impacts on the environment, by using less water, energy or natural resources.

Section 6: System Interfaces

Unscheduled Care – Ayrshire Unscheduled Care Service

At the current time unscheduled out of hours care is delivered from locations at Ayrshire central Hospital, Arran War Memorial Hospital and University Hospital Crosshouse. The opportunities around the caring for Ayrshire programme and supporting development of Community Health & Social Care Centres may create opportunities for a new model to be considered to improve access for people who must travel significant distances to the existing sites.



There may be opportunities to explore:

- Minor injury units and,
- Community Health & Social Care Centres providing local out of hours responses.

On Arran the unscheduled care model now has a new Nurse Practitioner Role for Emergency Department at Arran War Memorial Hospital as part of our development of this service. However, the island has no overnight Care at Home or District Nursing at the moment and options are currently being explored.

Health and Wellbeing Services

The Partnership commissions KA Leisure to deliver a range of wellbeing services to support both physical and mental health.

New Housing Developments

North Ayrshire Council has a significant programme of both private and social housing developments. These will have an impact on Community health and Social Care Services and Primary Care services moving forward. From 2018/199 over a seven-year period to 2024/25 provision of 6,051 new homes could have been built. The plans currently are:

- Irvine/Kilwinning 2580
- Three Towns 1304
- North Coast 442
- Garnock Valley 1385
- Arran 340

Analysis of the total numbers expected by GP Practice is attached at [Appendix 8](#), however this is the first time this approach has been applied and additional clarity is required to ensure the approach is the correct one.

Care Homes

In North Ayrshire GPs and Primary Care staff currently support a range of care homes. There are currently 15 Private, and 2 Voluntary sector care homes. The Partnership also provides support via the beds at Montrose House on Arran and the Anam Cara facility in the Garnock Valley.

In the event that further private developments are developed this will create a further pressure on GPs and Primary care Teams.



Supported Accommodation Models

The Partnership working with NAC Housing teams are developing a range of supported accommodation for people with mental health, learning disability and physical disabilities. Community hubs are in place at Montgomery Court in Kilbirnie and Vennel Gardens in Irvine. There is the new Trindlemoss site may also offer a community hub opportunity and supports at Watt Court, Dalry and Flatt Road, Largs will be occupied by early 2022. There is then the St Michael's Wynd, Kilwinning and Caley Court in Stevenston developments due for completion in late 2022.

This model of supported accommodation in localities is expected to continue to grow in the coming years and will have impacts on both GP Practices and Primary care Teams.

North Ayrshire Community Planning Partnership - LOIP and Regeneration Plans

At the current time, Locality development and regeneration plans are in development with North Ayrshire Council and CPP Partners. As a result, the outcomes of Caring for Ayrshire prioritisation exercise in December 2021, can be added to enable this agenda and its support of Community Wealth Building.

During the review it was highlighted by partners that the Kilwinning town centre re-development and empty housing office, alongside the Montrose House site on Arran, Taigh Mor and a floor in Beith Library, may provide a partner opportunity with North Ayrshire Council buildings being used as interim solution for HSCP MDT working, where existing GP space limited. Partners were keen to offer interim solutions to the partnership.

The model of positive relationships and shared solutions builds on the legacy arrangements developed during the covid pandemic, with CPP partners, the HSCP, community organisations and volunteers mobilising and working together to deliver community hubs.



Section 7 Engagement

On Arran there was extensive community and staff engagement on the proposals for an integrated hub on the island. This took place in 2018-9. The detail is included in the Initial Agreement which was endorsed at the IJB in June 2020 and the Ayrshire and Arran Health Board in August 2020.

The Mental Health Lead Partnership undertook the Ayrshire Mental Health Conversation during 2017 and 2018 and developed a key set of Priorities and Outcomes 2019-2027

On the mainland work progress was updated at the GP Quality Cluster leads on the 3rd of November 2021 by the HSCP stakeholder GP, to the Strategic Planning Group on the 28th of October and the 23rd of November 2021, to the CfA team on the 29th of November 2021, to the HCSP Partnership Senior Management Team on the 18th of November 2021, the GP Locality Meeting on the 1st of December 2021 and all of the GP locality cluster meetings. A draft set of papers also went to the Joint Property Board on the 4th of November 2021. The report will also go to the HSCP Integration Joint Board in February 2022.

Some engagement opportunities were cancelled due to covid emergency footing e.g., practice managers, professional lead meetings - so engagement has not been as wide as we would have liked. There has been no opportunity to engage widely with CPP partners or communities. (Please note majority of non-essential meetings were cancelled by NHS Ayrshire & Arran throughout August and September 2021 due to covid.)

Appendix 1



Caring for Ayrshire

North Ayrshire Partnership – Prioritisation



Phase 1: Short Term (2 years)



Oxenward Surgery, Kilwinning

Population: 4,359

Option Appraisal: Less than £5m



Beith Health Centre, Garnock Valley

Population: 5,934

Option Appraisal: Less than £5m



Frew Terrace Surgery, Irvine

Population: 11,369

Option Appraisal: Less than £5m



Skelmorlie Medical Centre, North Coast

Population: 4,052

Option Appraisal: Less than £5m



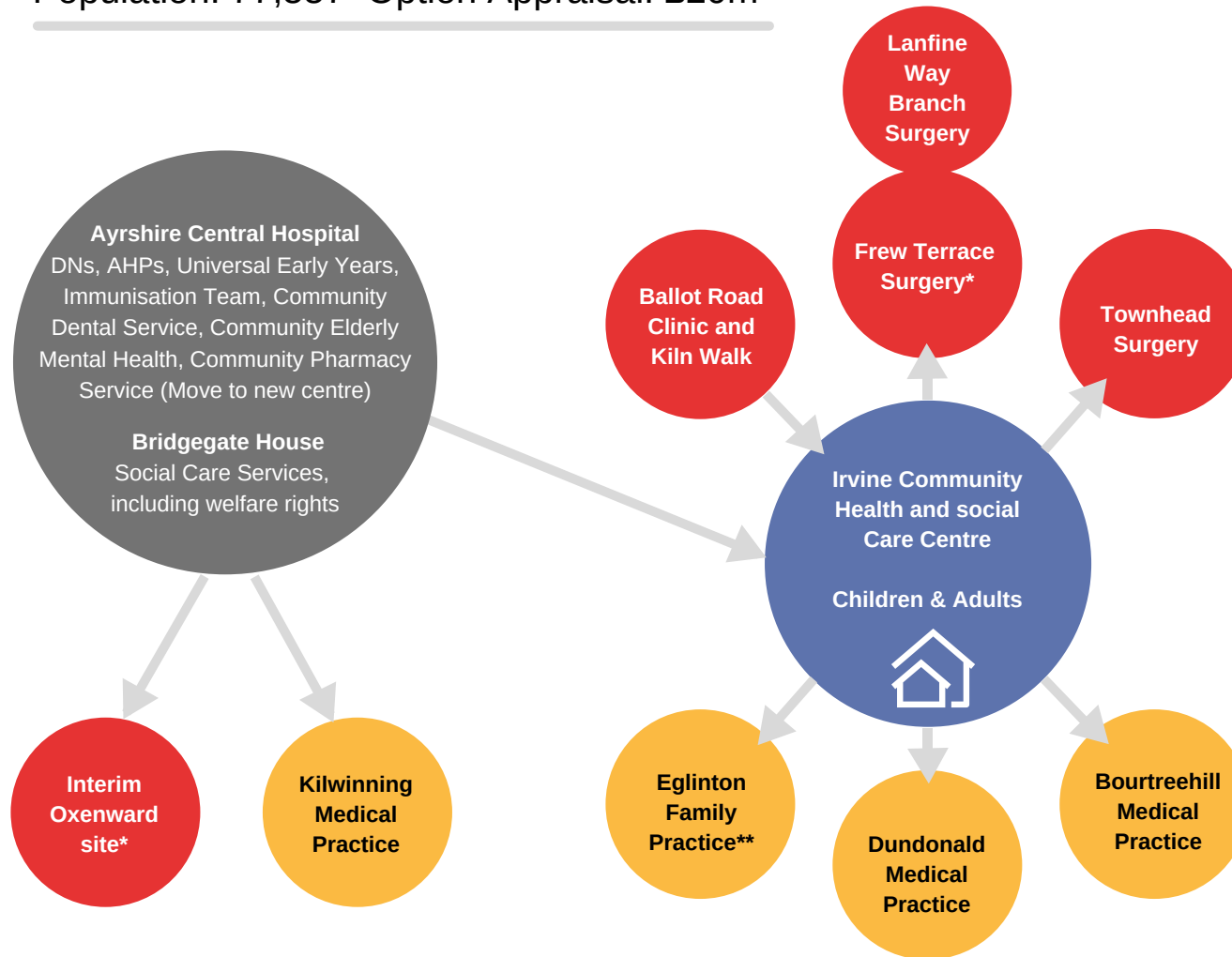
Phase 2: Short Term (3 to 5 years)

