

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 17 August 2020</b>
<b>Title:</b>	<b>Annual Review of Strategic Plan, Workforce Plan, and Property and Asset Management Strategy 2018-21</b>
<b>Responsible Director:</b>	<b>Eddie Fraser, Director of East Ayrshire Health and Social Care Partnership</b>
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## 1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

## 2. Report summary

### 2.1 Situation

The Strategic Planning and Wellbeing Delivery Group has undertaken the 2019-20 Annual Review of the East Ayrshire Health and Social Care Partnership Plan 2018-21. The Annual Review concluded that the Strategic Plan continues to be fit for purpose and that no replacement Plan is required. The Group reaffirmed the vision, values and Strategic Commissioning intentions as set out and considered identified key priorities for 2020/21 and beyond. The evolving policy environment in relation to transformational change through collaborative service design has been considered and a longer term approach to future strategic planning endorsed for 2021 onwards.

This is the first presentation of the Strategic Plan 2018-21 Annual Review report for 2019-20. This report was approved by East Ayrshire Integration Joint Board on 25 March 2020. This report will be presented to East Ayrshire Council on 20 August 2020.

This paper presents to Board Members the Annual Review for 2019-20 of the Strategic Plan, Workforce Plan Property and Assets Management Strategy for the period 2018-21 and Draft Communication Strategy 2020/21. (Attached at

Appendices 1 to 4). To set out the indicative partnership budget to deliver on the commitments contained within that Plan. For members discussion and assurance.

## **2.2 Background**

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty (Sections 29-39) on the IJB to develop a Strategic Plan for the integrated functions and budgets under its control.

The Strategic Plan is the document setting out the arrangements for carrying out the integration functions and how these are intended to contribute to the achievement of the relevant national health and wellbeing outcomes for the HSCP. Due to the scope of the delegated functions to East Ayrshire IJB, relevant outcomes in relation to Children and Young People and Justice are also included.

## **2.3 Assessment**

### **2.3.1 Strategic Plan 2018-21**

The Strategic Plan 2018-21 centres on the 'triple aim' of better care, better health and better value. The Plan focuses activity on a small number of core themes. These are:

- Scaling up work on prevention and early intervention across all ages;
- Supporting New Models of Care;
- Building Capacity in Primary and Community Care, and;
- Transformation and Sustainability.

The four core themes are further described in the Plan, with a greater level of detail provided on Lead Partnership arrangements.

The financial framework incorporated into the Plan highlights the challenge facing public bodies and the implications of this for the IJB. This has been further detailed in the Medium Term Financial Plan.

Strategic Commissioning Intentions are detailed in the Plan for the core themes.

The Strategic Commissioning Intentions related to Prevention and Early Intervention is focused on scaling up action on the main wellbeing challenges of alcohol, tobacco and obesity across all ages. The population and resource impact of this are quantified.

New Models of Care Strategic Commissioning Intentions sets out plans for more integrated, multi-disciplinary working in localities for older people and people with complex needs and long-term conditions.

The impact of this and trajectories submitted to the Ministerial Strategy Group on 'Measuring Performance Under Integration' is quantified in the Plan.

The local impact of the national commitment to see investment in Primary and Community Care rising to more than half of frontline spending is described in the Strategic Commissioning Intention – Building Capacity in Primary and Community Care. This relates to the 2018 General Medical Services Contract, the new role for GPs as 'expert medical generalists' and the extended multi-disciplinary teams in Primary and Community Care linked to the Primary Care Improvement Plan.

Transformation and Sustainability is the fourth of the Strategic Commissioning Intentions in the Plan. This section highlights the projected financial gap set out in the Medium Term Financial Plan, links this to feedback from the engagement programme on making best use of relationships and resources, and to the transformational programmes of partners in East Ayrshire Council and NHS Ayrshire and Arran.

The Transformation and Sustainability section of the Plan summarises the potential impact of the Commissioning Intentions in ‘closing the gap’ with appropriate agreement on mechanisms for resource release, invest to save programmes, and joint planning in relation to the ‘set aside’ budget.

Key enablers to the delivery of the Strategic Plan 2018-21 are set out in the final sections of the Plan covering:

- workforce planning;
- information communication technology;
- property and assets management;
- ‘thinking differently’;
- housing contribution, and;
- leadership and improvement.

In reviewing activity on an annual basis partners must have due regard to the integration delivery principles (Section 31) and to the national health and wellbeing outcomes (as prescribed under Section 5) together with national outcomes for children, young people and justice.

The integration delivery principles and the relevant national outcomes are set out in the tables below:

### 2.3.2 Integration Principles and Wellbeing Outcomes

Integration Delivery Principles	
i	That the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users
ii	That, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible
iii	Is integrated from the point of view of service-users
iv	Takes account of the particular needs of different service-users
v	Takes account of the particular needs of service-users in different parts of the area in which the service is being provided
vi	Takes account of the particular characteristics and circumstances of different service-users
vii	Respects the rights of service-users
viii	Takes account of the dignity of service-users
ix	Takes account of the participation by service-users in the community in which service-users live
x	Protects and improves the safety of service-users
xi	Improves the quality of the service
xii	Is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)

xiii	Best anticipates needs and prevents them arising
xiv	Makes the best use of the available facilities, people and other resources.

<b>National Outcomes for Children</b>	
Outcome 1	Our children have the best start in life.
Outcome 2	Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
Outcome 3	We have improved the life chances for children, young people and families at risk.
<b>Health and Wellbeing Outcomes</b>	
Outcome 4	People are able to look after and improve their own health and wellbeing and live in good health for longer.
Outcome 5	People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
Outcome 6	People who use health and social care services have positive experiences of those services, and have their dignity respected.
Outcome 7	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Outcome 8	Health and social care services contribute to reducing health inequalities.
Outcome 9	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
Outcome 10	People who use health and social care services are safe from harm.
Outcome 11	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
Outcome 12	Resources are used effectively and efficiently in the provision of health and social care services.
<b>National Outcomes Justice</b>	
Outcome 13	Community safety and public protection.
Outcome 14	The reduction of reoffending.
Outcome 15	Social inclusion to support desistance from offending.

### 2.3.3 2019-20 Annual Review of Strategic Plan

The Strategic Planning Group formed under Section 32 of the Public Bodies (Scotland) Act 2014 and the Wellbeing Delivery Group established to lead the implementation of the Wellbeing theme of the Community Plan 2015-30 were brought together during 2018.

At the Strategic Planning and Wellbeing Delivery Group Workshop on 12th February 2020, the Annual Review of the Strategic Plan was undertaken. Partners considered key questions in relation to: the appropriateness and relevance of the vision, values, priorities, enablers, together with any newly identified challenges. The Annual Review Workshop assessed whether a 'replacement plan' was required.

The vision and values were reaffirmed with partners reflecting that narrative and activity during 2019/20 promoted the 'stay connected' and tackling social isolation agenda, in line with the previous year's Annual Review.

The four Strategic Commissioning Intentions were seen to be appropriate and should remain stable. There are a range of 'must do' themes arising from local and national policy which fit with the Strategic Commissioning Intentions. Specifically these are:

- Demand management;
- Delivering core priorities of Programme for Government;
- Continuing to increase the progress and pace of integration in line with Audit Scotland and Ministerial Strategic Group findings;
- Waiting times improvement;
- Mental health including children and young people;
- Shift balance of spend to mental health and primary, community and social care;
- Living wage, extending free personal care, implementing the Carers Act;
- Efficiencies from reducing variation in unscheduled care and 'set aside', and;
- Local cost pressures, pay settlement, National Care Home Contract.

Partners reflected on our strong and positive collaborative leadership and successes from 2019/20 with key themes emerging and considered as part of the Annual Review, summarised as; empowering communities for better wellbeing through innovation, connections and relationships and working alongside people who use services, their families and carers. Our key successes are further detailed in Appendix 1.

In undertaking the Annual Review, the Strategic Planning and Wellbeing Delivery Group considered the **Caring for Ayrshire** Programme, the 10 year strategic whole system redesign of health and care services across Ayrshire. Partners noted the need for meaningful and sustained **collaboration** with people who use services and their families and carers to design a system that empowers people to be well, part of which are services that provide effective, holistic support when it is needed.

Supporting plans in relation to **Workforce Development, Premises and Assets Management and Communication** continue to be seen as critical enablers of strategic activity to ensure the right people, with the right skills, in the right place, at the right time and making the best use of the premises that we occupy, deliver care and support effectively and efficiently. Key areas for focus over 2020/21 are in relation to localities, further embedding smarter working and working collaboratively and inclusively to shape and drive the Caring for Ayrshire Programme to meet the needs of our communities across East Ayrshire.

In relation to New Models of Care, a key priority for the IJB in 2020/21 will be deploying the **Framework for Community Health and Social Care Integrated Services**, published in November 2019 as a tool for service planning, delivery and improvement across four components: establishing a **foundation for transformation**; embedding characteristics of effective, sustainable integrated care; delivering components of effective, sustainable integrated care and; creating an environment for effective, sustainable integrated care.

A cross-cutting priority for the IJB between 2020/21 and 2023/24 will be in redesigning services across the HSCP portfolio through its strategic programme of **Best Value Service Reviews**. The programme's focus is to secure continuous improvement of services and identify more efficient and effective ways of delivering these to provide better value for money for local communities. The Group noted the approach adopted

by the HSCP throughout the programme as one of **person-centeredness**, based on **collaborative design** principles.

As part of the Annual Review and in line with the IJB's long term and transformational priorities and programmes as described, the Strategic Planning and Wellbeing Delivery Group endorsed a **longer term approach to future HSCP Strategic Plans**. In developing the IJB's third Strategic Plan from 2021, the intention will be to achieve strategic alignment with the Community Plan 2015-30, with a continuation of the Annual Review process and three yearly progress reporting.

