

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 12 August 2024
Title:	East Ayrshire Health and Social Care Partnership Review of Strategic Plan 2024-2027; Communication Strategy 2024-2027; and Property and Asset Management Strategy 2024-2027
Responsible Director:	Craig McArthur, Director East Ayrshire Health and Social Care Partnership
Report Author:	Jim Murdoch, Senior Manager, Wellbeing, Planning and Performance

1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The Strategic Plan sets out the framework for East Ayrshire's Integration Joint Board's (IJB) strategic commissioning intent and the Health and Social Care Partnership's (HSCP) delivery activity for 2024-30, in six key strategic areas:

- Starting Well, Living Well and Dying Well
- People at the Heart of All We Do
- Caring for East Ayrshire
- Caring for Our Workforce
- Safe and Protected
- Digital Connections

Delivery of the Plan is underpinned by a number of Enablers including the Financial Framework, Property and Assets, Workforce, Participation and Engagement,

Information and Communication, Partnerships with Housing and the Third Sector, Thinking Differently, Leadership and Innovation and Collaborative Commissioning. This report was presented to East Ayrshire's Integration Joint Board on 26 June 2024 and to East Ayrshire Council on 27 June 2024.

The report sets out the findings from the Strategic Plan review (appendix 1) and also sets out the new Property and Asset Management Strategy 2024-2027 and Communications Strategy 2024-2027. The report is presented for Board members discussion and endorsement.

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 Partnership's current Strategic Plan was approved in 2021 to have a long-term focus to 2030. The act also states a review of Plans is required every three years. The draft for consideration is part of the three-yearly review cycle with another review required in 2027. Thereafter, in 2030, a new Strategic Plan will be required.

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.

The Strategic Plan 2024-27 will be the fourth successive plan for East Ayrshire Integration Joint Board, following previous strategic planning periods 2015-18 and 2018-21, 2021-2024.

A draft of the Strategic Plan was presented to Strategic Planning Group on 24 April 2024 and was approved to move to a formal consultation process which took place until 07 June 2024. The final draft was then presented to the Integration Joint Board on 26 June 2024.

2.3 Assessment

Strategic Plan 2021-30

The Strategic Plan serves as the collective framework for the planning, commissioning and delivery services of health and social care services in East Ayrshire. The Plan is focussed on improving health and wellbeing outcomes and is driven by the core values of People, Compassion and Partnership. The Plan sets out the role of the Partnership and delivery partners in meeting the health and social care needs of our communities, through joined-up support with people, families and carers at the centre.

The Public Bodies (Joint Working) (Scotland) Act 2014 (section 27) details the process for engagement with stakeholders in the development of the strategic plan. An overview of this process is that the integration authority must prepare proposals about matters the Strategic Plan should contain consult on the proposals, prepare a draft Plan taking into account the views expressed. Following this, a consultation must take place on the draft. Further views expressed at this consultation stage must be taken into account when finalising the Strategic Plan.

Engagement on the Strategic Plan 2024-27 was conducted under the terms of the legislation as described and more broadly, plans were developed through a programme of engagement as detailed in the Consultation and Engagement Report at Appendix 2.

The Strategic Plan is based on the strengths of East Ayrshire’s approach to wellbeing focused health and social care, articulated as ‘People, Compassion and Partnership.’ The Plan sets out the role of partners in all health and social care sectors to enhance these assets whilst working together to uphold human rights through person and family centred practice and our vision statement has been updated to reflect this:

Working together with our communities to improve and sustain health, wellbeing, care and promote equity.

The strategic planning approach continues to centre on the ‘triple aim’ of better care, better health and better value, focussed on six key priorities and local outcomes. These are:

STRATEGIC PRIORITY	LOCAL OUTCOME
1. Starting Well, Living Well and Dying Well	More people and families have better health and wellbeing, and we have fairer outcomes.
2. Caring for East Ayrshire	Health and social care is delivered in a way that promotes wellbeing and suits people and families.
3. People at the Heart of What We Do	People, unpaid carers, families and communities achieve their outcomes through seamlessly joined up support- they are at the centre of all we do and support is a positive experience.
4. Caring for Our Workforce	The health and social care workforce is well and we have the right people with the right skills in the right place at the right time, to support people, families and communities to achieve their goals.
5. Safe and Protected	East Ayrshire is a safe place for people to live, work and visit.
6. Digital Connections	Digital technology has improved local wellbeing and transformed health and care.

Consultation highlighted the importance of support and care at end of life, so our Strategic Priority 1 (and delivery activity) has been updated to include ‘Dying Well.’ Each strategic priority is further described in the Strategic Plan, setting out delivery activity and long-term outcomes.

The changing policy and legislative framework is set out including the national drivers such as the recommendations of the Independent Review of Adult Social Care and the forthcoming National Care Service, the Promise and the Primary Care Improvement Programme. The plan reflects key local considerations including East Ayrshire’s Community Plan, the Children’s Services Plan and the Independent

Advocacy Strategic Plan. A detailed strategic policy context is available and will be hyperlinked within the plan.

The plan also contains information on the financial framework, which includes the IJB budget for 2024/25 and indicative budgets for 2025/26 to 2029/30.

The context of the Plan and the challenges of delivery are detailed. The current financial challenges alongside the ageing population and health inequalities felt across our communities are serious. Several of the HSCP's key achievements made over the last three years are also detailed. Collaboration with our partners and drawing on our enablers will maximise our opportunities to make a difference for the people of East Ayrshire. Key enablers include:

- Workforce which continues to be our single most valuable resource
- Collaborative Commissioning
- Participation and engagement of those who receive our services, families and unpaid carers
- Property and assets
- Thinking Differently on how we deliver and design our services
- Leadership and Improvement
- Partnership with Housing
- Partnership with Third and Independent Sector
- Information and communication to the public and our workforce

The arrangements for performance reporting are set out, wherein the HSCP demonstrates the difference being achieved through the Plan in terms of the national outcomes for health and wellbeing, children and young people and community justice, through common national data indicators, local indicators aligned to the Local Outcomes Improvement Plan and through stories of personal experience.

The plan describes the services and functions delegated to HSCP's in Ayrshire, with a greater level of detail provided on lead partnership arrangements. Also, an updated Housing Contribution Statement has been included as an appendix to the Plan.

Once the Strategic Plan update 2024-27 has been approved, steps will be undertaken to ensure accessible versions of the Plan are available and the Partnership Provider Statement will be updated as the HSCP's Market Facilitation Statement.

Property and Asset Management Strategy 2024-2027 (Appendix 3)

This strategy is ambitious, continues to be transformational when designing and developing services to ensure they are responsive to local community needs. It will endeavor to develop approaches that support overall wellbeing and in doing so, promote a trauma-informed approach to design which creates environments that inspire a sense of calm, safety, dignity, empowerment, and wellbeing for all occupants.

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, promote wellbeing and are trauma informed;
- To consider and maximise the use of digital and technology solutions; and
- To enhance provision of health and social care services in local communities.

The Property & Asset Management Strategy does not sit in isolation, and is linked closely to both East Ayrshire Council's Transformation Strategy and NHS Ayrshire & Arran's Caring for Ayrshire Programme Both partners have a collaborative approach to modernise their property and estate portfolios to include community based health and social care requirements.

Additionally the strategy takes cognisance of the Strategic Housing Investment Plan (SHIP), which sets out the priorities for investment in housing in East Ayrshire over the next five years. The SHIP is the housing investment delivery plan for East Ayrshire Council's Housing Strategy including the development of the housing component of the social care and housing priorities.

The long-term vision of the HSCP Property & Asset Management Strategy is that the property estate available to the Partnership will be utilised across East Ayrshire for the provision of health and social care services, with those properties being modern, fit for purpose premises, which are utilised to their maximum potential.

Communications Strategy 2024-2027 (Appendix 4)

This communication strategy sets out our approach to meet the communication needs of East Ayrshire Health and Social Care Partnership. It follows a three-year cycle, aligning with the review period of the partnership's strategic plan.

All communications will be delivered with the achievement of the partnership's fifteen health and wellbeing outcomes and strategic plan priorities in mind.

New and developed areas of focus in the communications strategy are set out, covering:

- Review of our social media channels to further support our communications strategy.
- Increase awareness of services in East Ayrshire, including promotion of The Alliance's ALISS directory.
- Support improved internal communications in the partnership and its promotion as an employer of choice.
- Proactively identify and communicate good news stories from across the partnership and the wider health and social care sector in East Ayrshire.

2.3.1 Quality/patient care

The review of the Strategic Plan for 2024-2027, the Communications Strategy 2024-2027 and the Property and Asset Management Strategy 2024-2027 have significant implications for people who use service and carers. The Strategic Plan

and the updated strategies confirm the HSCP's strategic planning and delivery arrangements for integrated health and social care services.

2.3.2 Workforce

Caring for Our Workforce is one of the six strategic priorities set out within the Strategic Plan, with supporting workforce planning activities described within the body of the report.

2.3.3 Financial

The high level [Annual Budget 2024/25 and the Medium-Term Financial Plan 2024-30 Update](#) was presented to the IJB on 20 March 2024.

It is anticipated that a fully detailed Medium Term Financial Plan (MTFP) to 2030 will be finalised as soon as possible following publication of the updated Scottish Government overarching Medium Term Financial Strategy, as well as the updated Health and Social Care Medium Term Financial Framework. It is anticipated that both publications will become available in 2024 and that the detailed MTFP will project forward and align with strategic planning priorities to 2030, with a focus on alignment of budgets and outcomes, alongside population and demographic changes. The updated MTFP will require to take account of legislation, including proposals for a National Care Service for Scotland, recognising unprecedented financial challenges facing all IJBs and funding parties due to real-terms reductions in funding at a time of increased cost and demand pressures. Once completed, the updated Medium Term Financial Plan will be presented to a future meeting of the IJB for approval.

2.3.4 Risk assessment/management

Risk implications are identified and managed through strategic and operational Risk Registers. IJB risk appetite and prioritisation will continue to be reviewed in relation to the Strategic Plan.

2.3.5 Equality and diversity, including health inequalities

A full equality impact assessment has been completed on the Plan. The outcomes of the Strategic Plan reaffirms our commitment to mainstreaming equality, diversity and human rights across all our commissioned services.

2.3.6 Other impacts

The Strategic Plan aligns with the strategic direction of the East Ayrshire Community Plan 2015-30 and the partnership actions set out in the Wellbeing Delivery Plan 2024-2027.

2.3.7 Communication, involvement, engagement and consultation

Engagement has been carried out by the IJB as required.