- **Irvine and Kilwinning option appraisal:** However, interim solution for Frew Terrace in Phase 1
- **Arran Integrated Services**
- **Three Towns Option Appraisal**



Phase 2: Irvine and Kilwinning Option Appraisal

Population: 77,557 Option Appraisal: £20m+



Option Appraisal to review:

Location requirement for Community Health & Social Care Centre for all children and adult services.

Review all GP practices and clinics in the locality / cluster to assess if in correct location and look at provision requirements.

Review services at ACH and Bridgegate House which would be better placed in the new Irvine CHSC Centre and impact on Irvine and Kilwinning Locality.

Key

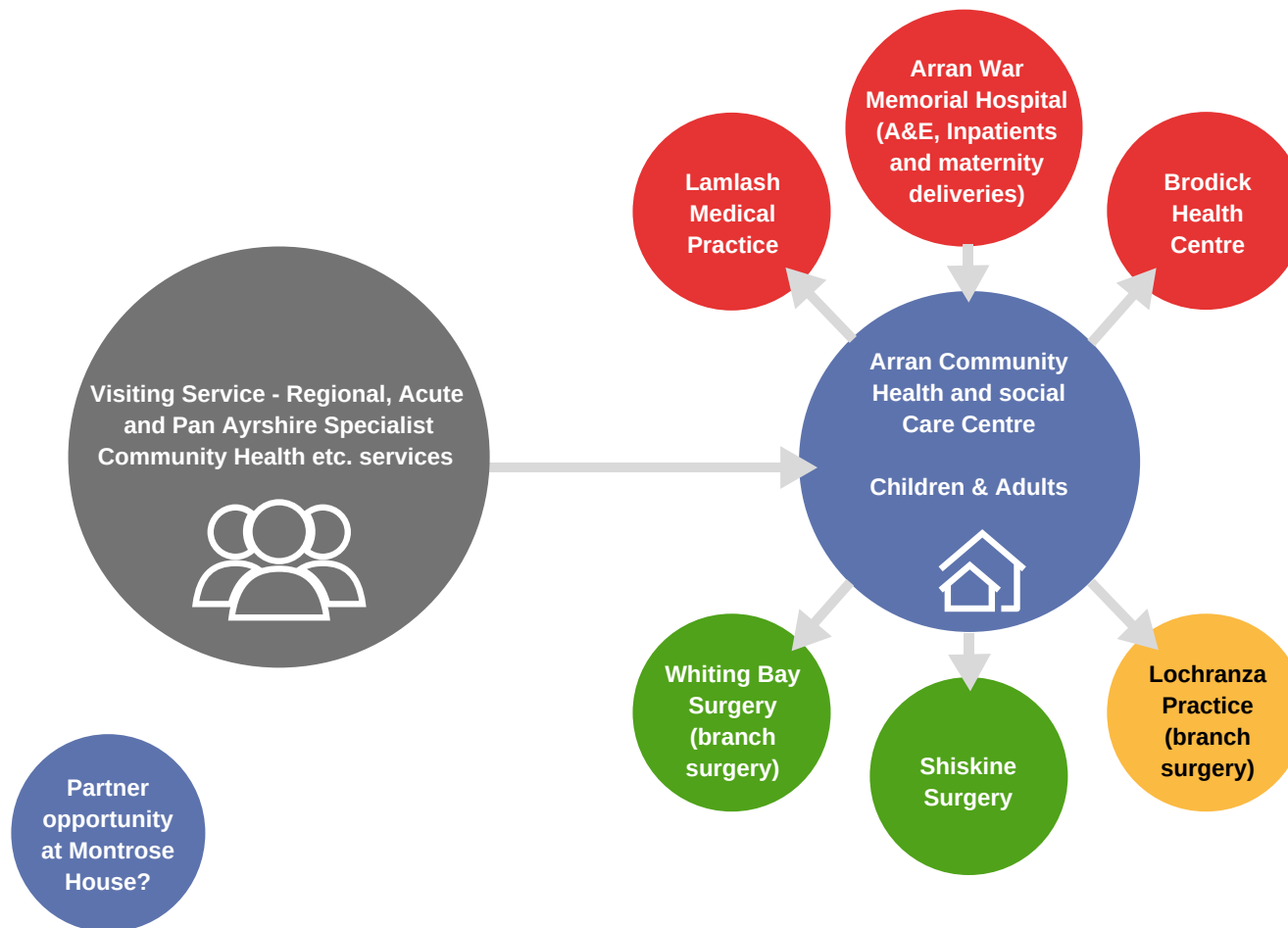
- Site unsustainable
- Site at risk due to lack of sustainability
- Site fit for the future
- Explore new options

*Phase 1 - Interim site for Oxenward required as lease ends 2023. Partner opportunities with Kilwinning town centre redevelopment and housing office identified and to be explored. Frew Terrace also reviewed as part of Phase 1.

**Also use Fullarton Community Hub for clinical sessions.

Phase 2: Arran - Integrated Island Services - Outline Business Case commence 2022

Population: 5,060 Option Appraisal: £29m+



Initial Agreement for Arran Integrated Services:

Location requirement for Community Health & Social Care Centre for all Children and Adult services.

Review all GP practices and clinics in the locality / cluster to assess if in correct location and look at provision requirements.

Review services at visiting which would be better placed in the new Arran CHSC Centre and impact on Arran locality.

Key

- Site unsustainable
- Site at risk due to lack of sustainability
- Site fit for the future
- Explore new options

Phase 2: Three Towns Option Appraisal

Population: 40,934 Option Appraisal: £5m+

Option Appraisal for the Three Towns:

Location requirement for Community Health & Social Care Centre for all children and adult services.