In undertaking the Annual Review, partners noted activity undertaken to **strengthen communication and engagement** with the whole workforce, partners and local communities, to empower and build confidence to 'do the right thing.' A dedicated Communication Programme Officer was recruited in July 2019 with a key focus to support the delivery of transformational change across the Partnership. The post holder has been working with the workforce, partners and key stakeholders to develop a shared understanding and knowledge of their role in this cultural change.

The priorities for the first 6 months of the post has been:

- To communicate and promote the Partnership's vision, strategic priorities and health and social care outcomes and strengthen communication links with partners.
- To provide the communications support required during the transformation change programme.
- To provide an effective communications and public relations service to the Health and Social Care Partnership Directorate to enhance its reputation and influence.

A key priority for the post was to develop a Communications Strategy for the Partnership to assist the Transformational change by demonstrating the direct link between communication messages, performance activity and in the longer term financial sustainability.

The financial challenges have been highlighted in successive Annual Reviews and in the modelling around the **Medium Term Financial Plan**. For 2020/2021 the indicative integrated budget for delivering the Strategic Plan is provided in the Budget Position Report as presented to the IJB at its meeting of 25<sup>th</sup> Mach 2020.

The Strategic Plan 2018-21 was assessed as fit for purpose, effective, taking into account the changing policy environment at Paras. 23 - 27 above, and that **no replacement plan is required**.

#### **2.3.4 Annual Review of Workforce Plan**

The ambition of the Workforce Development and Support Plan is ensuring that the right people with the right skills in the right place at the right time.

The Plan recognises the demographic and financial challenges that face health and social care and identifies a need for transformation and new ways of working where prevention and enablement are at the forefront of our work across all partners. To do this needs a skilled, flexible and committed workforce who innovative and forward thinking whilst being able to deliver person centred care.

Progress over 2019/20 relates to:

- using proactive, innovative recruitment methods to maximise applications
- exploring skills mix to fit with the service
- making roles more attractive
- integrated team to focus on a collaborative approach to meet the outcomes of services
- maximise opportunities to attract a younger workforce
- using technology to complement and enhance the workforce

Plans for 2019/20 are included in the Annual Review and include exploring the following areas to enhance our ability to recruit and retain our workforce:

- Embracing and developing **Technology**
- Exploring **Skills Mix** to create flexibility and support provision of service
- Continue to explore and provide opportunities to support the **Demographics** of our workforce
- Maximise opportunities to provide **Learning and Development** provision to our workforce which don't necessarily need to have a financial cost.
- Consider all of these areas above to help manager our **Financial** challenges
- **Proactive Recruitment** to ensure consistency of service.
- **Become an Employer of Choice** by being accessible to all and encouraging unrepresented groups to progress careers with us by maximising available opportunities.

The positive achievements and learning opportunities from the last few years will continue into the final year of the current plan. The main focus will be to continue to deliver the ambitions of the plan and the actions in the Workforce Plan whilst developing the next iteration of our Workforce Development and Support plan which will again dovetail with our Strategic Plan, Financial Plan and PAM Plan.

Whilst the current plan is very much focussed on support and development of the current workforce, the next version will be much more focused on the particular workforce challenges being faced and will require to be much more forward thinking and creative to ensure the skills and resources needed to support sustainability of services.

### 2.3.5 Annual Review of Property and Asset Management Plan

The Annual Review provides an update on the progress made in priorities set for 2019/20 and sets out the priorities for 2020/21. The PAMS priorities to further develop key themes across the five localities in East Ayrshire; Northern, Kilmarnock, Irvine Valley, Cumnock and Doon Valley.

The Review highlights that progress has been strongly aligned with the Caring for Ayrshire and EAC Transformation programmes. In addition work has continued to address smarter working initiatives across the Partnership and to further develop areas requiring immediate support. The priorities for 2020/21 are outlined below;

- Caring for East Ayrshire
- Smarter Working
- Bentinck Centre

### **2.3.6 Communications Strategy**

Strategic communication is at the centre of transformational change programme through the early involvement and investment of time in key service redesign, governance and decision-making and public/stakeholder engagement. A dedicated Communications Programme Officer was appointed in July 2019 to coordinate the delivery of the Communications Transformation Programme within the Health and Social Care Partnership.

Achieving significant and lasting culture change is inherent in all of the Partnership's ambitions;

- undoing the causes of ill-health;
- setting and managing expectations in relation to new models of care;
- empowering people to be in control of their lives with access to services when required and;
- achieving financial sustainability via transformation.

Facilitating this culture change is through a dedicated Communications Programme within the Partnership is central to delivering transformational change. Working with partners, workforce and key stakeholders to develop a shared understanding and knowledge of their role in cultural change is a key function of this programme.

The emphasis is on a communication programme which can evidence a correlation between strategic communication and Partnerships performance. A draft Communications Strategy was approved by the Integration Joint Board in November 2019 and the consultation programme from December 2019 and closed on 28 February 2020. The final Strategy is developed for initially one year 2020/21 and then will be revised in line with the annual review of the Strategic Plan to reflect a 3 year strategy from 2021 onwards.

### **2.3.7 Quality/patient care**

The Annual Review of the Strategic Plan 2018-21 report has implications for supported patients/people and carers in relation to the integration delivery principles and the wellbeing outcomes for adults, children and young people, and justice. This implies aiming for the best start in life, inclusion, having a life alongside caring and integrated rights-based support where required.

### **2.3.8 Workforce**

Sustainable workforce and recruitment levels are imperative to ensure appropriate levels of capacity are maintained to manage demand across all services. Workforce implications identified within the Workforce Plan.

### **2.3.9 Financial**

Under Scottish Government guidance, developed by the Integrated Resource Advisory Group (IRAG), the Strategic Plan should incorporate a medium term financial plan for the resources within its scope. The IJB in leading on the preparation of the Strategic Plan should set out the total resources included in each year of the plan in order to ensure that there is appropriate resourcing and devolution of responsibility to deliver in line with the outcomes and priorities set out in the plan.



According to statutory guidance, the relevant resources are:

- The payment made to the Integration Joint Board by the Local Authority for delegated services;
- The payment made to the Integration Joint Board by the Health Board for delegated healthcare services, and;
- The amount set aside by the Health Board for any delegated services provided in large hospitals for the population of the Integration Joint Board.

In keeping with the guidance cited above, parties to the Integration Scheme are expected to provide indicative three year allocations to the IJB in line with the Strategic Plan.

This rolling indicative allocation is subject to annual approval through the budget setting processes. The Annual Review of the Strategic Plan aligns these processes.

An indicative integrated budget for delivering the Strategic Plan 2018-21, as updated by the Annual Review, will be presented to the IJB on 25 March 2020. Detailed budgetary information will be presented in this Approved Budget Position Report.

The IJB must be assured that the resources available are, within the strategic context of the NHS Ayrshire & Arran and East Ayrshire Council, consistent with the delivery of the Strategic Plan 2018-21, taking into account the changing policy environment as presented in this report.

Performance improvement will have a positive impact on the financial position through efficient and effective service delivery.

### **2.3.10 Risk assessment/management**

Risk implications are identified and managed through strategic and operational Risk Registers. The Annual Review process as in previous years noted a risk to the prevention and early intervention priority of the Strategic Plan. The Partnership Risk Register includes reference to “insufficient resources available to commission services that not only meet immediate demand but also facilitate preventative activity that supports population wide health improvement and addresses inequalities”.

IJB risk appetite and prioritisation should continue to be reviewed in relation to the Strategic Plan.

### **2.3.11 Equality and diversity, including health inequalities**

An Impact Assessment has not been completed because the service improvement plans referred to within the paper will be assessed as appropriate against the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

### **2.3.6 Other impacts**

Legal: The Annual Review of the Strategic Plan report is presented in accordance with legal requirement on the IJB to review the Strategic Plan on a periodic and regular basis, to involve the Strategic Planning Group in this review and to decide whether a replacement plan is required.

Community Planning: The Annual Review of the Strategic Plan 2018-21 contributes directly to the Wellbeing theme of the Community Plan 2015-30 and was undertaken by the Strategic Planning and Wellbeing Delivery Group.

### **2.3.12 Communication, involvement, engagement and consultation**

Engagement has been carried out by the IJB as required. NHS Board engagement is not required.

### **2.3.13 Route to the meeting**

The content discussed in this paper has been previously considered and approved by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Strategic Planning Group – 12 February 2020
- East Ayrshire Integration Joint Board – 23 March 2020
- East Ayrshire Council – 20 August 2020 (scheduled)

## **2.4 Recommendation**

For discussion:

- The Board is asked to discuss and endorse the findings of the Annual Review of the Strategic Plan 2018-21, specifically that there is no requirement for a replacement plan.
- The Board are asked to implement the Directions in respect of commissioning services from East Ayrshire Council and NHS Ayrshire & Arran in line with the Strategic Plan, as refreshed by the Annual Review, and within the allocated budget for 2020/21.
- The Board is asked to endorse the proposal for longer term strategic planning to align with the Community Plan and note due to the Covid-19 crisis that the development of detailed Directions have not been able to be progressed and these will follow in due course.

## **3. List of appendices**

The following appendices are included with this report:

- Appendix No 1 Strategic Plan Annual Review – Collated Feedback.
- Appendix No 2 Workforce Planning Annual Review 2018/19
- Appendix No 3 Property and Asset Management Strategy 201/21 Annual Review
- Appendix No 4 Communication Strategy 2020/21

## APPENDIX 1

### Strategic Plan 2018-21 Annual Review 2019-20

#### Strategic Planning and Wellbeing Delivery Group: Reflecting on Success

Bringing people together to tackle social isolation and loneliness.

- Lorraine Fleming

Southern locality get together to tackle loneliness- brought lots of people together and connected them to each other.

-Claire Kavanagh

Partners support to deliver local conversation or stakeholder form, encouraging engagement involvement and collaboration of partners.

- Margaret Phelps

Provision of specialist accommodation to allow people to live independently within our communities.