2.3.8 Route to the meeting

East Ayrshire Integration Joint Board, 26 June 2024
East Ayrshire Council, 27 June 2024

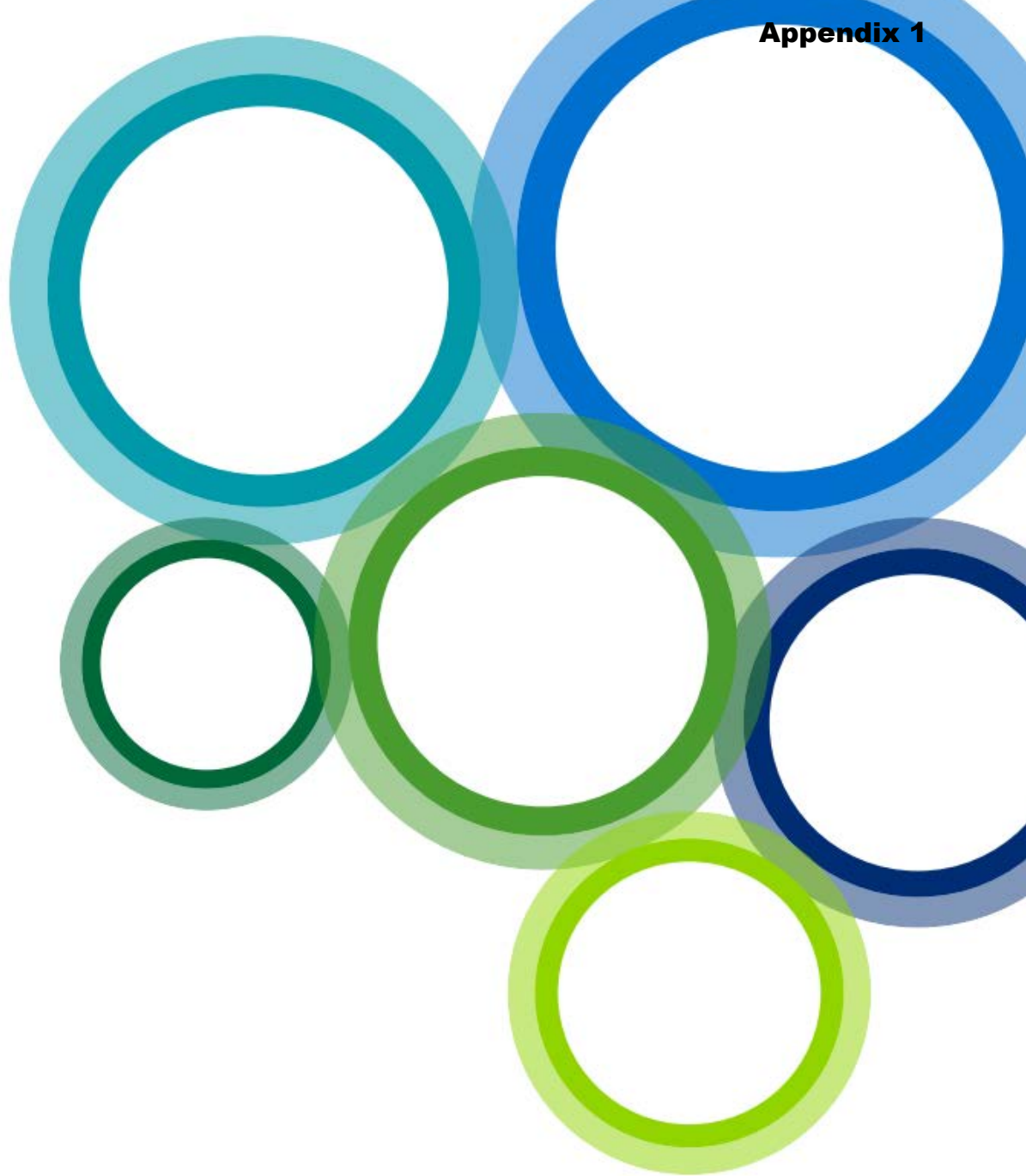
2.4 Recommendation

For discussion. Members are asked to discuss and endorse the Strategic Plan and accompanying suite and implement the Directions in respect of commissioning services from East Ayrshire Council and NHS Ayrshire and Arran in line with the Strategic Plan, within the allocated budget for 2024/25.

3. List of appendices

The following appendices are included with this report:

- Appendix 1 - East Ayrshire Health and Social Care Partnership Strategic Plan update 2024-2027
- Appendix 2 – Strategic Plan 2024-2027 consultation report
- Appendix 3 – Property and Asset Management Strategy 2024-2027
- Appendix 4 – Communications Strategy 2024-2027



**East Ayrshire Health and Social
Care Partnership
STRATEGIC PLAN 2021-30
2024-2027 UPDATE**

EAST AYRSHIRE

**Health &
Social Care
Partnership**

CONTENTS

WELCOME	3
BACKGROUND	4
OUR VISION AND VALUES	6
EAST AYRSHIRE CONTEXT	8
CHALLENGES	9
ACHIEVEMENTS	11
STRATEGIC FRAMEWORK & POLICY CONTEXT	13
LISTENING TO YOU	14
TOWARDS 2030.....	16
1. STRATEGIC PRIORITY: STARTING WELL, LIVING WELL AND DYING WELL	19
2. STRATEGIC PRIORITY: CARING FOR EAST AYRSHIRE	20
3. STRATEGIC PRIORITY: PEOPLE AT THE HEART OF WHAT WE DO	21
4. STRATEGIC PRIORITY: CARING FOR OUR WORKFORCE	23
5. STRATEGIC PRIORITY: SAFE AND PROTECTED	24
6. STRATEGIC PRIORITY: DIGITAL CONNECTIONS.....	25
DELIVERING OUR PLAN	26
HOW WE WILL KNOW WE HAVE MADE A DIFFERENCE	33
APPENDIX 1: LEAD PARTNERSHIP ARRANGEMENTS	36
APPENDIX 2: HOUSING CONTRIBUTION STATEMENT	44

WELCOME

Welcome to the fourth Strategic Plan for East Ayrshire Integration Joint Board. The Plan covers our ambitions and shared priorities for health and social care over the next year, 2024 – 27 with a longer look towards 2030.

We want to celebrate the progress we have made over the last three years and continue to deliver our vision of:

Working together with our communities to improve and sustain health, wellbeing, care and promote equity.

We will continue to deliver on this vision with all partners and as part of taking forward the Wellbeing theme of East Ayrshire Community Plan 2015-30.

A consistent message from our engagement with partners is that wellbeing of people, families and communities is important. An early intervention and prevention approach to supporting communities is central to any success. We have listened and included this as a key principle throughout our Strategic Plan. The Strategic Plan also focuses on the 'triple aim' of better care, better health and better value in line with the national Health and Social Care Delivery Plan. The core themes of the Strategic Plan 2021-30 are:

Starting Well,
Living Well and
Dying Well

People at the
Heart of What
We Do

Caring for East
Ayrshire

Caring for Our
Workforce

Safe and
Protected

Digital
Connections

We are ambitious about what we want to achieve and looking forward to 2030, will continue to be transformational when designing and developing services to ensure they are responsive to local community needs. Collaborating with partners to maximise opportunities and make a difference for the people of East Ayrshire particularly in the current challenging financial circumstances is key to delivery of our Plan.

As always, we will work with all our partners and the whole workforce involved in health and social care to deliver the Strategic Plan 2021-30. We want to continue to harness the ideas, creativity and commitment of our workforce partners and communities to continue to drive change and I look forward to working with you on this.

Craig McArthur,
Director, East Ayrshire Health and
Social Care Partnership

Dr Sukhomoy Das,
Chair,
East Ayrshire Integration Joint Board

A note on language: we have tried to keep this Plan as simple possible through our use of language. To this end, we have used 'citizens' or 'people' to describe people who live in East Ayrshire, 'workforce' to describe the people who work in any sector of health and social care in East Ayrshire and 'partners' to describe the communities, groups, services and organisations and who work together locally. However, we know that many people can describe themselves in more than one of these terms so please read these words in the inclusive way they are intended.

BACKGROUND

What is the Strategic Plan?

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Local Authorities and Health Boards to delegate some of the functions of health and adult social care services. The **Integration Joint Board** (IJB) is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of those functions.

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on the IJB to develop a strategic plan for integrated functions and budgets. It sets out the arrangements for the delivering of local services in locality areas and must set out the arrangements to contribute towards achieving the national health and wellbeing outcomes. **East Ayrshire Health and Social Care Partnership** (HSCP) brings together integrated health and social care services; it is the delivery vehicle for the delegated functions from across East Ayrshire Council and NHS Ayrshire and Arran.

Services delivered by the HSCP include the full range of community-based health and care services (as shown below) and East Ayrshire HSCP is also the Lead Partnership across Ayrshire and Arran for Primary and Urgent Care Services. Further information on Lead Partnership arrangements can be found in Appendix 1.

- **Allied Health Professionals:** Dietetics, Occupational Therapy, Orthotics, Physiotherapy, Podiatry, Speech and Language Therapy and Musculoskeletal Service.
- **Children's Health, Care and Justice:** Children and Families Social Work, Children's Health Services (Health Visiting and School Nursing), Justice Social Work, Prison and Police Custody Health Services and Public Protection and Learning.
- **Localities Health and Care:** Older People's Social Work, Day Services, Elderly Mental Health Team, Care at Home, Care Homes, Sensory Impairment, District Nursing, East Ayrshire Community Hospital Services, Hospital Social Work and Community Equipment and Adaptations.
- **Primary Care:** General Medical Services – GP practices, Community Pharmacies, Community Optometry Practices and Dental Practices.
- **Wellbeing and Recovery:** Adult Social Work, Day Services, Adult Care at Home, Adult Care Homes, Physical Disabilities (Residential), Mental Health Services, Learning Disability Services and Alcohol and Drug Services.

These are fully detailed in the Partnership's [Integration Scheme](#). A review of the Integration Scheme is currently underway. The Strategic Plan will be updated to reflect any amendments.

Purpose of the Strategic Plan

Our Strategic Plan is underpinned by what our communities, workforce and partners have told us about what they want health and social care services to look like. We have identified six priority areas which we will focus on based on engagement feedback, assessment of need and resources.

Policies and strategies at a national level have shaped our Plan as well as our local context. The Plan describes the various activities that will enable us to deliver the Plan.

This Plan is divided into sections. Underpinning the Plan is the **vision and values** of the HSCP which are described in the first section. We then set out the **context in East Ayrshire** describing the challenges we face as an HSCP and some key achievements from the past three years. The next section describes the **national and local context** in which the HSCP operates and contributes to which is followed by the **participation and engagement activity** undertaken to inform the Plan. Our **six strategic priorities** are described alongside the actions that will be taken to deliver them. The section on delivering the Plan describes the **activities that help us deliver services** including finance, workforce, collaborative commissioning, participation and engagement and leadership and improvement. We then look at **how we will know we have made a difference** by assessing our performance and carrying out our equality duties.

In 2021, the HSCP published a long-term Plan covering the period up to 2030. The Act states we must review our Plan every three years.

OUR VISION AND VALUES

Our vision sets out how we operate as a Partnership. The vision has driven our activity and will continue to do so.

Our vision is:

Working together with our communities to improve and sustain health, wellbeing, care and promote equity.

We contribute to the Wellbeing objectives of **East Ayrshire’s Community Plan 2015-30**:

- ❖ **Starting Well:** Ensuring that all children and young people in East Ayrshire get the best start in life
- ❖ **Living Well:** Supporting local people to live healthy lives with access to the services that they need close to home
- ❖ **Ageing Well:** Embedding a human-rights approach to supporting adults and older people
- ❖ **Dying Well:** Ensuring people are cared for with dignity, respect and compassion through future care planning and end of life care.

Our Partnership **values** encompass the values of East Ayrshire Council and NHS Ayrshire and Arran:



To demonstrate our values, we have committed to working by a number of **principles**:

Principle	What We Do	How We Do It
dignity and respect compassion be included responsive care and support wellbeing	joint leadership collective impact shared commitment respect give a voice to all	trusted individuals working with supported person/family conversations about what matters collaboration and engagement values-based ways of working

The aim is to have a health and social care system that achieves the **core aims of integration**:

- ❖ To improve the quality and consistency of services for patients, carers, service users and their families;
- ❖ To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and
- ❖ To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

Scotland's [National Outcomes for Health and Wellbeing, Children and Justice](#), provide a framework for planning health and social care services. These outcomes continue to frame our local ambitions and delivery activities:

National Outcomes for Children

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.