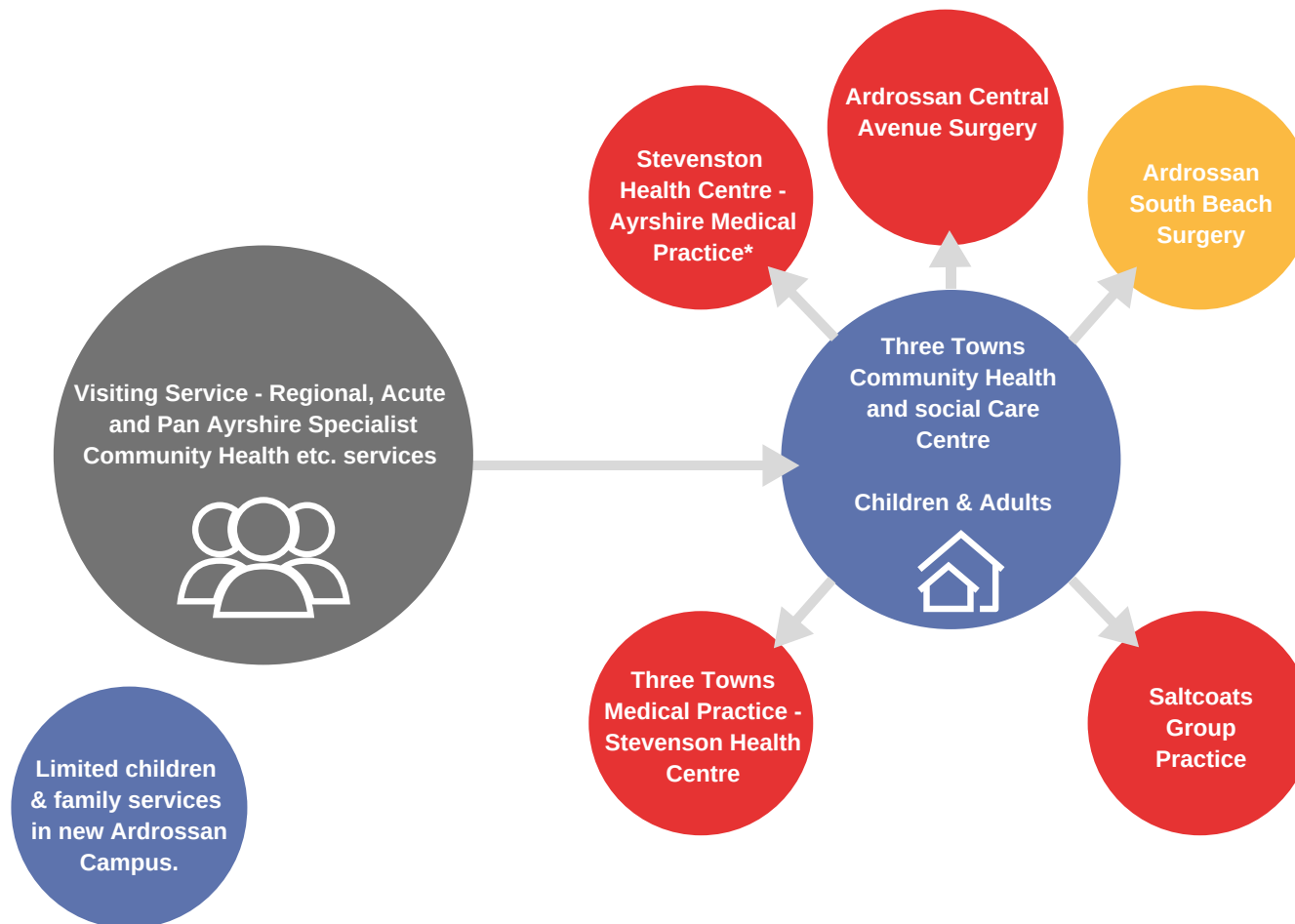
Review all GP practices and clinics in the locality / cluster to assess if in correct location and look at provision requirements.

Review West Kilbride as part of Stevenson – Ayrshire medical group.

Review services at visiting which would be better placed in the new Three Towns CHSC Centre & impact on Three Towns Locality.

Key

- Site unsustainable
- Site at risk due to lack of sustainability
- Site fit for the future
- Explore new options



*Ayrshire Medical Group has a branch surgery at West Kilbride in the North Coast and it requires to be reviewed in this phase.

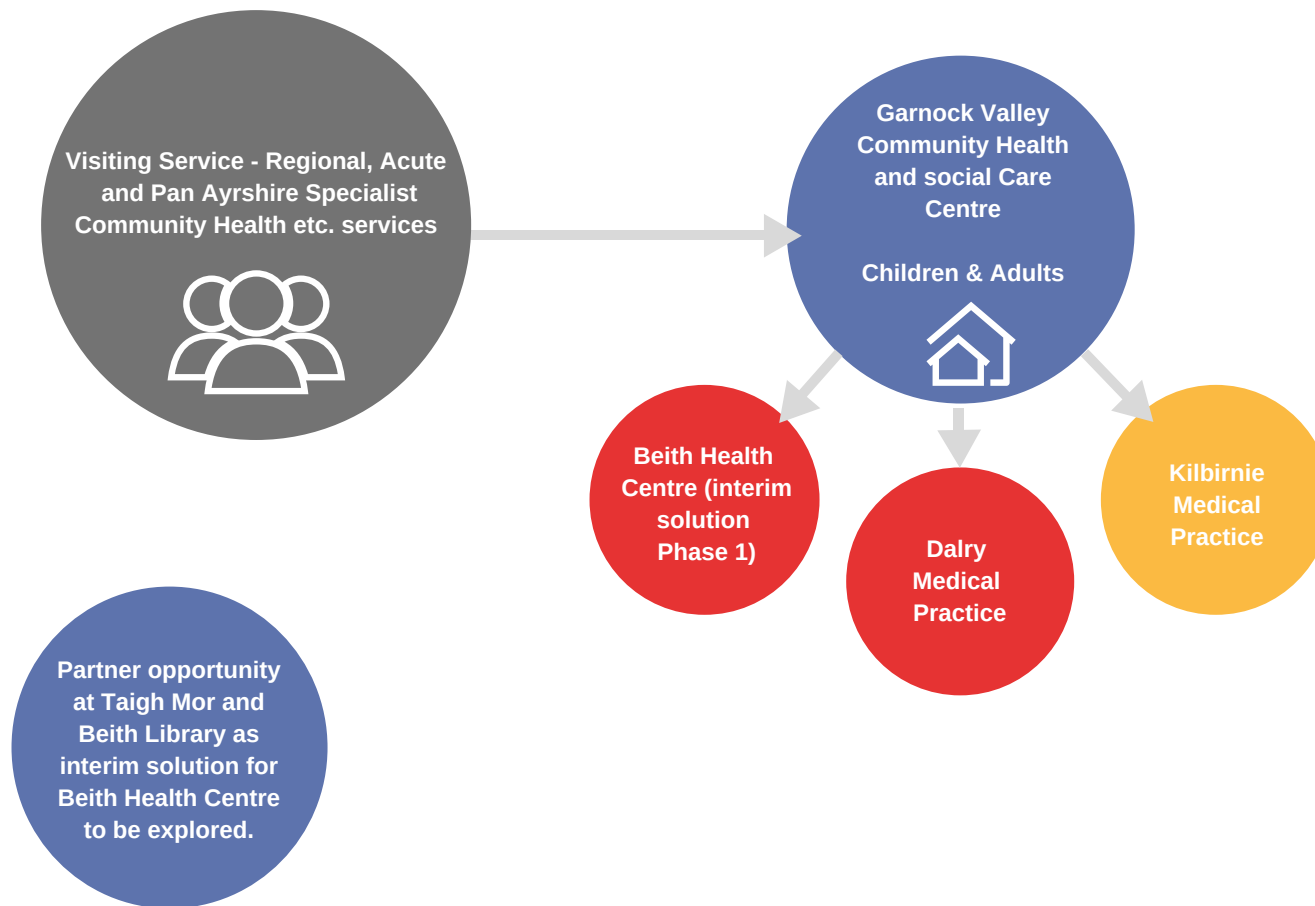
Phase 3: Five to ten years

- **Garnock Valley:** However, interim solution for Beith in Phase 1
- **North Coast, including Cumbrae:** However, Skelmorlie reviewed as part of Phase 1 and West Kilbride reviewed as part of Three Towns in Phase 2