- Wendy Johnstone

Working with key stakeholders to promote equity of services in addiction recovery. Using lived experience to identify the barriers.

- Katrina MacFarlane

Introduction of pre liberation workshops within HMP Kilmarnock

- Kevin Lyle

Continued development strong teams of dedicated front line staff who are committed to change for the people/communities they work with/in.

- Angela Gracie

Enhanced ICT, admission presentation and facilitating discharge for EA residents. SDS Inspection- 4 very good, excellence in all EA.

- Erik Sutherland

Working out with traditional settings and improving outcomes for people – Occupational therapy – prison setting, woman's justice, GP surgery Dalmellington, railway trust, job centre.

- Lindsay Kerr

CAP Tech Service, winning three national awards for delivering pharmaceutical care, integrated care and best pharmacy team

- Joyce Mitchell

Particularly proud of a range of achievements etc. Development of client forum for CHIP services, expansion of attainment support for CEYP (including CEYP being employed), various achievements through action plans, excellent grading for community engagement/ CCB, development of home link support, dignified food programme and much more.

- Kevin Wells

25 years of independent advocacy in East Ayrshire enabling people to have their voices heard! Here's to the next 25.

- Irene Clark

Represent recovery peer mentors, government funding two, two year posts

- Lesley, Advocacy

-

Kevin's new job and Ucan's newest star DJ  
-Deryn

Asset based approach, to growing and developing our own staff (succession planning), peer mentor model, potential.

- Lee McLaughlin

FACE Framework – flexible, approachable, caring and empowered. Workforce development, serving all communities, caring comes with the people we serve.

- Jim Murdoch

'Young carer's home safety', training initiative – fire safety training delivered across East Ayrshire by SFRS community action team.

- Kenny Hankinson

Starting to really give power to communities = innovation. Eradicate child poverty, implement, embed and consolidate the findings of the care review, more children living at home when it is safe to do so, Trauma informal services and trauma informed practice in all parts of HSCP.

- Marion MacAuley

Working with partners to join up our MDT approach across primary care to improve access and outcomes for citizens.

- Craig Stewart

## EAST AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

### WORKFORCE PLANNING ANNUAL REVIEW 2019/20

#### BACKGROUND

1. Workforce planning is about ensuring we have the right people in the right place with the right skills at the right time through robust and informed planning using the data and intelligence available to us.
2. It is good practice to workforce plan to ensure that we have the resource, or are able to access or develop this, to deliver our strategic aims within a financial envelope. This includes new ways of working, considering job roles, skills mix, re-training, recruitment, re-provision or possible exit strategies where appropriate.
3. In light of the challenges we face as an organisation now and going forward such as ageing population, multiple complex needs, ageing workforce, skills shortages, reduced availability of a workforce etc. we must have robust workforce planning in place to ensure we maintain a skilled and sustainable workforce to deliver our services.
4. As our residents become more confident in making their own decisions about their Health and Social Care it's equally important to have a flexible and adaptive workforce to respond to these needs.

#### WORKFORCE PLAN 2018-21

5. As we come to the end of the second year of our [Workforce Development and Support Plan](#) exciting developments continue to be achieved. Our ambition and themes within the Plan remain relevant as we move into the third and final year where we will continue to progress and build on the significant achievements already made and of course continue to support our most valuable asset, our workforce.

#### Our Progress 2019/20

6. We have continued the positive progress seen in 2018/19 fulfilling our commitment to learn from and share good practice from last year's review as follows:
  - **using proactive, innovative recruitment methods to maximise applications**
  - **exploring skills mix to fit with the service**
  - **making roles more attractive**
  - **integrated team to focus on a collaborative approach to meet the outcomes of services**
  - **maximise opportunities to attract a younger workforce**
  - **using technology to complement and enhance the workforce**
7. Some of the key highlights we've achieved meet the above commitment and include:
  - **Recruitment campaigns** which are innovative, attractive and creative are being used and built on to help us stand out from the crowd. Our Intermediate Care and Rehabilitation campaign for Primary Care was extremely successful and we will grow approach going forward developing proactive recruitment campaigns which encapsulate the whole partnership where appropriate rather than individual pockets of

recruitment to maximise impact and attraction. A key priority will also be about raising the profile of the partnership and what it does to encourage people to explore employment opportunities with us.

- **Best Value Reviews** are underway in several of our services including Care at Home and Day Services to ensure our services are designed to deliver best value to our service users. Part of this involves reviewing roles, education and training and career paths to ensure we have, can develop or can attract the workforce needed and ensure the workforce is fit for the future.
- **Smarter Working** has been introduced within the majority of our Partnership and continues to ensure all areas are able to work smarter. Whilst a big advantage is releasing time to care it also provides flexibility of work for many roles which increases the attractiveness of roles such as starting the working day from home and not having to report to a base or working from home. Clearly not all roles are able to maximise the benefits of smarter working but we will continue to identify and make available opportunities where possible.
- **Investment to Support our Workforce** We have moved into the second cohort of H&SC SVQ 2 student placement in our Care at Home teams and continue to maintain positive and proactive relationships with Ayrshire College to maximise this relationship and support a future Care at Home workforce within our local community. Our 9 AGRAND graduated nurses have moved into their 3<sup>rd</sup> year within the community and they will be instrumental in the delivery of our Community Care and Treatment (CTAC) service which is due to go live in 20/21.
- **Multi-disciplinary Team Working** To complement the MDT already established and reported on previously and to fulfil the arrangements of the GP contract our next key Primary Care development is the introduction of the CTAC service. This is currently being designed by a range of stakeholders across A&A and has involved extensive workforce analysis and data interrogation to develop the structure of the service. Again this will be a totally different way of delivering the service but complements the current MDT design ensuring people see the right person at the right time. This provides another new and exciting way of delivering a service providing new opportunities for our nursing workforce both in NHS and Primary Care.
- **Collaborative Working** Work has progressed to support our Care Home providers to explain the benefits of workforce planning with the offer of assistance to develop workforce plans. This will help identify challenges and opportunities within our teams helping these providers to consider the benefits of collaborative working and sharing resource whilst ensuring they have a skilled and suitable workforce.
- A **Youth Employment Workforce** group has been established with representatives from both LA and EAHSCP with focus on how to attract young people, including those hardest to reach. Maximising the use of apprenticeships is also key and work is progressing to promote and explain how apprenticeships work raise awareness and encourage more use of them to attract young people. The apprenticeship wage has also increase in line with the Scottish living wage to help attract applicants. An audit is underway of the involvement/interaction we have with our Schools and their young people to ensure there is equal representation across all schools in the area and from all services within the Partnership to help raise awareness of the Partnership and what it does and engage with these potential employees at an early stage helping make informed decisions about their education.
- **Project Search** Several managers have committed to supporting a young person through the Project Search programme, giving local young people with additional

needs an opportunity to experience a work environment giving them skills and support to move into paid employment.

- **Technology** developments have been pivotal in helping support our workforce to be more efficient including the introduction of CM2000 for the Care at Home team, Liquid logic for the Social work team and Emiss Web within our community nursing teams.
- Each service has developed a **workforce plan** which we will use as a basis to develop our workforce of the future and explore new and innovative ways to ensure sustainability. We will continually challenge services to think differently and look at alternative, sustainable ways to provide services within budget whilst giving the workforce opportunities for further learning, development and progression. Maximising prospects where learning is free/small investment such as shadowing, sharing resources, working with partners who operated best practice.

## Learning

8. It is important to take time to reflect on the past year and what has worked well and what could have been better. Over this time we have progressed many positive initiatives and projects and the success has been mainly down to the workforce, their commitment, approach and desire to provide the best care possible.
9. However, as we move forward we need to be much more proactive, focusing on doing things differently and really exploring how we provide services within this challenging environment both financially and demographically.
10. Our future workforce planning needs cognisance of:
  - **Technology** – how do we embrace new technology and let it enhance and complement the services we provide and how will it impact the current roles we have?
  - **Skills Mix** – what skills are needed in the future as we continue on our enablement and prevention journey and how do we work with other services to share resource, knowledge and expertise whilst moving away from traditional silo working? Formal training and development takes time and this needs to be accounted for when designing our roles.
  - **Demographics** – we need to provide opportunities within our current workforce to ensure they are skilled, confident, flexible and suitably challenged to feel fulfilled at work. We need to consider our working practices to support work/life balance and health and wellbeing within our workforce. Many of whom also fill an important care role in society.
  - **Learning and development** – we need to explore new and innovative ways of development. As financial pressures continue, it is more important than ever maximise the resources, knowledge and expertise we have within our partnership and also across our partners.
  - **Finance** – we are experiencing massive change whilst our financial envelope is more challenging. This supports the focus to explore new innovative ways to deliver our services within the resource we have and maximising opportunities to share learning, development and training resources.
  - **Proactive Recruitment** – learning from the success of the proactive recruitment within our Intermediate Care & Rehabilitation team and transferring that to support holistic proactive recruitment campaigns across the Partnership, possibly twice per year, where our needs are anticipated in advance to ensure continuity of service within our community.

- Become an **Employer of Choice** – for all age groups and people of all backgrounds. We will continue to provide opportunities to become part of our workforce for all, but this year with a particular emphasis on **young and hard to reach people** to complement our current demographic profile.

## National Developments

11. This year there have been many national development but two in particular are very relevant to workforce planning:
  - [An Integrated Health and Social Care Workforce Plan for Scotland](#) was published in December 2019. This evolved from the 3 separate parts developed in 2018 and cements that collaborative approach to workforce planning. There are several national initiatives to help manage the workforce challenges we face which will continue to evolve, although many will take time to materialise. In the meantime, whilst we continue to support and influence national direction, we continue to monitor, review and act on our local workforce challenges.
  - [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) is important legislation which is in place to ensure that any Health and Care services being provided are adequately staffed with an appropriately skilled workforce. This also applies to commissioned services.
12. The workforce planning community is growing and a forum has been created to share learning and expertise across the country with national commitment to develop the skills of the workforce planners by formal and informal routes.
13. From an EAHSCP perspective, we will continue to be represented at national groups where possible to enable us to participate in and influence national direction.