Health and Wellbeing Outcomes

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 or 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.

National Outcomes Justice

Outcome 13	Community safety and public protection.
Outcome 14	The reduction of reoffending.
Outcome 15	Social inclusion to support desistance from offending.

EAST AYRSHIRE CONTEXT



The people of East Ayrshire’s are its greatest strength. You have demonstrated the power of personal responsibility and of coming together as compassionate partners, to support and improve the health and wellbeing of your family, friends, neighbours and colleagues.

Everyone has the right to a fair, healthy and independent life. We believe everyone must play their part to make this a reality.

We know that committing to positive choices can be challenging and can be harder for people who face more barriers in life. We also firmly believe people are best supported by those who love them: families and family carers.

In Partnership with our Communities

OUR ROLE

- To provide you with the information you need to keep active, well and connected to your community.
- When you need support, you get it in the way that helps you most.
- To ensure your rights are upheld.
- To ensure you are included in decisions that affect you and your family.
- To listen to you and be honest.

YOUR ROLE

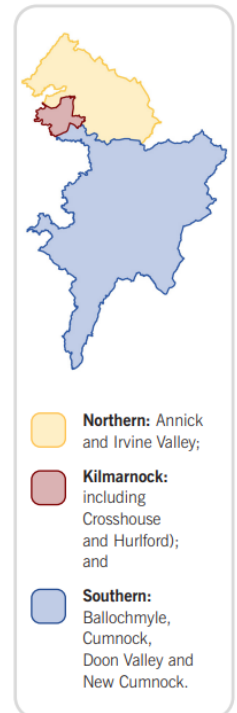
- To keep healthy and active at whatever stage of your life.
- To know how best to look after your own health and wellbeing.
- To connect with networks within your community.
- To make your own choices about your support.
- To seek support when you need it from a service in your local community such as your pharmacy, optician, dentist or GP practice team.
- To tell us about your experiences of care and support.

In all that we do, **we work in Localities**. This is when local people work together with the public, third and independent sector organisations to improve health and wellbeing in their local area. In East Ayrshire, there are three localities:

- Northern (Annick and Irvine Valley)
- Kilmarnock (including Hurlford and Crosshouse)
- Southern (Ballochmyle, Cumnock and Doon Valley)

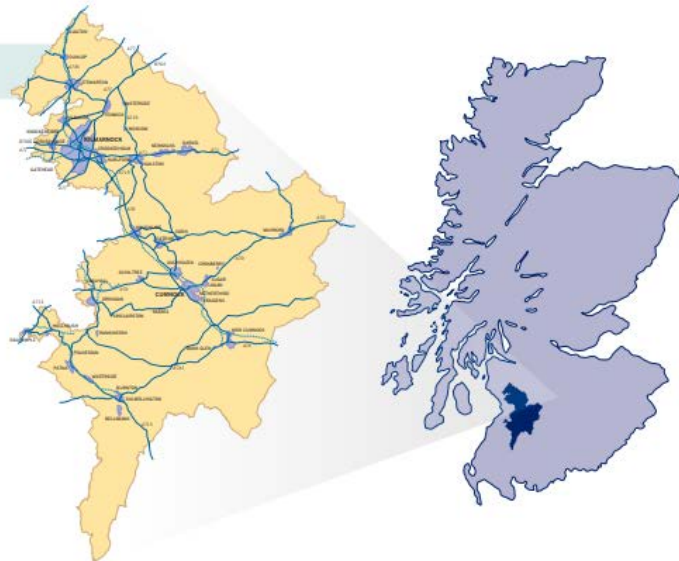
In each area, our Locality Planning Groups play an active part in planning and implementing improvements whilst maximising the contributions of local assets and partners. Our [Working in Localities](#) website has more information.

Listening to people who use health and social care services, their families and carers and our local communities and partners is central to the way we work. This Plan is based on what people and partners in localities told us during our Local Conversations and wider engagement activities and we are committed to listening and responding to our citizens.



East Ayrshire Profile

- Spans 490 square miles in the South West of Scotland
- Incorporates both urban and rural communities
- Population 122,020 - 2.2% of Scotland's total population
- Population expected to fall by 1.05% by 2028



CHALLENGES

Ageing Population

Older people are valued members of our community and contribute so much to the care of our children and families. As noted in [The Health and Social Care Alliance Scotland's \(the ALLIANCE\) 'Review of Integration Authority Strategic Plans'](#), Scotland's population is ageing compared to previous decades and has the lowest rate of population growth in any nation in the UK. This is compounded by a declining working age population which means there will be fewer people available to deliver key public services or to meet gaps in the workforce. Moreover, there has been a reliance on our unpaid carers.

The Partnership will consider the changes to the population to ensure health and care services are able to support our ageing population to achieve their personal outcomes as well as supporting our unpaid carers.

- Between 2001 and 2021, the 25 to 44 age group saw the largest percentage decrease (-16.4%). The 65 to 74 age group saw the largest percentage increase (+33.9%).
- Between 2018 and 2028, the 45 to 64 age group is projected to see the largest percentage decrease (-10.1%) and the 75 and over age group is projected to see the largest percentage increase (+25.3%).
- The dependency ratio in East Ayrshire (the ratio of people aged 0-15 and 65+ compared to those aged 16-65) was 61% in 2021.
- In 2018-2020, East Ayrshire has an average life expectancy of 75.2 years for males and 79.8 years for females, compared to the national average of 76.8 and 81 years of age respectively.
- In 2020/21, the number of people referred for dementia post-diagnostic support was 179. 84.9% received a minimum of one-year's support which has decreased from 96% in 2018/19.
- At the Scotland Census 2011, 12,620 people in East Ayrshire identified themselves as a carer. This number includes both adult and young carers.

Financial Challenges

East Ayrshire HSCP, alongside others across Scotland, face significant challenges to deliver health and social care. Increasing local demand, workforce pressures and financial uncertainty – reducing funding and inflationary pressures – have made it more difficult to implement change.

Inequalities

Each locality has its own unique strengths and assets, as well as its own challenges. By reducing inequalities, deprivation and the impact of poverty, we can make long-term improvements to the health of our community.

- East Ayrshire has the 7th highest level of deprivation in Scotland.
- In 2020, 31% of East Ayrshire's population live in the 20% most overall deprived datazones.
- From January to December 2022, 19.4% of East Ayrshire's population (7,300) were living in a workless household. Households where no-one aged 16 or over is in employment. These members may be unemployed or economically inactive.
- In 2021/22, 27% of children in East Ayrshire lived in poverty (after housing costs).
- 19% of East Ayrshire's mothers exclusively breastfeed compared to 32% in Scotland as a whole. The figure in the Northern locality was 30% compared to 14% in the Southern locality.
- Recent [research](#) carried out by Scottish Government exploring women and girls' experiences of various forms of discrimination and the impact that these experiences have had on their health outcomes found that women were frequently not listened to and had their concerns dismissed based on aspects of their identity such as age, gender identity, weight, mental health status or relationship status.
- People from ethnic minority backgrounds are more likely to be affected by health inequalities.

Mental Health and Wellbeing

In recent years, we have seen an increase in people seeking support to improve their mental health and wellbeing. In the saddest of circumstances, some people have taken their own life and we have seen an increase in the number of people losing their life to suicide.

- In 2020/21, 21% of East Ayrshire residents are prescribed medication for anxiety, depression or psychosis which is higher than the Scottish average of 19%.
- Within East Ayrshire the rate of deaths by suicide is 18.3 per 100,000 compared to 14.1 per 100,000 for Scotland as a whole.
- In March 2023, the average waiting time for treatment from the East Ayrshire Primary Care Mental Health Team was 32 weeks.
- During 2021, there were 38 drug related deaths in East Ayrshire, a rate of 33.2 per 100,000 compared to 25.2 per 100,000 for Scotland as a whole.
- The rate of alcohol related hospital admissions in East Ayrshire is 561 per 100,000 which is much higher than the Scottish rate (230 per 100,000).

Balance of Care

Individuals and families want to be cared for at home or in their local community. Shifting the balance of care from acute hospitals to community settings is a key objective of integrating health and social care. A stable and loving family environment is critical for our children and young people in care to thrive and reach their potential.

- In 2022/23, there were 100.8 delayed discharge bed days per 1,000 of the population which is an increase of 55% from the previous year.
- In 2022/23, 88.9% of the population spent the last 6 months of life in a community setting.
- In 2020/21, 26.7% of East Ayrshire's population are living with a long-term health condition.
- In 2022/23, 28.8% (53) of looked after and accommodated children had 3 or more moves.

ACHIEVEMENTS

The **Social Care Learning Hub** is a new resource that has been set up to provide dedicated learning and development opportunities to the social care workforce in the HSCP. The Learning Hub has been established to meet the needs of individual learners and support wider operational social care services to achieve the best practise standards in the sector. The innovative and specialist training available through the Social Care Learning Hub is providing staff with the skills required to better support all people in our communities. The implementation of the Learning Hub has also enhanced the learning available for new social care staff starting work with the HSCP.

An employer sponsored **Social Work Trainees Scheme** was introduced with six employees commencing the Post Graduate Social Work Diploma programme with the Open University in January 2023. Continuous Professional Learning accredited programmes were supported with a number of staff successfully completing Post Graduate qualifications.

The **East Ayrshire Smart Hub** is a new digital space showcasing the latest smart home technology and new digital telecare equipment. Based in Ross Court in Galston, the Smart Hub provides an innovative yet homely space to showcase a variety of different smart home technologies and telecare to keep people feeling safe and independent within their own homes. These technologies can be used as part of an early intervention and prevention approach, helping individuals before there is a need for social care involvement and including the individuals natural support network in this more holistic approach.

The **Wellbeing for All Fund** was available for East Ayrshire residents to vote online or in-person for the community wellbeing projects they wanted to receive a share of £150,000 funding across the three locality areas. Voting events took place in Kilmarnock, Newmilns and Cumnock in October 2023. A range of groups received funding including afternoon tea clubs, activity groups, community cafes and recovery support projects.

HEART (Help Everyone At The Right Time) is a transformational approach to improve how children and families are supported in East Ayrshire. The vision is to ensure children and families can access support at an early stage in their local community, in a way that challenges discrimination and stigma, with the model incorporating multi-disciplinary team working and the GIRFEC (Getting it Right For Every Child) principles.

We recently held our first ever **Podiatry Community Appointment Days** at East Ayrshire Community Hospital and North West Area Centre in Kilmarnock, which provided a range of advice on foot care, independent living supports and general health and wellbeing. The event was inspired by the Sussex Musculo-Skeletal (MSK) Partnership, which invited people on routine physiotherapy waiting lists to attend 'Community Appointment Days'. This initiative reduced the waiting list enormously as it allowed attendees to be given immediate rehabilitation treatment or a referral to another service.

The **Ayrshire Multi-Agency Risk Assessment Conference (MARAC)** commenced operationally in August 2022 and has continued throughout 2023-24 to make a significant contribution to improving the safety of victims of domestic abuse at risk of significant harm or death across Ayrshire. A MARAC is a meeting where information is shared about current risk of significant harm and safety plans are developed for victims. Victims themselves are represented in the meeting by independent domestic abuse advocacy workers. There are three local MARAC meetings – one in each of the local authority areas in Ayrshire, centrally and consistently supported by the MARAC Coordination Team. In East Ayrshire, all of the Agency Representatives continue to support the local meetings and a number of new Agency Representatives have been trained and supported to join the MARAC in 2023-24.