Phase 3: Garnock Valley Option Appraisal

Population: 19,743 Option Appraisal: £5m+



Option Appraisal for the Garnock Valley:

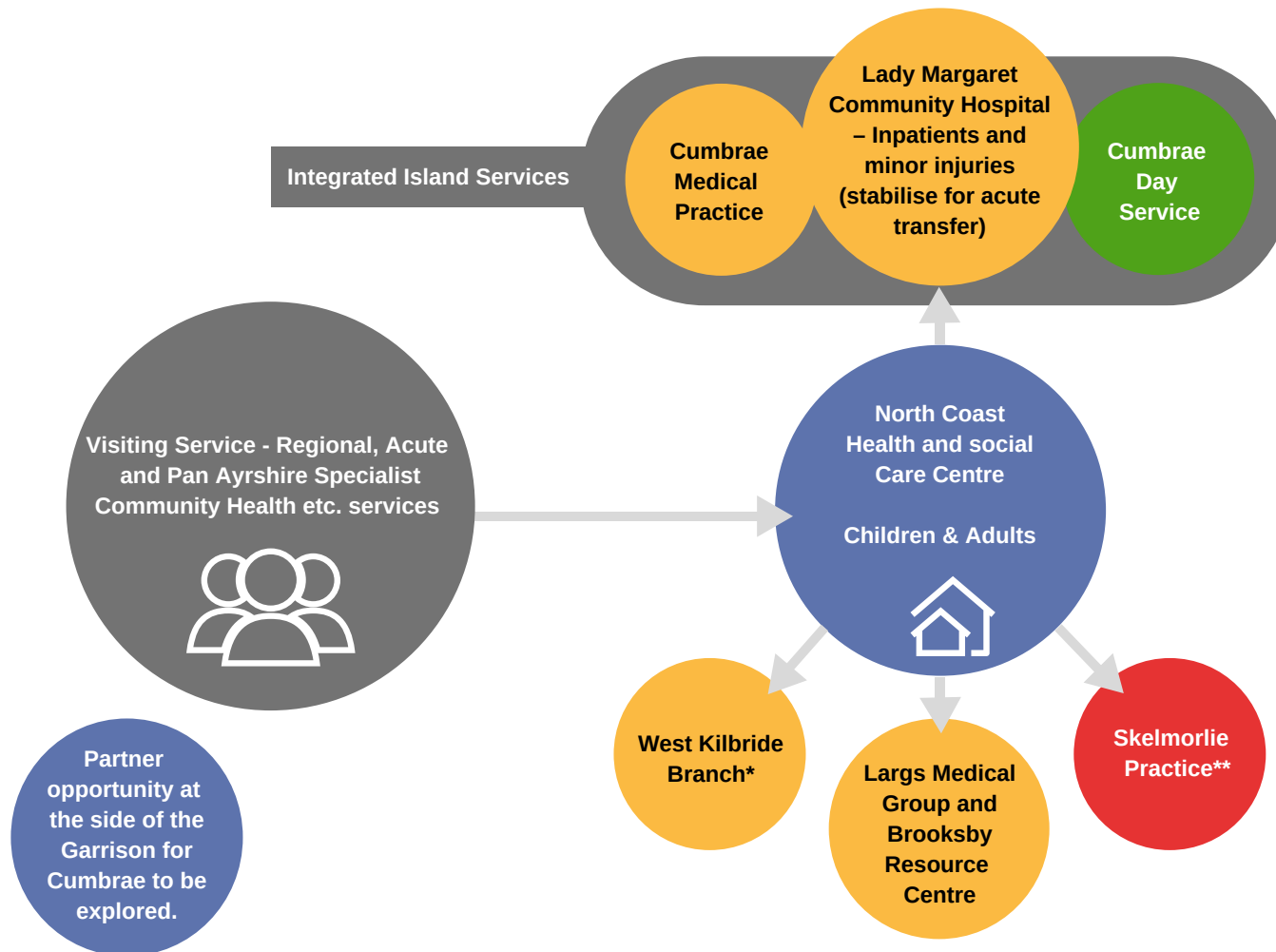
Location requirement for Community Health & Social Care Centre for all children and adult services.

Review all GP practices and clinics in the locality / cluster to assess if in correct location and look at provision requirements.

Review visiting services, which would be better placed in the new Garnock Valley CHSC Centre & impact on Garnock Valley Locality.

Phase 3: North Coast Option Appraisal

Population: 23,695 Option Appraisal: £5m+



Option Appraisal for the North Coast and Cumbrae:

Location requirement for Community Health & Social Care Centre for all children and adult services.

Review all GP practices, the community hospital and clinics in the locality / cluster to assess if in correct location and look at provision requirements.

Review services at visiting which would be better placed in the new North Coast CHSC Centre and impact on North Coast Locality.

Key

- Site unsustainable
- Site at risk due to lack of sustainability
- Site fit for the future
- Explore new options

*West Kilbride Branch Surgery reviewed as part of Three Towns in Phase 2.

**Skelmorlie reviewed as part of Phase 1.

Appendix 2

Caring for Ayrshire

Locality site information supporting prioritisation



Appendix 2

Kilwinning and Irvine Localities

Option appraisal: £20m+

Population: 77,557



Oxenward, Kilwinning (4359)



Additional Information

The lease expires in 2023 and the building used is a converted pub, which is considered inappropriate for the delivery of modern GMS.

There is also an issue with MDT services unable to stay within the practice. As a result, they are now based at Kilwinning Medical Practice, which is putting pressure on space there.

Description:

Practice comprised of 3 GPs.

Bookable Rooms:

Practice operational risk.

Kilwinning Medical Practice (12,384)



Additional Information

Possible option to reconfigure the first floor to accommodate additional two extra staff – very small space.

Question about future fit for purpose.

Description:

Practice comprised of 9 GPs, 5 nursing staff and associated practice admin team. At capacity.

Bookable Rooms:

Building has limited future.

Key Performance Indicators:

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.



Deprivation Impact



Accommodate Primary Care MDT (2021)



Accommodate Locality Community Health and Social Care Services (2021)



Building Sustainability - Backlog Maintenance



Space for Future Expansion of MDT, Locality Services and Acute Services



New House Impact



Transport

Appendix 2

Kilwinning and Irvine Localities (continued)

Option appraisal: £20m+

Cluster Population: 77,557



Frew Terrace, Irvine (11,369)



Additional Information

Lack of room space and not future fit for purpose.

Practice has a branch surgery at Lanfine Way and this is also not fit for purpose.

Description:

Mix of clinical, non clinical, GP and office accommodation.

Bookable Rooms:

Practice operational risk.

Townhead, Irvine (12, 265)



Additional Information

The Health Board purchased the property in 2016 and a number of statutory compliance items were not in line with Board, e.g. disabled access and toilets.

Description:

Mix of clinical, non clinical, GP and office accommodation.

Bookable Rooms:

Not fit for purpose.