## What next for 2020/21?

14. We will continue with the positive achievements and learning opportunities from the last few years as we move into the final year of the current plan. Our main focus will be to continue to deliver the ambitions of the plan and the actions in the Workforce Plan whilst developing the next iteration of our Workforce Development and Support plan which will again dovetail with our Strategic Plan, Financial Plan and PAM Plan. Whilst our current plan is very much focussed on support and development of the current workforce, the next version will be much more focused on the particular workforce challenges we are facing and will require to be much more forward thinking and creative to ensure we have the skills and resources we need to support sustainability of services.
15. Many of our Workforce Action Plan actions (Appendix A) have been complete and will become embedded in every day practice within services to promote best practice and support our ambition of 'right people with the right skills in the right place at the right time'.
16. We will build on our workforce plans and ensure they are future thinking for each department/service.
17. We will continue to build on our Multi-Disciplinary Team model throughout our services.
18. We will continue our engagement with national workforce initiatives and implement locally as appropriate.



19. We will continue to work with our partners, locally, regionally and nationally, to maximise opportunities for learning and development for our workforce.
20. We will include the learning from the last year to ensure it improves our ability to workforce plan.
21. We will ensure all our workforce initiatives support delivery of our Strategic Plan and can be delivered within the parameters of our Financial Plan and Property & Assets Plan.

Danielle McManus  
Workforce Planning Lead  
16<sup>th</sup> March 2020

**Background papers**

[Workforce Development and Support Plan](#)  
[An Integrated Health and Social Care Workforce Plan for Scotland](#)  
[Health and Care \(Staffing\) \(Scotland\) Act 2019](#)

Appendix 1

**Workforce Development and Support Plan 2018-2021**

**Workforce Action Plan**

***The Right People with the Right Skills in the Right Place at the Right Time***

***'Our Workforce Delivering Our Future'***

	Priority/ Desired Outcomes	Key Actions	Lead	By When	Progress/Update	Status
Right People	<b>Be an employer of choice</b> <ul style="list-style-type: none"> <li>EAHSCP as a career choice</li> <li>East Ayrshire an attractive place to work and live</li> </ul>	1. Attract high quality skilled people through robust recruitment advertising campaigns, especially for difficult to recruit posts	Managers HR	Embed in practice	Innovative and successful recruitment campaigns for Intermediate Care Team and General Practitioners. One stop recruitment days for Personal Carer Workforce. Collaborative approach for Senior Management recruitment.	
		2. Promote career opportunities for those who wish to progress within EAHSCP through social media, schools, colleges, job fairs etc.	Managers WPL	2020/21	General Practitioners with enhanced role posts created. Diverse roles developed in community as part of GP MDTs. Integration of School Nursing, LAAC Nurse and Staff Nurses providing collaborative working opportunities. Personal Carer recruitment days	
		3. Attract a wide range of candidates through flexible and agile working opportunities	Managers HR	2019/20	Introduction of smarter working across whole partnership in 2019	
	<b>Engage with our workforce</b> <ul style="list-style-type: none"> <li>Ensure workforce are fully informed</li> <li>Provide opportunities for feedback</li> <li>Involved in decision making</li> </ul>	4. Ensure workforce receive accessible, accurate and consistent information about NHS, EAC and HSCP and understand the detail and have opportunities to engage.	Managers	Embed in Practice	Information relating to all partners cascaded from Senior Mgmt teams ensuring all received particularly where no PC access available. Team talks, awareness sessions, team meetings, supervision, 1-1's, etc used to share and discuss information, support engagement and receive feedback. FACE engagement events rolled out	
		5. Encourage participation in staff surveys such as iMatter and EAC Employee Survey and targeted questionnaires such as exit and new starter.	Managers	Embed in Practice	Encourage completion, electronically where possible, and managers must follow up where completion is low. At relevant times becomes a priority on SMT agenda – e.g. 2019 iMatter didn't meet required responses. Results used to develop local action plans and shared at SMT	
	<b>Engage a younger workforce</b> <ul style="list-style-type: none"> <li>Opportunities for young people to join EAHSCP</li> <li>Attract school/college/ university leavers</li> <li>Initiatives to provide more opportunities for young people</li> </ul>	6. Improve accessibility of modern and foundation apprenticeships and work-experience	Managers WPL HR OD	2020/21	Discussions with Ayrshire College regarding Foundation Apprenticeships which will be postponed until 2021/22 due to Care at Home Service Redesign.	
		7. Provide attractive opportunities for graduates and school leavers			Two Graduate Interns employed to Partnership and plans for a third underway. 2nd cohort of Ayrshire College H&SC student placements commenced. Nine graduate nurses taking part our first Graduate Nurse Development programme in collaboration with our general practices and community nursing.	
		8. Collaborate with agencies/groups focussed on promotion of youth employment e.g. <ul style="list-style-type: none"> <li>Developing the Young Workforce Ayrshire</li> <li>Skills and Employability Team</li> <li>Youth Employment Working Group</li> </ul>	HR WPL	2020/21	Improving number of Care Leavers moving into Positive Destinations – Guaranteed interview scheme from EAC. Youth Employment Workforce Group established to increase youth employment. Project Search opportunities identified in EAHSCP.	

	- Project Search				
	9. Liaise with schools to promote opportunities within EAHSCP at the earliest opportunity	WPL	2020/21	Will follow from Youth Employment Group progress.	
<b>Attract returners to the Partnership</b> • Opportunities for career changers to come to the Partnership	10. Offer flexible learning opportunities and working patterns to support training and work/life balance	WFP HR	2019/20	Opportunities to career change to early years or Primary teaching advertised. Exploring a training academy to bring pharmacists and technicians through training based in primary care. Care at Home employees supported to obtain qualifications whilst working. Care at Home recruitment campaign to be targeted at return to work/career changers. Currently developing career changers in residential child care and unpaid work	
<b>Be inclusive and diverse employers</b> • Recruitment opportunities are accessible to all groups	11. Apply Equality Outcome 4 from the Shared Equality Outcomes 2017-2021 document	HR OD	Embed in practice	Equality & Diversity covered in corporate induction and mandatory training	
<b>Ensure workforce is fit for purpose, sustainable and affordable</b> • Integrate workforce planning into everyday management	12. Develop robust workforce plans	Managers HR	2020/21	Workforce position statements provided for each area. WF Plans completed by each service	
	13. Ensure workforce planning embedded into Service Improvement Plans (SIPs)	WPL		Initial reference in 2019/20 SIPs	
	14. Proactively manage workforce implications	Managers	Embed in practice	Review panels in place to review vacancy approval and encourage alternative thinking.	
<b>Work with our partners to support appropriate staffing to deliver services</b> • Support our third and independent partners to workforce plan	15. Work together to recruit hard to recruit roles and joint posts	Managers WPL	2019/20	The Third Sector Interface (CVO/Volunteer Centre) actively involved in recruiting and supporting volunteering across a range of areas promoting wellbeing e.g. befriending, inter-generational work, ConnectCall, community hubs and foodbanks. The CVO recruiting Community Connectors who are pivotal in the MDTs within General Practice.	
	16. Identify potential workforce challenges	WPL	2020/21	Nursing in Care Homes however reluctance to share information. National H&SC Workforce Plan will assist collaborative wfp.	
	17. Share training and development opportunities	Managers OD/L&D	2019/20	Working together to ensure every EA care home resident has an ACP. Collaborative delivery of the Care About Physical Activity (CAPA) improvement programme supporting care home residents. Facilitation of Third Sector Providers Forum.	

					EAHSCP leading development of pan-Ayrshire training toolkit to support local implementation of national guidance on Supporting Children and Young People with Healthcare Needs in Schools	
	<b>Value our Volunteers</b> <ul style="list-style-type: none"> <li>Attract and support volunteers</li> <li>Continue to recognise the value of our volunteers</li> </ul>	18. Maximise volunteering opportunities through liaison with Volunteer Centre East Ayrshire, the EA Volunteer Framework and Vibrant Communities.	Managers	Embed in practice	EAC's volunteers' framework provides supportive environment for volunteering. Partnership working with Vibrant Communities to encourage and help volunteer recruitment, training and support of volunteers in play, sport, health, youth work, adult literacies, active schools and befriending. NHS volunteer recruitment drive and value recognised by formal events in year. Volunteer week recognises and celebrates importance of volunteers.	
Right Skills	<b>Develop a workforce aligned to the values and behaviours of the Partnership</b> <ul style="list-style-type: none"> <li>Promote values and behaviours of EACSHP at all opportunities</li> </ul>	19. Incorporate values and behaviours into the recruitment and selection process	HR/OD	Embed in practice	Employees adopting new qualities and behaviours of FACE. Now embedded in recruitment and in EAGER processes. Full launch of FACE planned and FACE to be embedded in all future development activity. Reinforce and promote the NHS's set of values and behaviours which are expected of all staff at every level through recruitment and selection	
		20. Provide a robust induction programme for all new starts	OD Managers	Embed in practice	All new EA employees attend Corporate Induction with a separate CI for personal carers which is targeted and bespoke. NHS new starts attend corporate induction prior to commencing appointment and then local induction within their department.	
		21. Lead by example, adopting and promoting values and behaviours and integrating them into day to day service delivery e.g. team meetings	Managers Employee OD	Embed in practice	Employees adopting new Qualities and Behaviours of FACE. Now embedded in recruitment and in EAGER processes. Full launch of FACE planned and FACE to be embedded in all future development activity. NHS Managers encouraged to use NHS values to underpin meeting agendas. Reinforce and promote the NHS's set of values and behaviours which are expected of all staff at every level PDR processes	
	<b>Ensure workforce is fully equipped to fulfil their role</b> <ul style="list-style-type: none"> <li>workforce skills aligned to service needs</li> <li>training and development supported</li> <li>workforce be the best they can be</li> </ul>	22. Ensure mandatory and statutory training compliance	Managers Employee OD	Embed in practice	Continue to work to achieve targets for all MAST training NHS Mast reporting has not been available since April 2019 due to the transfer across to eESS however scorecard can be used by managers to monitor and assess compliance	
		23. Undertake a training needs analysis of the current workforce and align to service needs, considering requirement for more flexible roles	Managers OD	Embed in practice	EA employee skills audit in progress. Training needs for Nurses within Prison Healthcare setting being identified and supported Through Workforce Plans training needs will be identified	
		24. Ensure personal development discussions are implemented, monitored and supported and organisational targets are achieved	Managers OD	Embed in practice	EAGER and TURAS compliance reported regularly to senior management team and part of manager objectives. At October 2019 TURAS system recorded: 36% have completed appraisals, 35% have PDP and 39% have objectives. Ensure every member of staff has a personal development discussion. Delivery of training needs identified.	