STRATEGIC FRAMEWORK & POLICY CONTEXT

East Ayrshire Health and Social Care Partnership operates within an evolving framework of legislation, regulations and national guidance that shape our responsibilities to the people of East Ayrshire and influence how we deliver our services.

The Partnership is committed to incorporating and aligning the key elements of national, regional and local policies in the planning, design and delivery of our services. This will help us ensure that we are able to achieve more positive health and wellbeing outcomes for the people of East Ayrshire.

Some of the key strategic drivers are listed below.

NATIONAL POLICIES, LEGISLATION, STRATEGIES AND PLANS

- Scottish Government's National Performance Framework
- Public Bodies (Scotland) Act 2014
- Carers (Scotland) Act 2016
- Self-Directed Support (Scotland) Act 2013 (and Framework of Standards)
- Community Empowerment (Scotland) Act 2015
- Equalities (Scotland) Act 2010
- Fairer Scotland Duty
- The Independent Review of Adult Social Care 2021
- National Care Service
- Scotland's Digital Health and Care Strategy
- The Promise
- Scotland's Public Health Priorities
- Primary Care Improvement Programme
- Getting it right for every child (GIRFEC)

LOCAL STRATEGIES AND PLANS

- East Ayrshire Community Plan 2015-2030
 - Ayrshire Growth Deal
 - Caring for Ayrshire
- Local Outcomes Improvement Plan
- Children's Services Plan 2023-2026
- HSCP Partnership Provider Statement
- Independent Advocacy Strategic Plan 2024-2027
- Equality Outcomes and Mainstreaming
- East Ayrshire's Digital Strategy 2022-2027
- Alcohol & Drugs Partnership Strategic Plan 2024-2027
- Violence Against Women Partnership Strategic Plan 2024-2027
- Corporate Parenting Action Plan
- Community Justice Outcomes Improvement Plan 2024
- Carers Strategy
- Local Housing Strategy 2019-2024
- Cherishing our Families Strategy 2023-2026
- HSCP Workforce Plan 2022-2025

Further information can be found in our Strategic Policy Context available on the website.

LISTENING TO YOU

This Plan has been developed by engaging and consulting with our governance groups, workforce, partners and the communities we serve. This feedback has given us an understanding of local perspective and the things that matter most to people. A full report has been completed on the consultation and feedback and is available on the website.

In 2023, we hosted **Local Community Conversation events** in each of our three HSCP localities, which provided an opportunity for the Partnership and delivery partners to engage directly with our communities to reflect on what is working well and where we need to improve. The feedback from these events helped to inform our Strategic Plan, our Participation and Engagement Strategy and has been incorporated into our Service Improvement Plans. Feedback included:



- Improving the information for the public on what services are available.
- Better communication between services to prevent people retelling their 'story'.
- Improving access to technology as services move to using digital methods.
- More targeted service provision for those experiencing health inequalities.
- Increasing the appeal for people to work in health and social care.

A **focused consultation** on the Strategic Plan was carried out from April to June 2024 using a multi-faceted approach incorporating online, targeted, and light-touch engagement. The engagement focused on people who use our services, unpaid carers, the wider public, the workforce, third sector, provider organisations and our governance groups.

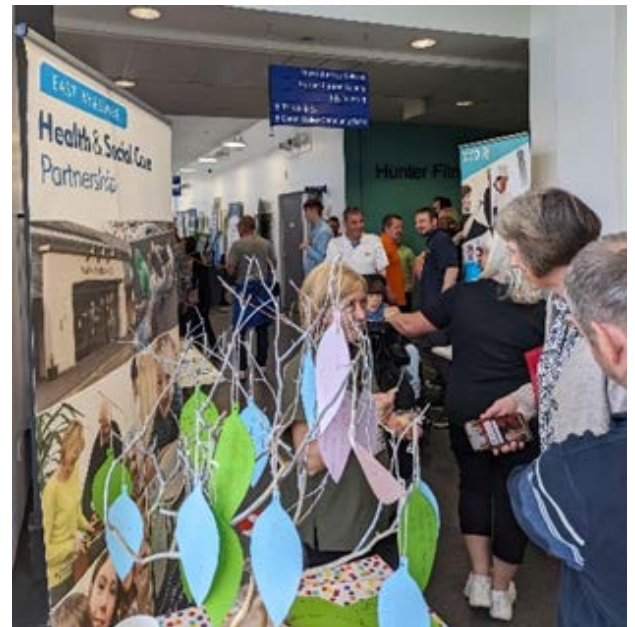
We developed a survey to find out what matters to our communities. The survey was shared with all our internal and external networks and promoted on social media, through posters and leaflets. A summary of feedback includes:

- The vision should include 'health' to reflect the partnership between health and social care.
- Three quarters of respondents feel the strategic priorities are the right ones but 'Starting Well and Living Well' should also include 'Dying Well.'
- In terms of enablers, respondents highlighted the key ones as communication and information, engagement and collaboration and partnership with housing services.
- Of the workforce responses, the majority stated they can see how the work they do contributes to the Plan.
- When asked to rank the priorities for the next three years, our top four responses were:
 - More families are financially stable.
 - People have better mental health.
 - Fewer people are lonely or socially isolated.
 - Fewer people have problems with drugs or alcohol.



Targeted discussions took place at East Ayrshire's Equality Forum, IJB Stakeholder Forum and Alcohol and Drug Partnership Lived Experience Panel and East Ayrshire Recovery Network. Light-touch engagement took place at Alzheimer's Scotland, Learning Disability Week Information Event and Dalmellington Health Hub. A focused session was also held with our Strategic Planning Group members.

To coincide with What Matters to You Day on 6th June, the HSCP arranged four coffee mornings for the workforce across various HSCP locations. Staff felt there is work to do to improve the way services work together. Feedback also included improving support and facilities for staff to do their job well and ensuring they have a work/life balance.



Official



TOWARDS 2030

Over the lifetime of this Plan, we will focus all we do in strategic priority areas to achieve our ambitions:

STRATEGIC PRIORITY	LOCAL OUTCOME
1. Starting Well, Living Well and Dying Well	More people and families have better health and wellbeing and we have fairer outcomes.
2. Caring for East Ayrshire	Health and social care is delivered in a way that promotes wellbeing and suits people and families.
3. People at the Heart of What We Do	People, unpaid carers, families and communities achieve their outcomes through seamlessly joined up support- they are at the centre of all we do and support is a positive experience.
4. Caring for Our Workforce	The health and social care workforce is well and we have the right people with the right skills in the right place at the right time, to support people, families and communities to achieve their goals.
5. Safe and Protected	East Ayrshire is a safe place for people to live, work and visit.
6. Digital Connections	Digital technology has improved local wellbeing and transformed health and care.

Strategic Plan 2021-30 Overview

WITH...



PEOPLE
communities • carers
families • workers



choosing to make a difference



COMPASSION

PARTNERSHIP



respect dignity
responsiveness
inclusion

FOCUSSED ON...



HEALTH AND WELLBEING
AT EVERY AGE AND STAGE

TACKLING INEQUALITIES

SUPPORTING OUR COMMUNITIES TO TAKE CHARGE OF THEIR OWN HEALTH AND WELLBEING



PREVENTION AND EARLY INTERVENTION
IMPROVEMENT AND INNOVATION

CARE FOR PEOPLE AND FAMILIES WHO NEED SUPPORT

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



WE WILL...

- move support closer to families, homes and communities
- help people get better physically and mentally
- work with families and communities to help them achieve the things that matter most
- find new and better ways for supports to work together
- tackle poverty and stigma and help make people safe
- use new technology to make support better

TO ACHIEVE...



BETTER
HEALTH AND
WELLBEING AND
WITH FAIRER
OUTCOMES



PEOPLE
CHOOSING
TO LIVE AS
INDEPENDENTLY
AS POSSIBLE



JOINED UP SUPPORT
WITH **PEOPLE**
FAMILIES
AND **CARERS**
AT THE CENTRE



SUPPORT THAT
FITS OUR
LIVES AND
THE **PLACES**
WE LIVE

2030 EAST AYRSHIRE



1. STRATEGIC PRIORITY: STARTING WELL, LIVING WELL AND DYING WELL

We want our children and young people to grow up loved, safe and respected to realise their full potential. We want all our citizens to have good wellbeing: a positive state of mind and body, the ability to feel safe and a sense of connection with people, communities and the wider environment.

Partners know that the way to achieve real improvement is to tackle the cause, rather than treat the consequences. For this reason, we will carry on making a positive choice to scale up prevention and early intervention. The focus of the Partnership's work with people of all ages will continue to be about supporting people to reach their potential. Support will be based on natural strengths and assets, on empowering people to connect through kindness and on ensuring our resources are shifted to support people, families and communities holistically and early. Living well is also about dying well. We will continue to focus on compassionate conversations about dying and improving care and options when someone is at the end of life.

In 2024/25 we will:

- Improve access to mental health and wellbeing support, enabling more young people and families to get help sooner;
- Deliver improved outcomes for our care experienced children and young people through implementation of our Corporate Parenting Action Plan and activity aligned to [The Promise](#);
- Focus on implementing our [Cherishing our Families Strategy 2023-2026](#) to reduce the impact of neglect on children and families;
- Develop Equality Outcomes to ensure we are focusing on fostering good relations, advancing equality of opportunity and eliminating discrimination; and
- Challenge and tackle stigma wherever we find it, promoting recovery and equity.

Until 2027 our focus will be:

- Delivering improvement in the priority areas identified in the [Children and Young People's Services Plan 2023-2026](#): respecting and promoting children and young people's rights, tackling poverty, keeping safe, achieving potential and improving mental health and wellbeing;
- Continuing to improve access to independent advocacy support through the implementation of our [Independent Advocacy Strategic Plan 2024-2027](#);
- Improving access to comprehensive wellbeing and self-management information, resources and supports;
- Delivering a Recovery Oriented System of Care for drugs and alcohol via the Alcohol and Drugs Partnership Strategic Plan 2024 – 2027; and
- Continuing to increase choice and co-ordination of support for people who are at the end of life, striving to make this as close to home as possible.

By 2030,

- Children and young people will have better life chances, particularly those with experience of care or who live in our most deprived communities;
- More people of all ages, particularly those who live in our most deprived communities, will be fitter, physically healthier and feel more able to look after their own health and wellbeing;
- People who have palliative or end of life care needs will be supported according to their wishes; and
- Compassionate connections between people, families, colleagues and communities will be valued as having a positive impact on the health and wellbeing of East Ayrshire.

2. STRATEGIC PRIORITY: CARING FOR EAST AYRSHIRE

Across Scotland, health and social care services are undergoing extensive transformational change to better meet future demand as a result of changes in the population, technology and healthcare. It is anticipated that all territorial NHS Boards, supported by their strategic partners will be required, by Scottish Government, to develop a whole-system strategic service and infrastructure plan, with a requirement to complete this exercise by April 2025. Within Ayrshire, these changes are being driven through strategic transformation programme Caring for Ayrshire.

Caring for Ayrshire represent a whole system redesign aimed at helping more people to manage their health and care needs through the right support, in the right place at the right time. The model of care is based on care and support for people primarily in their own homes or in a homely environment, where Primary Care is the first point of access to health services, supported by a multi-disciplinary teams and a broad range of health care professionals. The focus for acute services will be on complex health care, with people admitted to hospital only when absolutely necessary and where local, high quality community services are accessible to the public within a model of community health and wellbeing.

Set within this planning context, these transformational plans will take a holistic perspective on all aspects of health and care service, as well as the needs of the people and communities that they serve. This aims to identify how services and infrastructure can be best arranged to support current and future organisational, patient, and community needs.