Key Performance Indicators:

-  Deprivation Impact
-  Accommodate Primary Care MDT (2021)
-  Accommodate Locality Community Health and Social Care Services (2021)
-  Building Sustainability - Backlog Maintenance
-  Space for Future Expansion of MDT, Locality Services and Acute Services
-  New House Impact
-  Transport

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

Appendix 2

Kilwinning and Irvine Localities (continued)

Option appraisal: £20m+
Population: 77,557 cluster



Additional Information

A deep end practice due to high levels of deprivation. Practice in new build and also delivers clinical sessions from Fullarton Community Hub.

Description:

Mix of clinical, non clinical, GP and office accommodation.

Bookable Rooms:

Space now fully utilised.

Additional Information

The Practice are seeking to reconfigure space and bring rooms into use. To do this, they wish to extend the lease to the Board to a 15 year term.

Description:

Mix of clinical, non clinical, GP and office accommodation. Range of community services occupy / utilise premise.

Bookable Rooms:

3 clinical and 3 non-clinical (some capacity in non-clinical)

Key Performance Indicators:

- Deprivation Impact
- Accommodate Primary Care MDT (2021)
- Accommodate Locality Community Health and Social Care Services (2021)
- Building Sustainability - Backlog Maintenance
- Space for Future Expansion of MDT, Locality Services and Acute Services
- New House Impact
- Transport

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

Appendix 2

Kilwinning and Irvine Localities (continued)

Option appraisal: £20m+

Population: 77,557



Dundonald Practice (5,332)

Additional Information

Small percentage are North Ayrshire residents and delivery of MDT work under pressure due to lack of space.

Description:

South HSCP lead majority of service delivery but practice in North HSCP boundary.

Bookable Rooms:

Not fit for purpose.

Ballot Road and Kiln Walk, Irvine

Additional Information

Kiln Walk: Majority of work outreach. Long term fit for purpose questions exist. Bookable rooms all have high usage levels. Aid to Daily Living Kitchen etc.

Site serves cluster of Irvine.

Description:

Ballot Road: Mix of Clinical, Non-Clinical Rooms and Office Accommodation for range of Community Services. No GP Practice use.

Bookable Rooms:

Fully booked at Ballot Road and not fit for purpose.

Key Performance Indicators:

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

- Deprivation Impact
- Accommodate Primary Care MDT (2021)
- Accommodate Locality Community Health and Social Care Services (2021)
- Building Sustainability - Backlog Maintenance
- Space for Future Expansion of MDT, Locality Services and Acute Services
- New House Impact
- Transport

Appendix 2

Three Towns Locality

Option appraisal: £5m+

Population: 40,934 cluster



South Beach, Ardrossan (8,542)

Additional Information

The Practice moved from an old seafront house they owned to a purpose built conversion, which offers a high quality healthcare facility. It was originally envisioned other services would move there, but none have. This is one of the longest leases to run, expiring in 2044.

Description:

GP private lease.

Bookable Rooms:

Explore first floor options for MDT.

Central Avenue, Ardrossan (4,077)

Additional Information

One GP practice and HSCP services.

Description:

Mix of clinical / non clinical / office accommodation and HSCP services.

Bookable Rooms:

Very high usage. Little capacity and not fit for purpose.

Key Performance Indicators:

Deprivation Impact

Accommodate Primary Care MDT (2021)

Accommodate Locality Community Health and Social Care Services (2021)

Building Sustainability - Backlog Maintenance

Space for Future Expansion of MDT, Locality Services and Acute Services

New House Impact

Transport

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

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Appendix 2

Three Towns Locality (continued)

Option appraisal: £5m+
Population: 40,934 cluster



Stevenston Group Practice (4555)



Additional Information

Practice based at Stevenston Health Centre.

Description:

Mix of Clinical/Non-Clinical/GP/Bookable Clinical and Non-Clinical Rooms and Office Accommodation for range of Community Services.

Bookable Rooms:

All rooms at capacity. Not fit for purpose.

Ayrshire Medical Group (12,519)



Additional Information

2 GP practices based at the Stevenston Health Centre site: Stevenston Group Practice and Ayrshire Medical Group, which also has a branch surgery at West Kilbride.

Description:

Mix of Clinical/Non-Clinical/GP/Bookable Clinical and Non-Clinical Rooms and Office Accommodation for range of Community Services.

Bookable Rooms:

2 clinical and 2 non-clinical – all have extremely high usage levels. Not fit for purpose.

Key Performance Indicators:

- Deprivation Impact
- Accommodate Primary Care MDT (2021)
- Accommodate Locality Community Health and Social Care Services (2021)
- Building Sustainability - Backlog Maintenance
- Space for Future Expansion of MDT, Locality Services and Acute Services
- New House Impact
- Transport

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

Appendix 2

Three Towns Locality (continued)

Option appraisal: £5m+
Population: 40,934 cluster



Saltcoats Group Practice (10,441)



Additional Information

Delivery of 1 GP practice.





Description:

Mix of clinical / non clinical / group rooms.

Bookable Rooms:

Bookable Rooms (3 clinical & 2 non clinical) all have very high usage levels. Not fit for purpose.

Key Performance Indicators:

-  Deprivation Impact
-  Accommodate Primary Care MDT (2021)
-  Accommodate Locality Community Health and Social Care Services (2021)
-  Building Sustainability - Backlog Maintenance
-  Space for Future Expansion of MDT, Locality Services and Acute Services
-  New House Impact
-  Transport

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

Appendix 2

Garnock Valley Locality

Option appraisal: £5m+
Population: 19,743 cluster



Beith Health Centre (5943)

Additional Information

For a number of years, the Beith Health Centre Practice have had concerns in terms of space utilisation, functional suitability and quality. This has been a Primary Care priority for a decade or more.

Description:

Poor condition.

Bookable Rooms:

Operational risk.

Dalry Medical Practice (6178)

Additional Information

Sole use of Dalry Medical Practice.

Description:

Mix of clinical / non clinical / office and bookable rooms. Not fit for purpose.

Bookable Rooms:

2 clinical and 2 non clinical. All fully booked.

Key Performance Indicators:

Deprivation Impact

Accommodate Primary Care MDT (2021)

Accommodate Locality Community Health and Social Care Services (2021)

Building Sustainability - Backlog Maintenance

Space for Future Expansion of MDT, Locality Services and Acute Services

New House Impact

Transport

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

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Appendix 2

Garnock Valley Locality (continued)

Option appraisal: £5m+
Population: 19,743 cluster



Kilbirnie Medical Practice (7,622)



Additional Information

Sole use of Kilbirnie Medical Practice.
GP practice concerns about capacity.

Description:

Mix of clinical, non clinical and admin space.
Practice at capacity.

Bookable Rooms:

4 clinical and some flexibility for MDT use.

Key Performance Indicators:

- Deprivation Impact
- Accommodate Primary Care MDT (2021)
- Accommodate Locality Community Health and Social Care Services (2021)
- Building Sustainability - Backlog Maintenance
- Space for Future Expansion of MDT, Locality Services and Acute Services
- New House Impact
- Transport

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

Appendix 2

North Coast Locality

Option appraisal: £5m+
Population: 19,743 cluster



Skelmorlie Medical Centre (4,052)



Additional Information

Practice building is closed due to inability to make covid safe. All services delivered via GGC Wemyss Bay, which is putting everything under considerable pressure.

Description:

Practice not fit for purpose – operational risk.

Bookable Rooms:

Operational risk.

Largs Medical Group (13,381)



Additional Information

GP practice in resource centre with HSCP, Police Scotland and other council services, eg housing, registrar.