• workforce promotes prevention and enablement	25. Ensuring the workforce meet registration requirements where appropriate	Managers L&D HR	2020/21	Currently being monitored and directed by Care at Home Steering Group to ensure requirement met by Sept 2020. Currently monitored in NHS and non-compliance reported and addressed.	
	26. Ensuring the workforce proactively promote prevention and enablement as appropriate	Managers L&D	2020/21	Develop an early intervention/prevention model for mental health support for children and young people. CAPA supporting Care at Home staff to promote enablement Specific frontline staff training being developed	
<b>Encourage and provide opportunities to develop skills</b> • Opportunities to help people retrain or attain new qualifications	27. Promote opportunities within NHSAA, EAC and EAHSCP.	Managers HR	2019/20	EY expansion and Learn to teach promoted. ANP Academy continues to support to develop considering other MDT roles also.	
	28. Explore retraining or career changer opportunities in redeployment situations where appropriate	HR	Embed in practice	EAC Policy currently under review. Redeployment procedure to support process in EAHSCP.	
<b>Promote and deliver truly integrated working</b> • Workforce become more efficient and effective • Workforce is appropriately qualified and is flexible	29. Review roles through service redesign	Managers	2019/20	The Intermediate Care Team moved to 7 day working to support effective discharge from hospital. PC Improvement Plan exploring new ways of delivering services through role redesign	
	30. Engage with education providers to review courses being delivered	Managers WPL	2019/20	Review of SVQ 2 in H&SC with Ayrshire College to ensure appropriate.	
	31. Build high performing teams who champion integrated working and support multi-disciplinary team working	Managers OD	Embed in practice	Ongoing development of MDT in primary care to ensure patient sees the right person first time. Continuous development and expansion of redirection programme e.g. Pharmacy First & Eyecare Ayrshire with partners A new mental health MDT will be established in 2019/20 delivering safe, effective person-centred care within HMP Kilmarnock. Team Development session delivered by Assistant HR Director – Development on 25 June 2019 for mental health service HMP Kilmarnock.	
<b>Have a skilled workforce at the right time</b> • Required workforce is available	32. Encourage succession planning linked to workforce plans	Managers WPL	2020/21	Commitment to support 3 MHO qualifications p.a. to ensure sustainability. ANP academy supports availability of ANP for community services. Establish training academy to develop pharmacotherapy service role. Project Lift bring used to identify future leaders	
	33. Influence development of national policy, planning and guidance	WPL	2020/21	Contribute to national consultations. Involved in national working groups.	
<b>Support people to be at work</b> • Maximise attendance	34. Improve workforce attendance e.g. sickness absence	Managers Employee HR OD	Embed in practice	Provide 4 weekly management information HR Support in meetings and for managers Training on policies and procedure & Refresh Tool Box Talks delivered Monitor Long Term Absence and compliance with Policy and Process	
	35. Ensure the workforce is equipped to deal with changes ahead			Mindfulness training opportunities Resilience training being rolled out. Stress Awareness sessions delivered	

					Best Practice Guide on Leading Teams through Sustainable Change issued on 4 October 2019	
	<b>Plan for ageing workforce</b> • Address an ageing workforce	36. Consider alternatives to retirement especially for difficult to recruit posts	Managers HR WPL	Embed in practice	Age profiling across the services to understand potential impact and support planning. Consider retrials from key roles and explore opportunities where their skills and knowledge could be utilised in a different capacity – training/mentoring.	
		37. Utilising work/life balance policies to support continued employment			Exploring flexible retirement options Using flexible working policies to support learning and development/retraining.	
<b>Right Place</b>	<b>Continue to support the shift of balance of care to the community and locality working</b> • A skilled and sustainable workforce in community • Realise benefits of teams working close together • Release time to care	38. Enhancing multi-disciplinary teams within community setting	Managers WPL	2020/21	Ongoing development of MDT in primary care to ensure patient sees the right person first time Review of front door service utilising MDT to ensure patient is seen by right person.	
		39. Ensuring workforce is available to deliver changing services	Managers WPL	2020/21	Involved in various national workforce planning groups e.g. reviewing roles which are difficult to recruit. Mitigation of unintended consequence of targeted recruitment e.g. AHPs in practice. Electronic Scheduling system will support the allocation of skills to the right place.	
		40. Explore co-location opportunities and agile/flexible working	Managers	2020/21	Introduction of smarter working across services	

All of the above actions should be progressed in conjunction with both partner organisations where possible to ensure an integrated approach and should involve relevant parties' e.g. Employees, Trade Unions and Senior Management etc. At all times cognisance must be given to the policies and procedures in place within each partner organisation. Where it is possible, any developments from EAC, NHSAA or the Partnership should be approached collaboratively to ensure the total workforce benefits and to support the integration process.

Colour	Status
	Complete – actions achieved to meet aim however work will continue to ensure this is ongoing
	On target – to be achieved within the timescales
	Not achieved – reason given in text

**EAST AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP**  
**PROPERTY AND ASSET MANAGEMENT STRATEGY 2018 - 2021**  
**ANNUAL REVIEW 2019/20**

**BACKGROUND**

1. In April 2018 the IJB endorsed our first Property and Asset Management Strategy (PAMS) 2018/21. The PAMS covers the full scope of the functions of East Ayrshire Health and Social Care Partnership and was acknowledged at that time as a baseline report upon which we will build in conjunction with partners particularly East Ayrshire Council and NHS Ayrshire & Arran.
2. The key objectives of the Property & Asset Management Strategy are:
  - To support the Strategic aims of the Integration Joint Board and the Community Planning Partnership.
  - To gain best value from our use of property;
  - To ensure that health and social care services are provided in and from fit- for-purpose, modern buildings;
  - To enhance provision of health and social care services in local communities;
  - To rationalise our estate in order to reinvest savings into frontline services;
3. A number of principles were also adopted in the implementation of the 2018/21 Property and Asset Management Strategy and these are:-
  - Designing and delivering services to meet the needs of individuals, carers and communities;
  - Being transparent and demonstrate fairness when allocating resources;
  - Delivering services to people in their local communities;
  - Making best use of the assets available to us;

**TRANSFORMATION PROGRAMME**

4. NHS Ayrshire & Arran are seeking through the Caring for Ayrshire Programme to develop a Health estate over the next 10 years that meets the needs of the population. This aligns Primary / Community services, District General Acute Services, and Regional Services. East Ayrshire Council have a substantial Transformation Programme which includes a Capital Programme to support both Social Care and the Wellbeing theme of the Community Plan, through investment in Strategic Housing Investment Programme, the Schools Estate, Leisure Services and Office Accommodation.
5. A strategic priority of both East Ayrshire Council and NHS Ayrshire & Arran is to take full advantage of opportunities Digital bring both in service delivery and agile working. The IJB through the PAMS will seek to be aligned and at the forefront of these ambitions.
6. As Chief Officer and Chair of the Health and Social Care Partnership PAMS Board through which any Caring for East Ayrshire transformational programmes are coordinated. The Director is also the Chair of the NHS Ayrshire & Arran Infrastructure



Programme Board to oversee any developments within the NHS estate which reports to the NHS Ayrshire & Arran Caring for Ayrshire Programme Board. As a Director of East Ayrshire Council, the Director is a core member of the Corporate Management Team and as such oversees the capital programme.

7. The governance arrangements outlined above ensure the Director of Health and Social Care can ensure alignment across all three transformation programmes. Caring for East Ayrshire provides a strong synergy with the developing Caring for Ayrshire within NHS and also builds upon the east Ayrshire Community Planning Partnership Wellbeing theme.
8. Caring for East Ayrshire is the partnership approach by the HSCP to bring together all three transformational programmes across five localities within East Ayrshire to mitigate any confusion or duplication for stakeholders, residents and communities.

### **PROGRESS MADE DURING 2019/20**

9. The PAMS set out 2019/20 priorities to further develop key themes across the five localities in East Ayrshire; Northern, Kilmarnock, Irvine Valley, Cumnock and Doon Valley. As stated above progress has been strongly aligned with the Caring for Ayrshire and EAC Transformation programmes.