In 2024/25 we will:

- Continue to be a key partner through the Caring for Ayrshire strategic transformation programme;
- Maximise the continued use of new technology and maintain services to local people and families; and
- Continue to implement the Scottish Approach to Service Design to understand the needs of our citizens, workforce and stakeholders and create opportunities through a range of perspectives and collaboration in redesign solutions.

Until 2027 our focus will be:

- Working alongside community planning partners, collaborating and co-ordinating at local, regional and national levels to maximise opportunities across all sectors aligned to the Ayrshire Growth Deal, Community Wealth Building, Primary Care, town and community regeneration and school investment programmes; and
- Continue our place-based redesign work across East Ayrshire.

By 2030:

- Citizens will recognise and value their contribution to the design of services, feel invested in their success and use them appropriately;
- More people will be able to live independently and according to their wishes, because they are able to better manage their own health and have easy access to local, effective support for long term conditions and disabilities; and
- When needed, complex or specialist treatment will be provided quickly, effectively and to the highest standard.

3. STRATEGIC PRIORITY: PEOPLE AT THE HEART OF WHAT WE DO

Further integrating care at locality level, requires professionals and practitioners from across different statutory, independent, third and voluntary sectors to work together to transform around the needs of people, their families, carers and their communities to better address our strategic outcomes. To operationalise integrated care and derive value from integrated working at place-based level, we need to adopt a whole system and a life-course approach.

Multidisciplinary working means all partners planning and coordinating care around the person and achieving what matters most to them. Multidisciplinary Teams bring together different knowledge and skills and are empowered to make decisions at local level.

In 2024/25 we will:

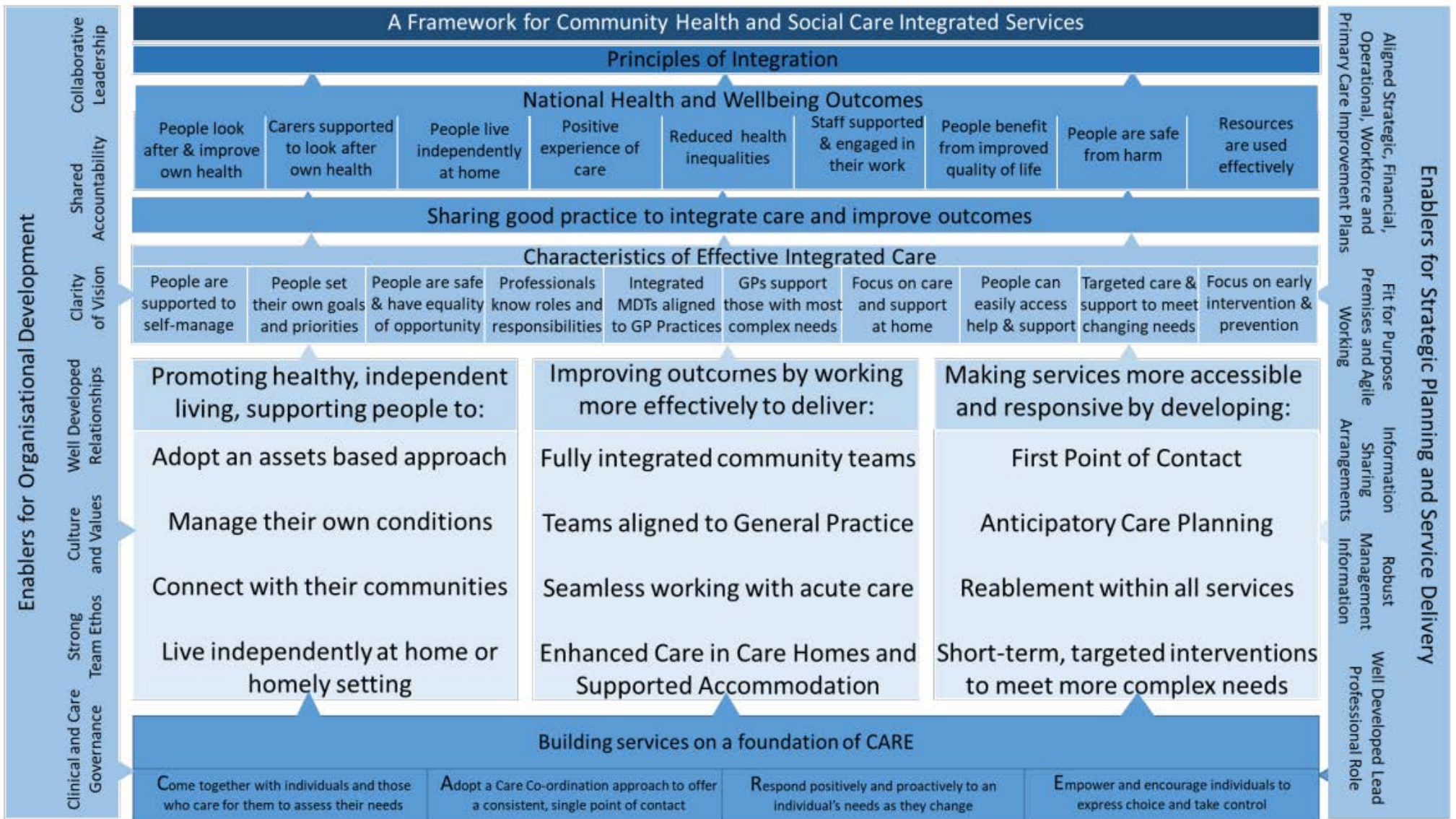
- Engage with our unpaid carers to inform the development of our new Carers Strategy;
- Continue to deliver integrated care through the Primary Care Improvement Plan;
- Continue to implement a wellbeing-focussed service delivery model with children and families, to get it right for every child;
- Improve our approach to Self-Directed Support by continuing our workforce development programme to support good conversations;
- Further develop our Locality Planning Groups to ensure communities can engage with the HSCP in a meaningful way; and
- Further support the development of Communities of Practice and assess their maturity; and
- Support staff with skills development and the necessary training to embrace new ways of multidisciplinary working and shared learning to improve practice.

Until 2027 our focus will be to:

- Develop Multidisciplinary Teams to offer seamless care, provide targeted support for those with greatest need to enhance the quality and level of care and support available;
- Develop Multidisciplinary Teams that meet regularly and follow processes which have robust clinical and care governance arrangements to enable issue identification, escalation and resolution;
- Establish pathways so that people benefit from access to the right care, from the right person at the right time as their needs change;
- Improve support for people, families and carers affected by recent cancer diagnoses, for both clinical and social needs;
- Enable implementation through organisational development, physical or virtual co-location and learning and development, facilitating cross-fertilisation of skills; and
- Use the [SCIROCCO Framework](#) and the [Framework for Community Health and Social Care Integrated Services](#) (graphic shown below) to support our work on integration.

By 2030:

- Integrated health and social care will be achieved.
- Organisational integration with third voluntary and independent sectors will be achieved by inter-organisational network and governance arrangements.
- Quantitative and qualitative data compared will show improved outcomes for the population of East Ayrshire.
- Service delivery will be underpinned by a Human-Rights based approach that promotes Participation, Accountability, Non-Discrimination, Equality and Legality.



4. STRATEGIC PRIORITY: CARING FOR OUR WORKFORCE

Health and social care services are a significant contributor to the local economy and major providers of sustainable jobs. Within this context, the workforce continues to be our single most valuable resource and we must ensure they are skilled and confident to serve local people, families and communities well and that their working experiences are positive and meaningful. The shape of the workforce continues to be an essential part of service design as we manage local and national challenges and priorities.

Even in the face of challenge, due to the skills, flexibility and commitment of the workforce we have been able to continue to deliver critical services. It is imperative that we care for them, so that they can keep caring for us.

In 2024/25 we will:

- Value the workforce by ensuring they have training and resources to do their jobs well;
- Deliver a comprehensive programme of wellbeing support; and
- Build on and continue implementation of our [Workforce Plan](#) covering the period 2022-2025.

Until 2027 our focus will be:

- Assessing organisational understanding of racism and any structural barriers that may exist within, delivering a strategic response to ensure equal, fair and proportionate access to employment and representation in the workforce;
- Continuing to invest in the workforce to become an employer of choice attracting and retaining the right people through training, development, support and providing career opportunities;
- Succession planning to ensure our workforce is sustainable and has the right skills as we move forward; and
- Building a flexible workforce of people with transferrable skills that recognises and makes best use of expertise.

By 2030:

- The health and social care workforce will be well and we will have the right people with the right skills in the right place at the right time, to support people, families and communities to achieve their goals.



5. STRATEGIC PRIORITY: SAFE AND PROTECTED

Everyone has the right to live in safety and be protected from neglect, abuse and harm. Health and social care services have a key role in helping to keep vulnerable people in our communities safe and in preventing harm and supporting people at risk of harm. We deliver these through a variety of multi-agency public protection arrangements with oversight from the East Ayrshire Chief Officer Group, including: Child Protection, Adult Support and Protection, Violence Against Women and Girls, Multi-Agency Management of Offenders and the Alcohol & Drugs Partnership. We also respond to new risks, harms and vulnerabilities as these emerge, taking actions with our partners to prevent and learn from each other to improve the ways we support and protect vulnerable people.

In 2024/25 we will:

- Deliver coordinated multi-agency public awareness raising around protection activities through the Safer Communities Delivery Plan so that our communities can identify people at risk of harm and know how to get support;
- Develop our multi-agency arrangements to support women who are at risk of harm because of commercial sexual exploitation;
- Develop our multi-agency workforce to be confident to identify and respond to child exploitation;
- Develop our multi-agency prevention work in relation to self-neglect;
- Continue to improve our public protection arrangements based on learning from multi-agency quality assurance audits and Learning Reviews; and
- Develop a safe and therapeutic physical space for children & young people to participate in the Scottish Child Interview Model (Joint Investigative Interviews).

Until 2027 our focus will be:

- Keeping children and young people safe by delivering the Child Protection Committee Improvement Plan 2024-27;
- Reducing violence against women and girls and reducing the negative impacts of violence on women and children by delivering the East Ayrshire Violence Against Women Partnership Strategic Plan 2024-27;
- Supporting children who have experienced domestic abuse to stay safe and together with their non-abusive parent by delivering the Safe & Together Implementation Plan;
- Keeping adults at risk of harm safe by improving prevention and early intervention approaches through the Adult Support & Protection Improvement Plan;
- Improving the delivery of prison-based healthcare and links with community services the Health Needs Assessment Delivery Plan; and
- Reduce offending in the community through developing a Justice Early Intervention Service which effectively addresses risk factors that lead to offending.

By 2030:

- People of all ages are actively involved in keeping themselves and each other safe;
- Multi-agency staff are trained and supported to confidently protect people at risk of harm;
- Support and protection is provided to vulnerable people to reduce risk of harm and improve safety;
- Fewer people enter or are involved with the justice system, as a result of early and effective interventions; and
- Through work with both victims and perpetrators of harm, the risk of harm to children, adults and the public is reduced.

6. STRATEGIC PRIORITY: DIGITAL CONNECTIONS

In successive plans, we have had a focus on the opportunities offered by digital technologies to enhance how people are supported and how the workforce communicates. We know that some groups such as older people and people living with disabilities, have tended to be less engaged online and that access to the internet and digital devices varies across our communities. A lot has changed and many organisations, including health and social care services, use digital ways of working to provide support.