Practice describe space as having reached the end of its life.

Description:

Mix of clinical / non clinical / office space for practice.

Bookable Rooms:

First floor space available for booking.

Key Performance Indicators:

- Deprivation Impact
- Accommodate Primary Care MDT (2021)
- Accommodate Locality Community Health and Social Care Services (2021)
- Building Sustainability - Backlog Maintenance
- Space for Future Expansion of MDT, Locality Services and Acute Services
- New House Impact
- Transport

Appendix 2

North Coast Locality (continued)

Option appraisal: £5m+

Population: 19,743



Cumbrae Medical Practice (1202)



Additional Information

There have been numerous issues with Garrison House since its restoration, leading to water ingress. The contractor went out of business, so there was no comeback on collateral warranties. As a Grade A listed building it is limited what can be done to change it. The owners Cumbrae Community Development Company have received 40% of the funding requested from Historic Environment Scotland. To remediate the building, there needs to be a clear plan of action/programme to establish a timeline for rectifying the defects. Action – Property Services/CCDC. Option appraisal to relocate services, in the event Garrison House cannot be made fit for purpose.

Description:

Leased by Health Board.

Bookable Rooms:

Not fit for purpose.

Lady Margaret Hospital (1,202)



Additional Information

Site under-utilised bed capacity and significant repairs required. Poorly located on hill with no public transport access.

Description:

Building not fit for purpose.

Bookable Rooms:

N/A. Not fit for purpose.

Key Performance Indicators:

-  Deprivation Impact
-  Accommodate Primary Care MDT (2021)
-  Accommodate Locality Community Health and Social Care Services (2021)
-  Building Sustainability - Backlog Maintenance
-  Space for Future Expansion of MDT, Locality Services and Acute Services
-  New House Impact
-  Transport

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

Appendix 2

North Coast Locality (continued)

Option appraisal: £5m+

Population: 19,743



AMG West Kilbride branch



Additional Information

The incoming GP Practice, Ayrshire Medical Group, served notice to the District Nurses and other Community Staff together based there. The HSCP have identified alternative space in the Community Hall.






Description:

GP practice space only.

Bookable Rooms:

Not fit for purpose for MDT.

Key Performance Indicators:

-  Deprivation Impact
-  Accommodate Primary Care MDT (2021)
-  Accommodate Locality Community Health and Social Care Services (2021)
-  Building Sustainability - Backlog Maintenance
-  Space for Future Expansion of MDT, Locality Services and Acute Services
-  New House Impact
-  Transport

Appendix 2

Arran Locality

Option appraisal: £29m+
Population: 5,060 (Cluster + Island)



Lamlash Surgery

Additional Information

Support GP services and space under pressure.

Description:

Clinical / non clinical and admin rooms.

Bookable Rooms:

Under pressure and not fit for purpose.

Lochranza Surgery

Additional Information

Branch surgery site.

No longer fit for purpose.

Description:

Clinical / non clinical and admin rooms.

Bookable Rooms:

Not fit for purpose.

Key Performance Indicators:

Deprivation Impact

Accommodate Primary Care MDT (2021)

Accommodate Locality Community Health and Social Care Services (2021)

Building Sustainability - Backlog Maintenance

Space for Future Expansion of MDT, Locality Services and Acute Services

New House Impact

Transport

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

Appendix 2

Arran Locality (continued)

Option appraisal: £29m+
Population: 5,060



Shiskine Surgery

Additional Information

Fit for purpose.

Description:

Clinical / non clinical / admin rooms.

Bookable Rooms:

N/A

Whiting Bay Surgery

Additional Information

Branch surgery.

Fit for purpose.

Description:

Clinical / non clinical / admin rooms.

Bookable Rooms:

N/A

Key Performance Indicators:

Deprivation ImpactAccommodate Primary Care MDT (2021)Accommodate Locality Community Health and Social Care Services (2021)

Building Sustainability - Backlog MaintenanceSpace for Future Expansion of MDT, Locality Services and Acute ServicesNew House ImpactTransport

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

Appendix 2

Arran Locality (continued)

Option appraisal: £29m+
Population: 5,060



Additional Information

No longer fit for purpose.

Description:

Clinical / non clinical / admin rooms.

Bookable Rooms:

N/A

Additional Information

Main hospital site with emergency department and modular for outpatients. Also midwife led deliveries.

Main room for MDT.

Building out of date.

Description:

Main site and modular. Emergency department and inpatient/palliative care beds.

Bookable Rooms:

Not fit for purpose.

Key Performance Indicators:

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

Deprivation Impact

Accommodate Primary Care MDT (2021)

Accommodate Locality Community Health and Social Care Services (2021)

Building Sustainability - Backlog Maintenance

Space for Future Expansion of MDT, Locality Services and Acute Services

New House Impact

Transport

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Appendix 3: Community Health and Social Care Priorities with initial costings

North HSCP

Phase 1

Ref No	Project Title/Name	Brief description	Estimated Total Cost £	Funding Contribution NHS % Council % Other %	Estimated Timescale		
					Construction start date	Construction completion date	Operational date
1.	Oxenward Surgery	Interim re-placement as current lease ends 2023	Less than £5million (Initial estimate)	NHS 100%	Option appraisal for replacement site	Option appraisal commence December 2021	October 2023
2.	Beith Health Centre	Building highest operational risk	Less than £5million (Initial estimate)	NHS 100%	Option appraisal for replacement site	Option appraisal commence December 2021	October 2023
3.	Frew Terrace Practice	Building operational risk	Less than £5million (Initial estimate)	NHS 100%	Option appraisal for replacement site	Option appraisal commence December 2021	October 2023

4.	Skelmorlie Practice	Building operational risk	Less than £5million (Initial estimate)	NHS 100%	Option appraisal for replacement site	Option appraisal commence December 2021	October 2023
	Phase 2						
5.	Irvine & Kilwinning Community Health and Social Care Centre(s)	New hub(s) to support Irvine and Kilwinning Localities	More than £20million (Initial estimate)	NHS 90%/NAC 10% (2approx.)	<p>Option appraisal for new site(s) and replacement GP Practices/Community clinics:</p> <p>Frew Terrace and the Lanfine Way Branch Surgery,</p> <p>Townhead Surgery,</p> <p>Ballot Road and Kiln Walk clinics,</p> <p>Bourtrees Hill Medical Practice, Dundonald Medical Practice, Eglington Family Practice, Kilwinning Medical Practice and Oxenward Interim site.</p> <p>This will also require a review of the Ayrshire Central Hospital (ACH) site where currently some community health services are based. There is also an</p>	Option appraisal commence April 2022	April 2025

					interface with Elderly Mental Health wards and rehabilitation wards on Ayrshire Central Hospital site.		
6.	Arran Community Health and Social Care Centre	New hub to support Arran locality, including A&E and inpatient bed model.	More than £29million (model costed)	NHS 90%/NAC 10% (approx.)	Outline Business Case for new site and replacement GP Practices/Community clinics: Arran War Memorial Hospital, Brodick Health Centre, Lamlash medical practice, Lochranza Practice, Shiskine Surgery, Whiting Bay Surgery	Outline Business Case commence April 2022	April 2025
7.	Three Towns Community Health and Social Care Centre	New hub to support Three Towns locality	More than £20million (Initial estimate)	NHS 90%/NAC 10% (approx.)	Option appraisal for new site and replacement GP Practices and community clinics: Stevenson Health Centre (Ayrshire Medical Group & 3Towns Medical Practice),	Option appraisal commence April 2022	April 2025