### **CARING FOR EAST AYRSHIRE**

10. Caring for Ayrshire is the partnership approach to delivering and supporting Caring for Ayrshire 10 year programme to redesign health care services. The IJB at the meeting on 9<sup>th</sup> October 2019 approved East Ayrshire Health and Social Care Partnership, to be fully embedded within this programme, in delivering and implementing the whole system redesign vision of future health, social care and wellbeing services. At the IJB meeting in January 2020 the Caring for Ayrshire Engagement Communication Plan and launch of the programme.
11. Kilmarnock locality as part of the EAC town centre regeneration programme is exploring the option for the development of a Wellbeing Hub for the town and surrounding communities. This initiative is being led by HSCP Head of Service Wellbeing and Recovery, a newly established post in the recognition of the need for dedicated senior leadership to drive this forward. An engagement event bringing together stakeholders, partners and residents met in January to consider initial priorities for any new initiative. This initiative has support from EAC property and architectural services to ensure there is close working with the town centre regeneration initiatives. The Steering Group are now considering how to design models of care and service which deliver on the aspirations set at the workshop.
12. Within the Cumnock locality the priority is focused on the future options surrounding both the facility and services currently located in East Ayrshire Community Hospital (EACH). The existing contract requires that the building's owner be notified of the Board's intention to extend the concession (if required) by 2021 or to provide notification that the concession is not to be extended and the Board intend to vacate the premises by 2023. An initial engagement workshop identified that the end of the current EACH concession represents an opportunity to improve the way that services are delivered through improving the facilities that support them and better support the likely outcomes from Caring For Ayrshire and the population of Cumnock and the surrounding areas.

13. The Stewarton locality has also established a steering group and held an initial engagement event in February 2020 to provide local residents and stakeholders with the opportunity to hear about the Caring for Ayrshire and to share their views on health and care priorities for their communities. The immediate priority for the Stewarton town centre is to alleviate the pressure on the health centre and work is ongoing to consider this.
14. The Irvine valley Pathfinder project is the lead in relation to maximising the way forward for all five localities in relation to technology. This is a two year programme focused on “Think TEC First” running until the end of 2022. The programme is framed within the Scottish Approach to Service Design.
15. The Doon valley locality has well established partnership arrangements in place as a result of the Area Centre development within Dalmellington. East Ayrshire Council are developing plans for an extension to the school infrastructure programme for the Doon Valley and this will be a broader partnership community campus initiative. All of the locality initiatives are being developed in line with the Scottish Approach to Service Design which emphasises a collaborative approach to service redesign.

### **BENTINCK CENTRE**

16. The Bentinck Centre provides treatment services in East Ayrshire to clients/patients with drug and alcohol dependencies, including a needle exchange service. The Centre also has a harm reduction service that includes advice, blood and urine sampling, and wound care.
17. During 2019/20 the future viability of the Bentinck Centre was considered as the accommodation no longer meets the requirements of the Service. Alternative options for Bentinck Centre and provision of East Ayrshire Addiction Services were investigated and the outcome is that HSCP Employees currently based at the Bentinck Centre will relocate to the North West Kilmarnock Area Centre (NWKAC) in April 2020 as this relocation will provide these employees with an improved work base. In addition to this, work is ongoing in relation to increasing the provision of HSCP Clinics in the NWKAC.

### **SMARTER WORKING**

18. During 2019/20 the HSCP’s Partnership Management Team approved the proposals for the majority of HSCP employees to be based in The Johnnie Walker Bond and the North West Kilmarnock Area Centre and for Managers and their respective teams to commence relocating to these locations from May 2019 onwards. By December 2020, a total of 585 HSCP Employees now have their base as TJWB and work from this location on a smarter working basis. The provision of appropriate IT equipment has been provided, where required, to support this new way of working. The smarter working programme for the NWKAC is now being developed and will enable HSCP employees to relocate from the Bentinck Centre and Lister Street.

**Amanda McInnes**  
**Senior Manager Business Support**  
**13<sup>th</sup> March 2020.**

EAST AYRSHIRE

**Health & Social Care**  
Partnership

**Communication Strategy**  
**2020-2021**

DRAFT

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## Vision

**Working together with all of our communities to improve and sustain wellbeing, care and promote equity.**



# 1. INTRODUCTION

## The Current Situation

East Ayrshire Health and Social Care Partnership (EAHSCP), under the guidance of Eddie Fraser, has already developed a progressively high achieving model for delivering integrated care across the health and social care services. The success of the EAHSCP model of integrated care is recognised across Scotland.

Working in partnership, collaboration and the communication of shared objectives and values between partners and communities is the key to the success of integrated care. Engaging with local people and the people who use services, and actively involving them in decisions and service development is central to enabling health and care services become more responsive in meeting the needs and improve the quality of life of our residents.

Health and social care services are undergoing extensive transformational change to better meet the demands of changes in the population, technology and healthcare and good communication needs to support these changes. Consultation, listening, learning, timely planning and good communication are all essential to the success of planning health and care services that meet the needs of our communities. In addition, the longer term Caring for Ayrshire programme, which is the way future health and social care services will be delivered in the next 10 years and beyond, needs to be considered.

Early involvement in public/stakeholder engagement will help raise awareness and understanding of the need for change amongst East Ayrshire's communities and will allow the Partnership to share and shape key messages around the service redesign which will make a positive difference for people accessing services. Providing information early in the planning process and during the change process supports the goal of the partnership to keep people at the centre of everything it does and enable people to live their best life. The partnership recognises too that keeping employees informed is essential in order that they may act as advocates, champions of change and be able to provide answers to questions users of the services may have.

The Partnership now has a dedicated Communications Programme Officer in place to develop the communications function and to support the transformation processes alongside community and stakeholder engagement.

Over the course of the year there are many national campaigns which all local authorities, health boards and partnerships support. Recent examples include the Challenge Poverty campaign, Care Experienced Week, Alcohol Awareness Week, 16 Days of Action, Lung Cancer Week, and National Adoption Week. In addition, there are Partnership specific campaigns where communication is required to be planned and delivered. At present, East Ayrshire Council and NHS Ayrshire and Arran provide the Partnership with communications support for many of the national campaigns which continues to work well.

This Communication Strategy will set out the approach to meeting the communication needs managing transformational change will bring. The Communications Strategy will be developed for one year initially from 2020/21 and then be revised in line with the annual review of the Strategic Plan to reflect a 3 year strategy from 2021 onwards.

## Engagement

EAHSCP has a statutory responsibility to involve people in developing and delivering services and are expected to demonstrate to their communities how they are engaging with them and the impact of that engagement.

[Healthcare Improvement Scotland](#) (The Scottish health Council) and the [Care Inspectorate](#) carry out joint strategic inspections for health and social care services which also consider how the statutory duties and expectations of the Partnership to meaningfully engage with communities when planning changes to how services are designed and delivered.

The importance of engaging with our communities and stakeholders is also emphasised in The Ministerial Strategic Group for Health and Community Care's [Review of Progress with Integration of Health and Social Care](#) which was published in February 2019.

The aim of engagement is to encourage people to shape the care and support that they receive. To bring about the change in emphasis in the way health and social care services are delivered and enable people to live healthier lives in their community, the impact of their experience with services needs to be positive.

The [National Standards for Community Engagement](#) define it as:

'A purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change.'

In order to ensure a Communications Strategy meets its objectives it must therefore involve employees, partners, and wider stakeholders through a programme of engagement. The engagement programme will employ a range of methods to capture the views of stakeholders on the delivery of their health and social care services including:

- Public engagement events
- Local Community events
- Facilitated discussions
- Presentations as part of established meetings and forums,
- Focus groups where appropriate
- Online surveys.

## Communications Considerations

As the planning of the transformation of the health and social care services continues to progress the timely communication of information to the wide range of stakeholders involved becomes even more important.

The communications challenges facing such a complex programme of change are significant and the following have been considered:

- the existing communications channels used in community settings by local residents, members of the public and community representatives
- communication with NHS employees, Council staff, Partnership staff, independent contracted staff, care sector staff and others
- communication with third sector partners
- the rural localities of many communities with limited access to communication channels
- the communication of planning and performance data
- the communications required to collect of data required to provide the measurements for core indicators reporting
- internal communication requests
- the communications required to support national health and social care campaigns

- the communications needs of our three divergent localities
- the communication needs of third sector partners
- communications with and from independent sector partners
- the communication needs of staff
- feedback from all sources
- the Partnership's existing Participation and Engagement strategy

This communications strategy is a high level strategy and will be supported by a more detailed operational level communications plan which will be developed and added as an annex to this document by the end of April 2020.

### **Audiences**

A communications strategy must consider the communications implications of the requirement to liaise with, share information with, and communicate with the following partners:

- local residents, members of the public and community representatives
- the Integration Joint Board Forum(IJB Forum)
- third sector Enterprise groups
- third sector Voluntary groups
- the three Locality Groups in East Ayrshire
- Primary Care Transformation management
- East Ayrshire Council Corporate Communications Team
- NHS Ayrshire and Arran Communications Team
- Pan-Ayrshire Programme management
- North Ayrshire Health and Social Care Partnership
- South Ayrshire Health and Social Care Partnership
- the Pan-Ayrshire Public Engagement Group
- Caring for Ayrshire management

### **EAHSCP's Communications Framework**

All communications must be delivered with the achievement of the Partnership's strategic objectives and its 15 Health and Social Care Objectives in mind.

Likewise, before a communications campaign is planned, careful consideration should be given to the purpose of the campaign and its objectives. All communication campaigns should be viewed in the context of the wider Strategic objectives of the organisation (listed in Appendix 2) and in particular, should satisfy one or more of the 15 Health and Wellbeing Outcomes (listed in Appendix 1).

In assessing the communication campaign the following questions should be asked in order to ensure all communications link in to a clear objective and the campaigns impact can be evaluated.

- what do we want to achieve with this campaign?
- does it fit in with the organisation's strategic objectives?
- how does the campaign contribute to the 15 Health and Wellbeing Objectives ?

To assist in delivering clarity and consistency the UK Government Communications Service has issued guidance on the management of communications campaigns. The guidance sets out an OASIS model for communications.

## 2. The OASIS COMMUNICATIONS MODEL

We are proposing the OASIS model will be used as a basis for all East Ayrshire’s communication campaigns. The OASIS model sets out a series of steps that can help bring clarity to the assessment and planning of any campaign and ensure the process is rigorous and consistent. Two worked examples of recent campaigns are provided on page 9 and 10 as a demonstration of the framework in use. A more detailed version of the model is attached as Appendix 4.