Alongside face-to-face conversations, we will focus on building on the good things we know digital can provide, making sure that these opportunities are available for everyone and ensuring people of all ages and abilities are supported to have technology play a central role in their lives. Where people are disadvantaged or families could be excluded, we will find creative ways of engaging them effectively.

In 2024/25 we will:

- Focus on the development of a digital infrastructure to support the transition of the community alarm service from analogue to digital;
- Further promote the East Ayrshire Smart Hub, a new digital space showcasing the latest smart home technology and new digital telecare equipment to keep people safe and independent within their own homes;
- Further develop and promote the Living Well website so people can easily access health and wellbeing information and support;
- Assess the digital readiness of the workforce; and
- Improve information recording, management and performance monitoring across all social work functions through the further development of the Social Work Management System.

Until 2027, our focus will be:

- Focus on supporting people in their home environment with adopting a home first and digital first approach;
- Ensuring the workforce is supported to develop the skills to effectively use technology,
- Continuing to develop the use of digital solutions at the centre of clinical and support activity across service redesign, and
- Developing systems that effectively share information, to reduce duplication and support rights, choice and family situations.

By 2030:

- People and families will be able to better manage their health, wellbeing and safety and live more independently through inclusion in and new applications of technology,
- Information will be shared effectively between systems and partners, to support positive outcomes for people and families; personal experience of services will be improved and risk will be well managed,
- The health and social care workforce will be digitally connected, skilled and use technology to improve practice, and
- High quality digital health and social care services will be in place as part of wider delivery.

DELIVERING OUR PLAN

To deliver our Plan, there are lots of different aspects that come together to enable and support us to do that. We recognise this is not an exhaustive list, it provides a description of the core components that are needed to improve outcomes. These are detailed below.

Financial Framework

Our Strategic Plan must be achieved within the Partnership's budget, which is delegated to it by East Ayrshire Council and NHS Ayrshire and Arran. The budget for 2024/25 and the indicative budgets for the remaining lifetime of the Plan provide the context for our strategic commissioning priorities and service delivery:

Service Division	Initial delegated budget 2024/25 £m	Indicative delegated budget 2025/26 £m	Indicative delegated budget 2026/27 £m	Indicative delegated budget 2027/28 £m	Indicative delegated budget 2028/29 £m	Indicative delegated budget 2029/30 £m
Core Services						
LEARNING DISABILITIES	23.932	24.014	24.098	24.183	24.270	24.359
MENTAL HEALTH	8.582	8.656	8.732	8.809	8.887	8.967
OLDER PEOPLE	51.225	51.909	52.607	53.318	54.044	54.784
PHYSICAL DISABILITIES	3.900	3.900	3.900	3.900	3.900	3.900
SENSORY	0.247	0.247	0.247	0.247	0.247	0.247
SERVICE STRATEGY	8.866	8.908	8.948	8.992	9.036	9.109
TRANSPORT	0.498	0.498	0.498	0.498	0.498	0.498
HEALTH IMPROVEMENT	0.338	0.338	0.338	0.338	0.338	0.338
COMMUNITY NURSING	8.755	8.881	9.009	9.140	9.274	9.410
PRESCRIBING	29.039	29.039	29.039	29.039	29.039	29.039
GENERAL MEDICAL SERVICES	17.680	17.680	17.680	17.680	17.680	17.680
ALLIED HEALTH PROFESSIONS	8.094	8.247	8.403	8.563	8.725	8.891
INTERMEDIATE CARE AND REHABILITATION TEAMS	1.451	1.466	1.481	1.497	1.513	1.529
	162.607	163.783	164.980	166.204	167.451	168.752
Public Protection						
ADULT SUPPORT & PROTECTION	0.151	0.151	0.151	0.151	0.151	0.151
ALCOHOL & DRUGS SUPPORT	2.761	2.790	2.820	2.850	2.881	2.912
CHILD PROTECTION COMMITTEE	0.091	0.091	0.091	0.091	0.091	0.091
LEARNING & DEVELOPMENT	0.882	0.882	0.882	0.882	0.882	0.882
	3.885	3.914	3.943	3.974	4.004	4.036
Non District General Hospitals						

EAST AYRSHIRE COMMUNITY HOSPITAL	4.042	4.121	4.202	4.284	4.368	4.454
WOODLAND VIEW COMMISSIONED SERVICES	0.530	0.530	0.530	0.530	0.530	0.530
	4.572	4.651	4.732	4.814	4.898	4.983
Lead Partnership / Hosted Services						
STANDBY SERVICES	0.314	0.314	0.314	0.314	0.314	0.314
PRIMARY CARE (INCLUDING DENTAL)	110.333	110.845	111.368	111.900	112.444	112.998
PRISON AND POLICE HEALTHCARE	3.820	3.855	3.890	3.927	3.964	4.002
ALLIED HEALTH PROFESSIONS (LEAD)	4.424	4.484	4.545	4.608	4.671	4.736
OTHER LEAD SERVICES	0.096	0.096	0.096	0.096	0.096	0.096
	118.985	119.592	120.212	120.843	121.487	122.144
Children's Services						
CHILDREN & FAMILIES / WOMEN'S SERVICES	22.016	22.016	22.016	22.016	22.016	22.016
SECURE ACCOMMODATION / OUTWITH PLACEMENTS	5.813	5.813	5.813	5.813	5.813	5.813
JUSTICE SERVICES	2.732	2.732	2.732	2.732	2.732	2.732
HEALTH VISITING	4.601	4.677	4.755	4.834	4.915	4.997
	35.163	35.239	35.316	35.395	35.476	35.558
TOTAL DIRECTLY MANAGED SERVICES BUDGET	325.215	327.181	329.186	331.232	333.318	335.475
SET ASIDE (INDICATIVE)	28.698	29.272	29.857	30.455	31.064	31.685
TOTAL DELEGATED BUDGET INCL. SET ASIDE	353.913	356.453	359.043	361.687	364.382	367.160

Workforce

Our workforce continues to be our single most valuable resource and ongoing support and development ensures they are skilled and confident to deliver our services across the Partnership. Even in the most challenging of circumstances, due to the skills, flexibility and commitment of our workforce we are able to continue to deliver our critical services.

Alongside identifying caring for our workforce as a strategic priority, workforce planning continues to be an essential part of service design. Through this process, we manage local and national workforce challenges and consider the changing landscape as we plan the future delivery of our services, whilst continuing to encourage our workforce to challenge status quo and work in new

innovative ways. We will deliver our Workforce Plan 2022-2025 to enable delivery of our strategic ambitions.

Collaborative Commissioning

Moving towards a collaborative commissioning approach was detailed in the [Partnership Provider Statement 2022-2024](#). The aim of the statement was to fulfil the requirements of National Guidance on Commissioning Plans to prepare a ‘Market Facilitation Statement’. We chose to use the term Partnership Provider Statement to reflect the collaborative approach locally and because it is part of a continuing positive conversation.

The Partnership agreed to work towards a collaborative commissioning vision of:

Resilient communities, taking charge of their wellbeing, with an open flourishing, high quality and sustainable care community that has the right commissioning conversations. Where people need support it should be the right support, from the right person, in the right place and at the right time.

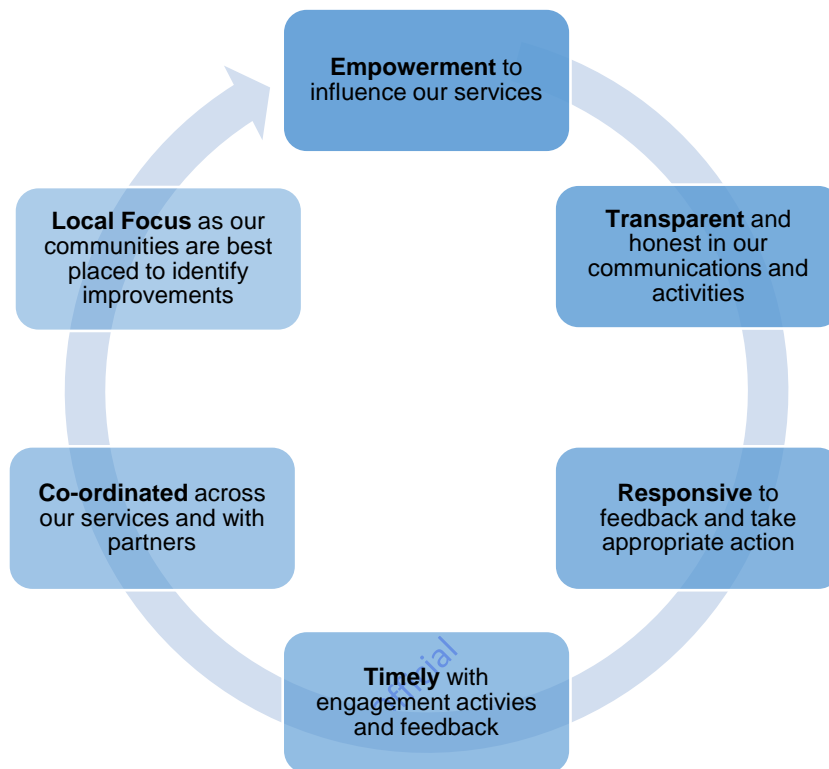


The aim of the Statement is to build on local good practice, recognising the need for change and ensuring we are best placed to respond to it together to deliver best value. The Statement will be updated in 2024 to reflect the Strategic Plan and collectively shape provision by understanding and managing demand, recognising any pressures and taking future opportunities in line with strategic priorities.

Participation and Engagement

We firmly believe that when our services listen to, engage and collaborate with the communities we serve across East Ayrshire, we are more likely to get that service right first time for that person, carer and wider community. This translates into a genuine passion about putting people and communities first where everyone has a say in their own local health and social care services.

Our [Participation and Engagement Strategy 2023-2026](#) sets out principles for participation and engagement to ensure people are involved, consulted with, and actively engaged in the design and development of our services. We are committed to embedding the national legislation and guidance which places duties upon the Partnership to engage with our communities, such as the [National Standards for Community Engagement](#) and the [Scottish Government Planning with People](#) guidance. Additionally our own local principles inform our approaches:



Regardless of our duties and principles, listening, engaging and collaborating on how our services are delivered is the right thing to do to ensure that our services meet the needs of the people and carers using them. This also links closely to our aims around early intervention and prevention.

Four key outcomes were co-designed to increase and support engagement activities across our communities, workforce, partner and third sector organisations:

1. The quality and consistency of our participation and engagement activities are improved through the Partnership workforce having access to training, resources and tailored support.
2. The public, users of our services and carers have a clear picture of the different ways in which they can engage with the Partnership via a method that best suits them.
3. The public, users of services and carers are supported to participate through structured or tailored support and are clear on what this involves and what difference it has made
4. We will take additional measures to involve groups with protected characteristics and people who are excluded from participating due to disadvantage relating to social or economic factors.

An Action Plan has been developed and details a number of indicators that provide us with a picture of our engagement activities and allows progress to be measured against each outcome. The Partnership has a dedicated Engagement Officer to drive forward this work.

Property and Assets

We need to ensure that our property and assets, such as buildings and virtual platforms are able to contribute to improving wellbeing and delivering our ambitions for providing health and social care. The Partnership has a Property and Asset Management Strategy, which sets out how and where we currently locate and deliver our services.

Our workforce has changed how they work and now have a variety of different workstyles, including fixed, flexible, mobile and remote. We continue to identify opportunities of co-locating our professional staff alongside colleagues in GP Practices and in community settings with partners.

We want to be available to the people we work with and use the property and resources to best effect. We want to deliver health and social care services in a way that suits the communities we serve and promotes the wellbeing of people living locally, from premises that support integrated working.