					<p>Saltcoats Health Centre & Saltcoats Group Practice,</p> <p>Ardrossan Central Avenue Surgery, Ardrossan South Beach Surgery.</p> <p>Also include West Kilbride Branch surgery of the Ayrshire Medical Group.</p>		
	Phase 3						
8.	Garnock Valley Health and Social Care Centre	New hub to support the Three Towns Locality	More than £5million (Initial estimate)	NHS 90%/NAC 10% (approx.)	<p>Option appraisal for new site and replacement GP Practices and community clinics:</p> <p>Beith Health Centre (interim solution), Dalry Medical Practice, Kilbirnie Medical Practice</p>	Option appraisal commence April 2024	April 2027
9.	North Coast Health and Social Care Centre(s)	New hub(s) to support North Coast including the isle of Cumbrae	More than £5million (Initial estimate)	NHS 90%/NAC 10% (approx.)	<p>Option appraisal for new site(s) and replacement GP Practices and community clinics:</p> <p>Skelmorlie and Wemyss Bay Practice, Lady Margaret Hospital, Cumbrae Medical Practice, Cumbrae Day Service, Brooksby Resource</p>	Option appraisal commence April 2024	April 2027

					<p>Centre, Largs Medical Group,</p> <p>Note that the West Kilbride Branch surgery is part of option appraisal at number 5.</p>		
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Appendix 4: Lead Partnership Mental Health and HSCP Mental health Service Priorities

1.	Perinatal Mental Health Service Lead Partnership	New service development to support 50 families per year	More than £5million (Initial estimate)	NHS	Option appraisal for new service to be housed with NHSA&A Maternity services	Option appraisal discussions commenced	April 2022
2.	Woodland View Hospital 7B Lead Partnership	Empty Ward	Less than £1million	NHS	Option appraisal to explore accommodation for the following services: CAMHs Tier 4, Eating Disorder Service, IPCU, Learning Disabilities Acute assessment, or Acquired Brain Injury Service	Option Appraisal to commence April 2022	April 2023
3.	Unscheduled Care Assessment Centre Lead Partnership	Service expansion	More than £1million	NHS	Option appraisal to explore accommodation on Ayrshire Central Site or Crosshouse Hospital site. If on the ACH site than access required via Ward 7C.	Option appraisal to commence December 2021	April 2022
4.	CAMHS Ayrshire wide accessible base Lead Partnership	Service expansion for specialist assessments	More than £1million	NHS	Option appraisal to explore accommodation	Option appraisal to commence December 2021	April 2022

		and leadership team					
5.	RISE Team Lead Partnership	Service expansion	More than £1million	NHS	Option appraisal to explore accommodation	Option appraisal to commence December 2021	April 2022
6.	Woodland View – 7C Lead Partnership	Forensic rehabilitation ward to community setting	More than £5million	NHS	Option appraisal to explore forensic rehabilitation in a community setting. Then freed accommodation at ward 7C reviewed for the following services: CAMHs Tier 4, Eating Disorder Service, IPCU, Learning Disabilities Acute assessment, or Acquired Brain Injury Service (see option 2)	Option Appraisal to commence April 2022	April 2025
7.	Woodland View – Phase 3 Douglas Grant (20 beds), Redburn Rehabilitation Ward (20 beds)	Replacement wards	More than £5million	NHS	Option appraisal for replacement rehabilitation wards	Option Appraisal to commence April 2022	April 2025

	Lead Partnership						
8.	Woodland View Elderly Mental Health pre- provision -New Dunure (16 beds) and New Clonbeith (12 beds) Lead Partnership	Replacement wards on Woodland view site	More than £5million	NHS	Option appraisal for replacement wards off the Ailsa site. This would require analysis of the number of beds required for new assessment wards. Current proposal is 20 beds each and repurpose Ward 3 and Ward 4 to be HBCCC. With a new build with 15 HBCCC beds for North.	Option Appraisal to commence April 2022	April 2025
9.	ACORN Lead Partnership	Community based replacement for rehabilitation centre	More than £5million	NHS	Option appraisal for replacement which may also include partnership/social enterprise approach.	Option Appraisal to commence April 2022	April 2025
10.	Intermediate Care model HSCP mental health Services	Learning Disability community intensive support and MH community rehabilitation	More than £5million	NHS	Option appraisal for replacement which may also include review of building on Warrix avenue and forensic rehab community development - a step up model to prevent	Option Appraisal to commence April 2022	April 2025

					admission/hospital avoidance.		
11.	Complex Care – supported accommodation HSCP mental health Services	To support people with physical, mental health, learning disabilities and autism in community supported accommodation models	Each locality development Less than £1million	NHS/NAC	Previous models in each locality developed with NAC housing and commissioned provider.	Option Appraisal to commence April 2023	April 2026
12.	Trindlemoss – complex care Unit HSCP mental health Services	Support for people with complex learning disabilities and autism – current model not effective	More than £5million	NHS	Option appraisal for new community facility	Option Appraisal to commence April 2023	April 2026
13.	Caley Court – alcohol and drug services* HSCP mental health Services	Building not fit for the future need	More than £5million	NHS	Option appraisal for new community facility	Option Appraisal to commence April 2023	April 2026
14.	Three Towns Resource Centre – community mental health services	Building not fit for the future need	More than £5million	NHS	Option appraisal for new community facility	Option Appraisal to commence April 2023	April 2026

	HSCP mental health Services						
15.	Place of safety Lead Partnership	New development	More than £5million	NHS	Option appraisal for new community facility	Option Appraisal to commence April 2023	April 2026

***Please note that the requirement to deliver the MAT standards to support people with addictions issues requires to be delivered from GP Practices and Community Health and Social Care Centres.**

Appendix 5: SLWG Membership

The CfA Short Life Working Group comprised the following members:

Principal Manager Business Administration, Cochair
Interim Senior Manager – Primary care and Communities, Cochair
Head of Service, Health and Community Care,
Head of Service (Finance and Transformation),
Programme Lead – Multi Disciplinary Team Working & Service Integration,
Primary Care Development Manager,
Community Services Locality Manager - HSCP Business administration,
HSCP Stakeholder General Practitioner,
HSCP Senior Manager - Long Term Conditions,
HSCP Senior Manager - Arran Services,
HSCP Senior Manager – Mental Health
Pharmacy Representative NHS Ayrshire & Arran
Digital Representation HSCP and NHS Ayrshire & Arran
CfA Programme Manager
Deputy AHP Senior Manager/Dietetic Service Manager – North,
HSCP Associate Nurse Director/IJB Lead Nurse,
HSCP Portfolio lead - Strategic Planning, Policy and Inequalities,
HSCP Evaluation officer,
Head of Property Services Strategy & Partnerships, NHS Ayrshire & Arran,
Senior Manager (Property Management & Investment), North Ayrshire Council.

Appendix 6: Prioritisation Tool

Infrastructure capital prioritisation tool was developed in partnership between the HSCP evaluation Officer and the Property Services analyst.

There is a supporting workbook for each area which was scored red, amber and green to clearly identify the decision-making process taken when analysing the data.

National Primary Care Risk Needs Assessment Tool. Update 06/10/2021

'NHS&A seeking permission to become an early adopter of the system, which will hopefully provide the underpinnings of what subgroup is currently developing at a local level. To some extent the National Tool will supersede this work, but the detail that's been pulled together within the North HSCP will give a local nuance which will be a critical component.' Iain Gairns.