### Objectives

The objectives of any campaign should be clearly defined and must link in with either the Strategic Objectives or at least one of the 15 Health and Social Care objectives. Having a clearly defined purpose allows the desired outcomes to be established and thereafter, the way the outcomes can be evaluated can be defined.

### Advanced Insight

This stage aims to identify who the campaign is aimed at and why. Do we need to change or influence behaviours or attitudes? Will this intervention help achieve the objective? It is also important at this stage to identify any barriers to change so your campaign can be designed to address these. Knowing your audience is critical to the campaign's success and insights into the audience and any barriers to achieving your objective will allow the campaign to be designed to address barriers and ultimately achieve more. In researching the audience good use should be made of the many marketing resources available such as *GCS Behaviour and Change Guide* and research held by Scottish Government. Other resources include:

- Census data – [www.ons.gov.uk](http://www.ons.gov.uk)
- News media association – [www.newsmediauk.org](http://www.newsmediauk.org)
- OFCOM (the communications regulator) [www.ofcom.org.uk](http://www.ofcom.org.uk)

### Strategy/ideas

Where a campaign aims to change behaviours it needs to be planned in stages. To effect change in behaviours or attitudes messages have to be delivered in stages to match the audiences’ journey.



The approach to the campaign should be planned with messages tailored to guide your audience step by step to the desired outcome. Any approach can be trailed and tested on a smaller scale and adjustments made to messages or communication channels if indicated.

### Implementation

Once the approach is identified, the communication channels used to deliver the message(s) need to be carefully considered. Different audiences have different preferences about the communication channels they are willing to engage with. The range of communication channels used needs to be planned with each specific audience in mind. The resources available for the campaign will also impact on the channels used for the communication. Using radio or even using printed media usually have associated costs which mean they cannot be used without an allocated budget.

The Partnership is fortunate to have a wide range of partners in the independent sector, third sector and amongst voluntary organisations. These contacts are an invaluable resource in the dissemination of communications with a wide reach to communities and people who use services who may otherwise not previously been involved.

### Scoring and Evaluation - How we will know we have achieved what we set out to do

Outputs of communications campaigns should be monitored in some way. What to measure should be decided in advance so we know if there have been any changes. The following are some measurements commonly used.

- numbers attending conferences or engagement sessions can be counted manually and compared year on year
- numbers visiting websites or web pages captured using online analytics such as Google.
- numbers responding to Twitter and Facebook posts using Twitter or Facebook analytics or services such as ORLO or Hootsuite
- numbers calling for information
- numbers enquiring to an email address
- trends that emerge in opinions expressed via focus groups
- media monitoring
- surveys can be sent out to capture responses which can be measured

## OASIS Example 1 – The Cumnock Engagement Event

<p>OASIS Framework – Example 1</p>	<p><b>Campaign: Cumnock Engagement Event</b></p> <p><b>Strategic Plan Priorities met</b></p> <ul style="list-style-type: none"> <li>• Communities are given the opportunities to improve their health and wellbeing to lead active, healthy life and to make positive lifestyle choices</li> <li>• Scaling up work on prevention and early intervention across all ages</li> </ul> <p><b>Health and Wellbeing Outcomes met</b></p> <p>Outcomes 4-10</p>
<p><b>Purpose:</b> Ensure communication approach is efficient effective and evaluated</p>	<p>To ensure residents and community members are informed about changes to health trends and given the opportunity to consider the effect this will have on the provision of services in their community.</p> <p>To provide communities with the opportunity to engage, contribute and communicate their priorities and any concerns on matters that may affect them in the future.</p>
<p><b>Objectives:</b> Set out what the communications activity is intending to achieve.</p>	<p>To obtain views on the current health and care services available in their area. What works well and what doesn't</p> <p>To obtain views about how services could be delivered better or improved</p> <p>To obtain views on how and where community members would prefer to receive these services</p> <p>To obtain views on the services residents think may be required in the future.</p>
<p><b>Audience insight:</b> Who is the campaign aimed at? Do you need to change or influence their attitudes and behaviours to help you achieve your objective? Consider barriers.</p>	<p>The communities we wanted to engage with in this instance were rural and not well connected so a range of communications were employed in order to increase the reach of communications. Five separate audiences were identified:</p> <ul style="list-style-type: none"> <li>• Professionals working in health and care</li> <li>• Older member of the community who may not have access to the internet</li> <li>• Other community members who may or may not be active in the communities</li> <li>• Community members who are active members and receive a local newsletter</li> <li>• Younger members of the community</li> </ul> <p><b>Barrier -</b> The potential barrier of lack of knowledge was removed by first giving attendees an update on the current health and social care situation as it exists in East Ayrshire.</p>
<p><b>Strategy/Idea:</b> Map the audience journey and design communications relevant to different stages of the journey. Where possible test or pilot your approach to assess its effectiveness.</p>	<p>Promotional campaign launched three weeks before the event and registration was requested.</p> <p>10 tables of 10 were planned with an even spread of professionals at each table. Three exercises were developed to invite opinion and contribution of idea. A discussion session was also incorporated to give participants the chance to consider and remove thought constraints before the final session. All tables were facilitated.</p>
<p><b>Implementation of Communication:</b> Develop a clear plan that allocates resources and sets out the timescales for delivery.</p>	<p>Professionals were targeted directly by email direct to GP practises, pharmacies, hospitals and clinics. Older member of the community were informed by posters being put up in GP practises, libraries, clinics and other public places in the area.</p> <p>Community members already signed up to receive notification of health and wellbeing events were sent an email invite. Community members who are active members and receive a local newsletter – were alerted by an invite in that publication.</p> <p>The event was also advertised on twitter and Facebook to reach younger members of the community.</p>
<p><b>Scoring/Evaluation:</b> You should monitor outputs, outtakes and outcomes throughout your campaign and evaluate once it is</p>	<p>A number count was taken of those who attended. Inputs were collated and evaluated using qualitative assessment criteria and insights were then quantified as percentages.</p> <p>The inputs from the session will be used to inform decision making and planning of future facilities and services in the area.</p> <p>The results of the event will be communicated back to the community in a further communication campaign with a further opportunity for engagement via an online survey.</p>

complete.	Paper versions of the survey will also be made available to those who do not have online access.
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## OASIS Example 2 – Wellbeing Champions

<b>OASIS Framework</b>	<b>Campaign: Wellbeing Champions</b> <b>Strategic Plan Priorities met</b> <ul style="list-style-type: none"> <li>• Communities are supported to address the impact that inequalities has on the health and wellbeing of our residents</li> <li>• Scaling up work on prevention and early intervention across all ages</li> </ul> <b>Health and Wellbeing Outcomes met</b> Outcomes 4-9 & 11
<b>Purpose</b> to ensure communication approach is efficient effective and evaluated	<b>Purpose</b> early intervention approach to increase knowledge, awareness of the social determinants of health and to assist, individuals, groups and communities feel better informed to address their own health and wellbeing.
<b>Objectives:</b> Set out what the communications activity is intending to achieve.	To inform employees, partners and stakeholders of the Wellbeing Champions Initiative. To promote Wellbeing Champions information sessions and programmes to inform on the social determinants of health To recruit local people and community representatives to participate in the Wellbeing Champion initiative To recruit local people, community representatives and employees to train and deliver Wellbeing Champion sessions
<b>Audience insight:</b> Who is the campaign aimed at? Do you need to change or influence their attitudes and behaviours to help you achieve your objective?	Local people, employees, community organisations and representatives and general public. To encourage uptake of information on the Wellbeing Champions initiative, to promote the opportunity for training and to encourage people to participate in sessions. Change/influence - more people feeling better informed, better equipped to address and better able to share information with others.
<b>Strategy/Idea:</b> Map the audience journey and design communications relevant to different stages of the journey. Where possible test or pilot your approach to assess its effectiveness.	Promotional campaign launched at Local Conversation event 8 <sup>th</sup> November 2019 through a facilitated workshop. Promotional campaign used to inform of; <ul style="list-style-type: none"> <li>• opportunity to participate in sessions</li> <li>• opportunity to train and become better informed leading to a qualification</li> <li>• delivery of sessions will target specific communities and groups</li> <li>• people hear about the initiative</li> </ul>
<b>Implementation:</b> Develop a clear plan that allocates resources and sets out the timescales for delivery.	Partnership approach to the delivery of Wellbeing Champions Initiative with initial funding and coordination joint approach with HSCP and Vibrant Communities. Identification of part time Coordinator required to coordinate the extension of the Initiative.
<b>Scoring/Evaluation:</b> You should monitor outputs, outtakes and outcomes throughout your campaign and evaluate once it is complete.	<b>Evaluation methods</b> will focus on both qualitative and quantitative methods; Promotional campaign methods and reach to target audiences e.g. views and hits on social media platforms will be analysed. Uptake of training opportunities by target group e.g. campaign targeted at community representatives through promotional campaign and delivery of facilitated sessions with the result that 15 community representatives attended.  Recruitment campaign for both sessions and training opportunities will be on a survey basis to assess initial knowledge and understanding by applicant and reason for participation. This will be followed up again at the end of the session/training.

	<p>Course participants will be asked to assess their knowledge at the beginning of the session/course and at the end.</p> <p>A follow up evaluation will be carried out to assess if change in knowledge, awareness or behaviour has been sustained.</p> <p>Health indicators; To measure the numbers of people recorded with type 2 diabetes and obesity and whether this can be shown to decrease over time and people's awareness of health indicators have increased.</p>
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### 3. COMMUNICATION – How we will do this

Clear and firmly established communication channels are essential to encourage the flow of information between partners, residents, communities and people who we have not previously been involved.

While we have well established communication channels already in place additional communication channels are required to improve and be more effective in our communication within and between people who use our services, carers, member of the public , employees internal and external and with partners and communities.