We have also built a foundation for technology enabled health and care and engaged with service users to hear their voices regarding their needs. We are currently replacing the analogue telephony infrastructure, which supports telecare, with digital technology and this has created new opportunities for innovation in Technology Enabled Health and Care (TEHC). We will be developing this further to maximise TEHC solutions for our service users in the community.

Thinking Differently

Our Thinking Differently approach offers peer mentor support to the workforce to think differently about social care delivery. This includes supporting the ongoing implementation of the Self-directed Support (Scotland) Act 2013, Carers (Scotland) Act 2016 and Technology Enabled Care and Health across East Ayrshire.

We do this by offering support, information and guidance to the workforce, promoting an asset and personal outcomes approach. By understanding more about an individual's strengths, skills, knowledge, experiences and resources, people and their families are in a better position to decide on the right supports and services.

Leadership and Improvement

We are building on a foundation of strong leadership and focus on improvement across all sectors, which creates the environment where all partners working together can make real difference in our communities. Our partnership approach starts from an understanding that we are collaborating as a wider workforce bringing all of our combined assets to achieve shared goals.

We are working alongside local and national partners to: create opportunities to develop collaborative commissioning opportunities in the delivery of services, further develop engagement and involvement for people who use our services, families and carers as experts in their own lives and embed improvement and innovation by expanding the learning and good practice from new service models and by supporting our workforce to innovate. The Partnership have invested in a 24-month Innovation Lead post to support this work.

People will be able to report an improvement in effectiveness and responsiveness of services which reflect local needs and partners in communities will feel more involved as active participants in the design and delivery of services. We will participate in new and innovative local and national initiatives

that seek to test new ways of working and collaborative working, built upon multi-disciplinary teams in localities will be the recognised approach to service design, commissioning and delivery.

Partnership with Housing

Ensuring our communities have access to good quality housing and housing related services is key to enabling people to live as independently as possible and also makes a significant contribution to reducing health inequalities locally. We have developed integrated working and a shared strategic focus delivered through the Housing Contribution Statement (Appendix 2) which operates as the bridge between strategic housing planning and that of health and social care. The Statement is an integral part of East Ayrshire’s Health and Social Care Partnership Strategic Plan 2021-2030 and identifies the contribution of the housing sector in achieving the aspirations of this Plan.

Partnership with Third and Independent Sector

The contribution of partners in the third, voluntary and independent sectors is invaluable as is the involvement of local community groups. These partners are rooted in local communities, can identify, and respond to things as they happen and are connected into the daily lives of people and families. Partnership working across sectors that reaches those who need support at the right time is vital.

The third sector operate many health, care and support services commissioned by the HSCP. Such services include addiction and recovery services, mental health and dementia supports, independent advocacy services, family support services, support for unpaid carers and services to support hospital discharge and people living independently at home. Other services include community-based support though commissioned for people with learning disabilities, supported accommodation and short breaks.

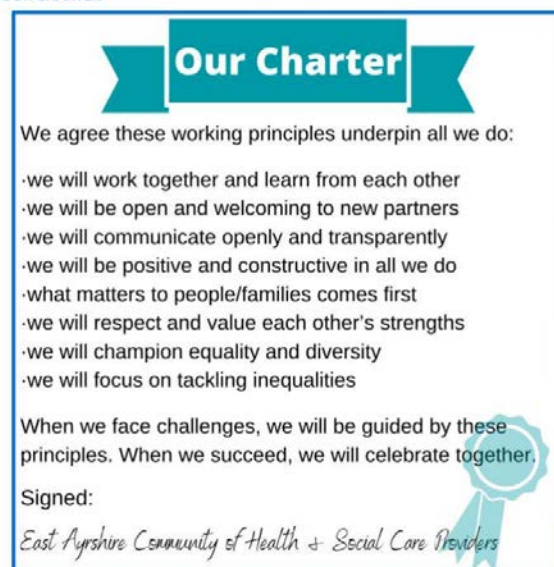
Voluntary groups also provide vital support to the HSCP and include peer support groups those who are maintaining their wellbeing in their communities.

The independent sector provides care home places and care at home throughout East Ayrshire. The independent sector offers a wide range of knowledge and skills and is a crucial partner within the HSCP. The Independent sector allows us to maximise resource, allowing for sustained investment to deliver innovative, high-quality service and improved choice and outcomes for individuals.

Information and Communication

Working together with partners and communities towards shared objectives and with common values is the key to the success of integrated care. Engaging with people and families who use services and actively involving them in decisions and service design is central to enabling health and care services to become more responsive to and improving the quality of life of our citizens.

OUR CHARTER



The Partnership has a Communications Strategy which sets out how providing information early keeps people at the centre, addresses inequalities and enables people to live their best life. Robust information and good communication will be needed to support all these changes. The Partnership recognises too that keeping employees informed is essential in order that they may act as advocates and champions of change.

Through strategic use of information and communication, we will involve and engage people to shape the care and support they receive, to bring about a change in the way health and social care services are delivered and enable people to live healthier lives in their community.

HOW WE WILL KNOW WE HAVE MADE A DIFFERENCE

Performance

We produce a public report every year to demonstrate the difference our services and partners have made for people in East Ayrshire. These [Annual Performance Reports](#) look retrospectively at performance in the previous year, with alignment to our strategic priorities and nationally agreed outcomes for health and wellbeing, children and young people and community justice.

A wide range of qualitative and quantitative information is presented across these areas to evidence impact on outcomes. We report on our performance, with appropriate benchmarking, using a number of data indicators that are common across Scotland, including:

- Core Suite of Integration Indicators (CSII);
- Ministerial Strategic Group (MSG); and
- Statutory Performance Indicators.

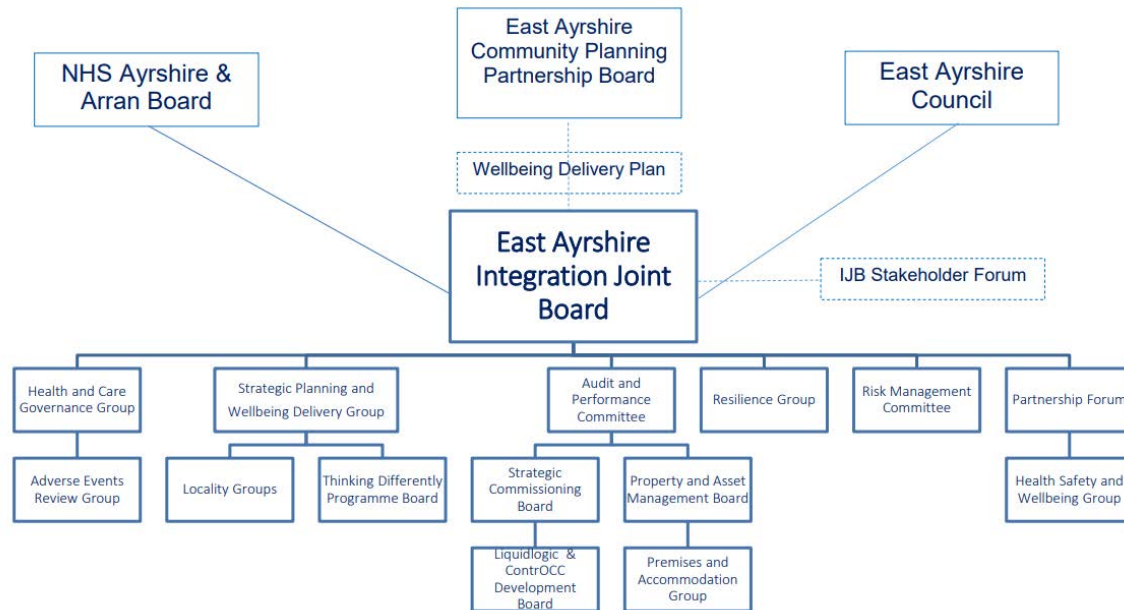
Local indicators are also used alongside these, aligned to the East Ayrshire Local Outcomes Improvement Plan and our strategic priority themes.

We know that the health, wellbeing and safety of local people and families cannot be described solely through data. As such, personal experiences, feedback and examples of service delivery and developments are also included within our reports to illustrate how service improvement and positive outcomes are being achieved. Collectively, this rich information allows us to acknowledge our strengths and also identify areas where we could improve.

The progress in delivering this Plan will be monitored and reported regularly to Audit and Performance Committee through our Service Improvement Plan reporting. The Service Improvement Plans set out actions linked to the priorities of the Strategic Plan as well as performance indicators and risks.

Self-evaluation is central to our continuous improvement. It enables our services to reflect on what we are doing so we can get to know what we do well and identify what we need to do better. We will continue to develop our quality assurance processes.

We report against these indicators and our strategies regularly through the IJB and its governance committees (shown in governance diagram below) and to the Scottish Government, providing a useful means of measuring progress and benchmarking alongside other areas.



It is within this context that our Annual Performance Reports during 2021-30 will include an additional focus on:

- Child development and poverty;
- Mental wellbeing, drug related deaths and deaths from suicide;
- Wellbeing across the health and social care workforce;
- Early intervention and specialist supports that improve wellbeing and safety for women, children and young people and people at risk of harm; and
- Measuring the use and effectiveness of new digital technologies.

Best Value

Best Value is a duty that applies to all public bodies in Scotland. To achieve Best Value, we must demonstrate good governance and effective management of resources to ‘follow the public pound’ in delivering the best possible outcomes for the public.

Best Value is based on the values of openness and transparency, allowing the public to understand decision-making, how resources are being utilised and how we are working to deliver services and improve outcomes. To allow for scrutiny, we report on decisions, collect and publish performance information which demonstrates Best Value. Engagement with the public and communities is a significant part of Best Value in that we must involve people and communities in the work we do, the decisions we make and the services we design.

Equalities and Human Rights

East Ayrshire Health and Social Care Partnership is fully committed to delivering services that are fair for all and uphold our responsibilities as specified in the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012.

As we have consistently demonstrated over the life of our Partnership, we have strived to not only to meet our duties under the equalities legislation but also to ensure that equality and human rights becomes part of everything we do, within our structures, behaviours and culture.

We continue our commitment to delivering rights-based care and support and ensuring people can access support at the point they feel they need it (including for advice and signposting to local community-based resources) as recommended in The Independent Review of Adult Social Care in Scotland (2021).

It is a key priority for the HSCP to respect and promote the rights of children and young people and involve them in all decisions made about them by further embedding the UN Convention on the Rights of the Child (UNCRC) in our policies and practices preparing for this to become law.

We strongly believe that reducing the impact that inequalities have on local people and communities is of paramount importance. The commitments we have made within this Strategic Plan will engender a culture, which promotes equality, values diversity, protects human rights and social justice and tackles discrimination for both our workforce and our residents.

Since 2017, and in partnership with other Ayrshire public sector organisations, we have undertaken and supported a wide range of activities that have helped to progress and advance each of the four Ayrshire Shared Equality Outcomes. These outcomes are that, in Ayrshire:

- People experience safe and inclusive communities
- People have equal opportunities to access and shape our public services
- People have opportunities to fulfil their potential throughout life
- Public bodies will be inclusive and diverse employers

These activities focused on improving the lives of people across Ayrshire and East Ayrshire by reducing the significant inequalities and barriers local residents face to living a safe, healthy and active life.

The [Equalities Mainstreaming Report for 2021-2023](#) outlines our commitment to promoting equality and provides an overview of our progress in mainstreaming equalities into the Partnership's day-to-day business processes.