The North Prioritisation tool has been described as an 'exemplar approach' and has been shared with Scottish Government colleagues who are developing both an acute hospital and community property capital tool.

		Garnock Valley					Irvine					Kilwinning					Arran					North Coast					Three Towns									
	Scoring Criteria Improvements / Positive Impact against criteria	Beith Health GP Practice	Dalry Medical Practice	Kilbirnie Medical Practice	Dundonald Medical Practice	Bourtreehill Medical Practice	Townhead Surgery	Fleer Terrace Surgery	Eglinton Family Practice	Kiln Walk	Balloch Road / Irvine Clinic	ACH - Pavilion 10 & 11, Douglas Grant Rehab Centre	Harbourside	Kilwinning Medical Practice	Overwood Surgery	Shelburne Surgery	Whiting Bay Surgery	Lambay Surgery	Lachnash	Bredick Health Centre	Arran War Memorial	Skelmorlie and Wemyss Bay Medical Centre (Skelmorlie)	Skelmorlie and Wemyss Bay Medical Centre (Wemyss Bay)	Cumbrae Medical Practice (Gerran House)	Lady Margaret Hospital	Large Medical Group (Brooklynn Medical and Resource Centre)	West Kilbride Branch (JAMG)	South Beach Surgery	Central Avenue Surgery (Ardrossan HC)	Skelcoats Group Practice	Sievenson Health Centre (JAMG)	Sievenson Group Practice	Three Towns Resource Centre	Calder Court		
		1	2	3	4	5	6	7	8					9	10	11							12	13		14	15	16	17	18	19	20				
I	Current Impact																					23895				40134										
1	GP Cluster Population size	19743										60814																								
2	Practice Population size	5943	6178	7622	5332	6008	12205	11289	6097					12384	4358	5060							23895	4052		1272		12381		8542	4077	10441	4338	4555		
3	Deprivation SIMD Impact																																			
4	Disease Impact Cancer																																			
5	Disease Impact Diabetes																																			
6	Disease Impact CHD																																			
7	Disease Impact Stroke																																			
8	Disease Impact Depression																																			
9	Disease Impact MH																																			
10	Disease Impact Dementia																																			
11	Frailty Impact																																			
II	Service																																			
1	Space efficiency / flexibility PCIF, MDT																																			
2	Space efficiency / flexibility HSCP CHSC Services																																			
III	Future Sustainability																																			
3	Sustainability Service Delivery																																			
IV	Property and Finance																																			
1	% Critical Backlog (High and Significant Risk)																																			
2	% Life Expiry (Building and Engineering Elements)																																			
3	Proportion of Backlog relating to Statutory Legislation																																			
4	Average Age																																			
5	Backlog person																																			
6	Functional Suitability																																			
MI	Community																																			
1	Public Transport																																			
2	Housing New Builds																																			

Appendix 7: CfA Methodology

1. Short Life Working Group commissioned a needs assessment across north Ayrshire of community health and social care needs. Full needs assessment developed and reviewed by partners. Issues added e.g., population migration flows.
2. Short Life Working Group explored the current pressures on service models and accommodation across each locality.
3. Short life working group reviewed the findings of a property review undertaken in 2017. However, this document had not prioritised needs and was prior to the implementation of primary care improvement fund staffing.
4. Short Life Working Group reviewed GP Practice developments (Primary Care Improvement Fund/Capital developments) and HSCP Community Health & Social Care Developments. Review included an update on CfA acute services to community, out of hours provision and unscheduled care hubs.
5. Short Life Working Group identified three sites where HSCP services have been re-accommodated to another hub site in the locality, as a result of lack of space to support new primary care investment fund staff in GP premises. (Beith Health Centre, West Kilbride – Ayrshire Medical Group and Dalry Health Centre).
6. Short Life Working Group reviewed the findings from previous HSCP service reviews.
 - Irvine
 - Beith
 - Arran integrated Services
 - Cumbrae Integrated Services
 - Mental Health Conversation
7. Short Life Working Group reviewed intelligence about local opportunities to undertake joint working with partners. The draft outputs of the CfA exercise were shared with the Community Planning Team to inform future local place planning and regeneration work.

Given the complexity of the task a subgroup was created to undertake the following:

8. Scoring matrix developed showing needs assessment demographic, practice size, locality size, disease impact current pressures re. backlog building maintenance, flexibility, transport, new housing impact and sustainability.
9. Prioritisation tool developed -)
10. Test maps and models of locality sites developed to support prioritisation.

Work critically appraised by short life working group and summarised in this document. However, due to the complexity of the information it was not possible to weight factors such as deprivation, building sustainability etc. as the short life working group found that some buildings in deprived areas e.g., Eglinton Medical Practice (a Deep end practice) is relatively new, but others in less deprived areas e.g., Beith Health Centre are an operational risk. The group therefore used the evidence base, local knowledge, feedback from the GP quality cluster leads & GP locality cluster meetings and an intuitive approach to generate prioritisation recommendations to the HSCP Partnership Senior Management team and HSCP Integration Joint Board.

Appendix 8: 7-year new build housing impact

This is the first attempt at matching this data and additional work is required.

Programmed Future Housebuilding	Remaining Capacity – could be built in the future	Post 7Y – Expected numbers to be built in each area.
By Housing Market Area (2019/20)		
ARRAN	505	340
GARNOCK VALLEY	1761	1385
IRVINE/KILWINNING	3934	2580
NORTH COAST	993	442
THREE TOWNS	1922	1304
Total		6051
By Medical Practice (Draft 2020/21)		
80701 - Stevenston Group Practice	5705	3564
80753 - Kilwinning Medical Practice	4117	2614
81012 - Ayrshire Medical Group	3452	2068
80330 - Eglinton Family Practice	3780	2398
80698 - Frew Terrace Surgery	2607	1594
80005 - South Beach Surgery	2185	1246
80010 - Central Avenue Surgery	2185	1246
80556 - Saltcoats Group Practice	2066	1214
80344 - Townhead Surgery	1262	829
80768 - Oxenward Surgery	1173	804
80363 - Kilbirnie Medical Practice	1650	1285
80857 - Largs Medical Practice	587	287
80306 - Boutreehill Med Practice	296	34
80927 - Arran Medical Group	571	419
80217 - Dalry Medical Practice	295	162

80147 - Beith Health Centre	506	452
80561 - Dr. Rai, Chan & Goyal	149	120
80679 - Cumbrae Medical Practice	88	59
80594 - Stewarton Medical Practice	4	0
80166 - Crosshouse Medical Centre	170	170
80255 - Dundonald Medical Practice	180	180
80378 - Marnock Medical Group	170	170
80397 - Dr Sardar & Partners	170	170

Appendix 9: Medication Assisted Treatment Standards

To enhanced access to locality premises so that alcohol and drug services staff can meet with service users, families and carers in their own localities e.g., GP practises and new community health and social care centres. The MAT Standards (see below) require access to premised in each locality area across North Ayrshire. We also need rooms/space that full wraparound support services can be available e.g., mental health, Harm reduction, housing, welfare, advocacy etc.

Standard 1: All people accessing services have the option to start MAT from the same day of presentation.

Standard 2: All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.

Standard 3: All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

Standard 4: All people are offered evidence-based harm reduction at the point of MAT delivery

Standard 5: All people will receive support to remain in treatment for as long as requested.

Standard 6: The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.

Standard 7: All people have the option of MAT shared with Primary Care.

Standard 8: All people have access to advocacy and support for housing, welfare and income needs.

Standard 9: All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery

Standard 10: All people receive trauma informed care.