#### Communication Channels

The following channels are currently available to the Partnership for communications:

- Dedicated email address for news items to EAHSCP communications officer: HSCP.news.
- The newly established EAHSCP Newsletter issued every 6 -8 weeks
- Use of EA Council's Granicus email system – distribution lists can be added and categorised
- Emails to internal staff using Outlook system
- Emails using distribution lists to external third sector and voluntary organisation partners using the Outlook system
- Active and reactive press releases using EA Council's PRGloo system to local newspapers and national newspapers
- Agreed statements (agreed across East Ayrshire Council, NHS Communications and HSCP Communications) issued in response to press enquiries
- Distribution of communications to NHS staff in partnership through NHS emailing system
- Distribution of communications to other partnerships communication teams via direct emailing
- Locality newsletters
- Social media (Twitter and Facebook)
- Facebook ad campaigns can be used at a cost
- Communications with EAHSCP management
- Communications with pan-Ayrshire public engagement groups
- Creation of webpages on the EAHSCP section of Council website
- Display of physical posters
- Request display of banner when appropriate on EA Council's website
- Publication of Annual Performance Report
- Information page on HSCP Scotland website
- Good news stories in local press
- Creation of Director's blog on website pages
- Focus groups

- Input into/engagement with community groups
- Engagement events
- Annual Local Conversation event
- Creation and distribution of leaflets and printed materials
- Distribution of newsletter and other communications to third sector partners for cascade and dissemination amongst their members and those who use their services

### How to increase our audience reach

In delivering communications, the Partnership will follow best practice, use current market intelligence, and will make use of all channels identified as most appropriate for the audience, including digital channels.

Where audiences are identified as not previously involved, such as those without access to the internet or those without technical know-how, other creative solutions will be employed. Use will also be made of staff with local knowledge to identify community areas where contact and communications can be deployed. Other methods of communication may include peer to peer communications, local presentations to community groups and open door sessions. Efforts will be made to provide communication materials in other formats or languages where indicated.

### Operational Framework

This Communications Strategy is intended to support East Ayrshire Health and Social Care Partnership achieve its objectives as set out in its overall Strategic Plan 2018-21 and support the delivery of the 9 Scottish Government Health and Wellbeing outcomes and East Ayrshire’s six additional Health and Wellbeing Outcomes for children, young people and people using the justice services. These outcomes focus on the experiences and quality of services for people using those services, their carers and their families.

A representation of EAHSCP’s guiding framework – A Plan on a Page – is set out below and the Individual strategies and plans developed by EAHSCP to achieve the Health and Wellbeing Outcomes are represented in Appendix 3. These plans and strategies aim to tackle Scotland’s specific population health challenges by providing high quality services.



Each Integration Joint Board is required to publish an annual performance report, to set out how they are delivering on the National Health and Wellbeing Outcomes and evidence any improvement achieved. To meet this requirement performance criteria have been set and outcomes are monitored to allow end of year reporting. These reports need to include information about performance against the core suit of indicators, be supported by local measures and provide data to provide a broader picture of local performance. This data in turn will be used to review trends and inform further government health and social care policy.

#### 4. OUTCOMES AND EVALUATION - How we know we have made a difference

In order to know whether our communication messages are reaching the intended audiences, are delivering the key messages we planned and importantly are having the desired outcome we need to find a way to measure success or otherwise. What to measure and what success looks like should be decided at the beginning of a campaign.

Success can be measured against using qualitative (feedback, comments and changes in behaviour or attitudes), or quantitative measures (number of people attending, clinics or sessions delivered, reaching a larger number of people).

The Table below illustrates the evaluation framework we will use.

Evaluation Framework		
Stages	Definition	Analysis
<b>Outputs</b>	The reach of the communication in terms of was the intended audience reached and how many were reached?	<ul style="list-style-type: none"> <li>• The number of articles/ broadcasts appearing in the press</li> <li>• The reach of the articles/items</li> <li>• The number of re-tweets or shares</li> <li>• The reach of each of the communications</li> </ul>
<b>Outtakes</b>	What was the intended message sent and outcome expected?	<ul style="list-style-type: none"> <li>• Awareness of the issue</li> <li>• Audience engagement</li> <li>• Responses</li> </ul>
<b>Outcome</b>	What action was seen? What did the audience do? How did they respond? These actions should be quantifiable.	<ul style="list-style-type: none"> <li>• Behaviour changes such as complying with actions, changes in referrals, increased attendance</li> <li>• Attitude change and levels of advocacy</li> </ul>

Methods of evaluation can include surveys, interview feedback, focus group feedback, social media analytics, media monitoring and tracking, attendance rates, engagement rates to a specific prompt.

Evaluation will show trends or shifts in behaviours as a result of a campaign and is important in determining what works and what doesn't in order to know that we are supporting individual's families and communities to maintain their health and wellbeing and to live the best life possible.

Our Strategic Plan sets out how we plan to do this and at the same time works towards satisfying the national health and wellbeing outcomes including using resources effectively and efficiently in the provision of services.

### Organisational Impact - How we will report what we are doing

Progress will be monitored and reports will consider whether the campaigns and audiences are reached. In this way the effectiveness of campaigns can be assessed and maximised.

Key performance indicators (national and local) will also assist in identifying which data is best collected. For example, behavioural change such as attendance or demand on a service or services. Although we may not be able to directly attribute our communication message or campaign we may be able to assign a causal link between our messages/campaign and behaviour change. For example, a reduction in Did Not Attend or an increase in use of Technology or smoking cessation might be important key performance indicators to be monitored and measured.

Another benefit in monitoring and measurement would be to assess the effectiveness of funding and investment in certain areas.

### Contributing to the Strategic Plan

All relevant data and evaluation material gathered through our communication activity will be fed back into the planning and performance who will assess if this supports our specific strategic objectives. In addition, by providing evidence of how communications can make a measurable difference to supporting peoples reach their outcomes and in turn assist the IJB in the attainment of the 15 health and wellbeing outcomes and strategic objectives.

We will utilise a variety of ways of presenting the data and information we gather and provide examples of outcomes achieved for presentation in the Annual Report.

## 5. THE WAY FORWARD – What's next

The Partnerships successes in supporting people to maximise their health and wellbeing will continue to be communicated both to internal and external audiences and will have a major impact on the continuing delivery of the integration of the health and social care services. The engagement and feedback we receive from our range of communication approaches will assist by inspiring further improvement within our own partnership and, as a model of best practice, benefit all health and social care providers across Scotland and users of the services nationally.

Going forward the Partnerships requires a more pro-active approach to its communication of the changes and developments to come, and requires a strategy to achieve the necessary increase in its level of and reach of communications.

### The Communications strategy proposed has eight strands:

1. Improved communication with individuals, people who use services , their families and carers.
2. Closer communication links with third sector partners.
3. The Oasis model of communications will be used in all campaigns.
4. All campaigns, including those around the Transformational change programmes, need to contribute to EAHSCP's Health and Wellbeing Outcomes or Strategic Plan priorities.

5. Closer communication links will be developed with locality groups and the OASIS framework will be introduced for future communications.
6. Closer communication links with NHS Ayrshire and Arran and East Ayrshire Council Communications teams to ensure consistent management of any future press enquiries regarding the Transformation workstreams or Caring for Ayrshire agenda. Links with pan-Ayrshire communications team will also be developed to facilitate co-operation where required.
7. To consider the feasibility and effectiveness of a standalone EAHSCP web presence.
8. Further develop communication of good news stories utilising a range of formats and mediums.

If you would like to comment, contribute or learn more about our Communication Strategy you can get involved in the following ways:

- Complete our online survey
- Invite us to come and talk to you by email at [HSCPAdmin@east-ayrshire.gov.uk](mailto:HSCPAdmin@east-ayrshire.gov.uk)
- Request or collect a hard copy from the offices below

East Ayrshire Health  
and Social Care Partnership  
Rothesay House  
1 Greenholm Road  
Cumnock  
KA18 1LH

East Ayrshire Health  
and Social Care Partnership  
Johnnie Walker Bond  
15 Strand Street  
Kilmarnock  
KA1 1HU

East Ayrshire Health and  
Social Care Partnership  
33 Main Street  
Dalmellington  
KA6 7QL



## East Ayrshire Health and Wellbeing Outcomes

In addition to the nine national health and wellbeing outcomes EAHSCP have an additional six which are highlighted light blue below

<b>East Ayrshire HSCP Outcomes for Children</b>	
Outcome 1	Our children have the best start in life.
Outcome 2	Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
Outcome 3	We have improved the life chances for children, young people and families at risk.
<b>National Health and Wellbeing Outcomes</b>	
Outcome 4	People are able to look after and improve their own health and wellbeing and live in good health for longer.
Outcome 5	People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
Outcome 6	People who use health and social care services have positive experiences of those services, and have their dignity respected.
Outcome 7	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Outcome 8	Health and social care services contribute to reducing health inequalities.
Outcome 9	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
Outcome 10	People who use health and social care services are safe from harm.
Outcome 11	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
Outcome 12	Resources are used effectively and efficiently in the provision of health and social care services.
<b>EAHSCP Outcomes Justice</b>	
Outcome 13	Community safety and public protection.
Outcome 14	The reduction of reoffending.
Outcome 15	Social inclusion to support desistance from offending.

## East Ayrshire HSCP's STRATEGIC PLAN PRIORITIES

<b>East Ayrshire HSCP Health and Wellbeing Strategic Plan Priorities</b>	
1	Children and young people, including those in early years, and their carers are supported to be active, healthy and to reach their potential at all life stages.
2	All residents are given the opportunity to improve their wellbeing, to lead an active healthy life and to make positive lifestyle choices
3	Older people and adults who require support and their carers are included and empowered to live the healthiest life possible
4	Communities are supported to address the impact that inequalities has on the health and wellbeing of our residents
<b>East Ayrshire HSCP STRATEGIC PRIORITIES 2018/21</b>	
1	Scaling up work on prevention and early intervention across all ages.
2	Supporting new models of care
3	Building capacity in Primary and Community Care.
4	Transformation and Sustainability



The OASIS Model v 2