An Equalities Impact Assessment has been carried out as part of the development of the Strategic Plan, which will continue to inform our strategic commissioning and service delivery activities.

Going forward, we will ensure human rights and equalities standards are prominent within the commissioning and tendering processes for services through the refresh of our Market Facilitation Statement.

Risk

The HSCP's [Risk Management Strategy](#) details how the IJB monitors risk. The HSCP Risk Register and all Service Risk Registers will be reviewed by the HSCP's Risk Management Committee on a quarterly basis. The Audit & Performance Committee will also regularly review the HSCP's Risk Register and report to the IJB where required.

APPENDIX 1: LEAD PARTNERSHIP ARRANGEMENTS

Lead Partnership arrangements continue to be in place across Ayrshire & Arran.

East Ayrshire HSCP

East Ayrshire HSCP will continue to manage and deliver primary care services across Ayrshire and Arran through Lead HSCP arrangements on behalf of the North and South Health and Social Care Partnerships:

- General medical services;
- Community pharmacy;
- Community Optometry;
- Dental Services: General Dental Service and the Public Dental Service; and
- Ayrshire Urgent Care Service.

In addition NHS Ayrshire & Arran directly commission East Ayrshire HSCP to conduct Primary Care Contracting on behalf of the Board.

The vision for Primary Care services in Ayrshire and Arran is to have *sustainable, safe, effective and person-centred services*, which will be delivered in partnership between communities, Primary Care, Health and Social Care Partnerships and the Acute, Third and Independent Sectors. The Ayrshire and Arran vision aligns to the Scottish Government's vision for the future of Primary Care service delivery, which is for multi-disciplinary teams, comprising a variety of health professionals, to work together to support people in the community.

General Medical Services

Primary Care is usually a patient's first point of contact and it is estimated that around 90% of NHS contacts take place within general practice. There are 53 GP practices across Ayrshire and Arran who all operate as separate independent businesses in their own right.

General practice brings a range of healthcare services to work alongside people and families in local communities. To help strengthen this, a new control was introduced in 2018 to facilitate a refocusing of the GP role as Expert Medical Generalist (EMG). This is still being delivered locally through the Primary Care Improvement Plan (PCIP).

This integrated health and care model brings a number of additional professionals into general practice, including: nursing staff, pharmacists, mental health practitioners, MSK physiotherapists and community link workers to promote the GP role as an EMG within the practice team. In addition, patients are also signposted, where appropriate, to other primary healthcare professionals within the community.

During the lifetime of the Strategic Plan, the Macmillan Improving the Cancer Journey service will also become a key partner providing primary healthcare in the community by supporting the clinical and social needs of people, families and carers affected by cancer diagnoses. This aligns to the Caring for Ayrshire vision which focusses on individuals, families and communities with general practice and primary care providing accessible, continuing and co-ordinated care.

The further development of digital approaches and improvements with the remote access platform will be required and will support general practice and multi-disciplinary team members working across various sites. A review and scoping of GP practice premises to identify areas of greatest challenge and opportunities for future models of care will be included with the NHS Ayrshire & Arran whole system plan anticipated to progress during the lifespan of the Strategic Plan aligned to the organisation's short/medium/long term plans.

Community Pharmacy

NHS Pharmacy First Scotland was introduced in July 2020, replacing the local Minor Ailments Service. This service is delivered by every pharmacy in Scotland and is primarily a consultation based service, designed to encourage the use of community pharmacy as the first port of call for all minor illnesses and common clinical conditions. An increasing number of Community Pharmacists are qualified Prescribers and can provide advice, care and treatment where appropriate, often without the need for an appointment. This offers people an alternative way to access care close to home at a time suitable to them rather than the need to see their GP.

Community Optometry

Community Optometrists provide a first point of treatment for minor eye ailments. If people require medicine for an eye problem this is provided free of charge from the community pharmacy through Pharmacy First Scotland.

Community Optometry provides a range of services in addition to routine eye examinations and dispensing glasses etc. Optometry practices can carry out post-operative cataract reviews, some are accredited to undertake Diabetic Eye Screening and some provide the Low Vision Aid service. Geographical access to eye care at optometrist practices across all HSCPs in Ayrshire & Arran is good. Some fixed site practices also provide a domiciliary service and further coverage is available from large mobile optometry providers, which offers a service to those who are unable to access high street practices for their eye care needs.

A number of Community Optometrists are becoming independent prescribers. These contractors are able to manage and treat a wider range of presenting eye conditions within the scope of their practice and in the community setting. Recently Community Optometrists were given increased digital access to clinical systems to enhance patient access and information sharing with secondary care services. This reduces the need for urgent referrals into secondary care services and supports the national Right Person, Right Place campaign.

Dental Services

NHS General Dental Services (GDS) is typically the first point of contact for NHS dental treatment for patients within the community. People register with a dentist in order to receive the full range of NHS treatment available under GDS.

The Public Dental Service (PDS) acts as both a specialised and safety-net service providing care for individuals who are unable to obtain care through the GDS such as those with special care needs or patients living in areas where there were few NHS dentists providing GDS. The PDS provides out of hours dental care and a range of programmes supporting health inequality and dental education is also incorporated within the service.

Oral health prevention is a key priority across Ayrshire and Arran. The Scottish Government published the Oral Health Improvement Plan (OHIP) in January 2018. The aims of the OHIP are to focus on prevention, encouraging a more preventive approach to oral health care for patients of all

ages to ensure that everyone can have the best oral health possible and that education and information sharing is specifically targeted at individuals and groups most at risk such as those who do not attend regularly for check-ups, communities in low income areas and particularly those people who either smoke or drink heavily.

The Childsmile toothbrushing Programme is a supervised programme also delivered by the oral health team aimed at helping children develop an important life skill at an early age, supporting positive development in their immediate social and physical environment.

Ayrshire Urgent Care Service

Primary Urgent Care Services are delivered through the Ayrshire Urgent Care Service (AUCS) which provides a 24/7 urgent care response to the population including out of out of hours General Medical Services.

Over recent years, the service has adopted a multi-disciplinary integrated approach to out of hours services in Ayrshire bringing together Primary Care services, Social Work, and Mental Health services. AUCS operates from the Lister Centre at University Hospital Crosshouse supported by local primary care treatment centres based at University Hospital Ayr and Ayrshire Central Hospital in Irvine and the home visiting service as required for patients who need urgent care when their GP Practice is closed. In partnership with NHS24, there is continued promotion of self-care and redirection to the most appropriate services, i.e. local pharmacists.

As well as providing General Medical Services during the out of hours period, AUCS acts as a 24/7 Flow Navigation Centre (FNC) to support patients navigate through various community led urgent care pathways. These innovative pathways support an improved patient journey with continued focus on community based services. The success of the new pathways and ways of working is a result of good working relationships across Ayrshire and Arran and wider system partners including NHS 24, Scottish Ambulance Service, Police Scotland, as well as strengthened connections with GP practices and Community Pharmacy. The COVID-19 Therapeutics pathway is also delivered through the COVID Treatment Centre within AUCS.

Data from the service demonstrates the effectiveness of avoiding unnecessary hospital attendances or avoidable admission to hospital which has better outcomes for patients. AUCS continues to build on the unique 24/7 model which incorporates OOH and FNC through continuous review of all pathways to evaluate efficiency and effectiveness to create and sustain fully person centred pathways for all patients, getting the right care in the right place at the right time.

North Ayrshire HSCP

North Ayrshire HSCP will continue to manage and deliver the following services on behalf of the East and South Partnerships.

Mental Health Inpatient Services

Mental Health Inpatient services across Ayrshire, including:

- Acute inpatient assessment for individuals experiencing functional and/or organic presentation
- Low Secure male inpatient services
- Intensive Psychiatric care provision

- Generic and forensic rehabilitation services, including community-based provision at Warrix Avenue, Irvine
- Hospital Based Complex Continuing Care for individuals 65 and over on Ailsa site
- Inpatient addiction service, offering inpatient detoxification programme, residential and day attendance rehabilitation programme

Also included within the inpatient portfolio of services are:

- Community Forensic Team
- Acorn – service based at Ailsa offering structured activity, sheltered employment opportunity and supporting individuals who have/are experiencing mental disorder to develop a range of skills

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

Pan Ayrshire Mental Health Unscheduled Care Service

The Pan Ayrshire Unscheduled Care Mental Health Service is operationally managed by the North Ayrshire HSCP, however has bases and touchdown points within East and South HSCP as well as its mainland Acute and Community Hospital sites. The following teams are included:

- Intensive CPN Team
- Mental Health Liaison Team
- Alcohol & Drug Liaison Team
- Elderly Mental Health Liaison Team
- Mental Health Advanced Nurse Practitioner Team
- The Emergency Services Pathway falls within this service and is supported by the above teams. This pathway is operational 24 hours per day, 7 days per week, 365 days of the year and provides a professional-to-professional response to our colleagues from Police Scotland and Scottish Ambulance Services.
- The Mental Health Unscheduled Care Assessment Hub within Woodland View (Ward 7B) will also be supported and manned by the staff from the above teams. This service will provide an alternative setting of intensive assessment for adults aged 18-65 who would have been previously admitted to adult acute admission wards at Woodland View.

Learning Disability Assessment and Treatment Service

The Assessment & Treatment (A&T) Unit is a 7-bed inpatient admissions unit based in Ward 7A, Woodland View. The unit provides access to specialist intensive multi-disciplinary A&T services for adults living in Ayrshire who have a learning disability.

‘People with learning disability have a significant, lifelong, condition that started before adulthood, which affected their development, and which means they need help to:

- Understand information,
- Learn skills, and
- Cope independently.

The Multi-Disciplinary Team (MDT) consists of Learning Disability Nurses, Psychiatrists, GP, Psychologist, Pharmacist, Occupational Therapist, Speech & Language Therapist, Physiotherapist and Dietician.

Criteria for admission include:

1. The individual has an established diagnosis of Learning Disability.
2. The individual is aged 18 or over.
3. The individual is currently open to the Community Learning Disability Team or has been assessed as suitable for input from the Community Learning Disability Team.
4. The individual has severe emotional, behavioural or mental health difficulties
5. Provision of assessment and treatment in the community by appropriate members of the Community Learning Disability Team has been difficult or unsuccessful.
6. All less restrictive alternatives to admission have been considered.
7. There is a significant degree of risk to self or others.
8. It has been assessed that the individual would benefit from receiving Assessment and Treatment in a specialist Learning Disability inpatient setting.

Admission will not be considered appropriate in the following circumstances:

1. Where the reason for request for admission is because of a placement breakdown and where there has been no indication identified for assessment and treatment in hospital.
2. For respite.
3. Where an individuals' management plan clearly states that hospital admission would not be of benefit.
4. For assessment and treatment of physical health problems or for rehabilitation following a period of physical ill-health.

Planned admissions should take place within hours whenever possible. Out of hours admissions will be facilitated to Ward 7A.

Only individuals who are receiving active input from the Community Learning Disability Teams should be considered for admission directly to Ward 7A. If an individual is not active to the CLDT they should be admitted initially to an Adult Mental Health Ward. The admitting ward should alert Ward 7A MDT to the admissions and members of the Ward 7A MDT will arrange to carry out an assessment as soon as practicable.

Psychology Services

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

- Child Psychology
- Community Paediatric psychology
- Medical Paediatric psychology
- Infant Mental Health
- Perinatal Mental Health
- Adult Mental Health
- Older Adults
- Clinical Health psychology
- Neuropsychology
- Staff Wellbeing service
- Learning disability services
- Adult Forensic psychology
- Adult Inpatient psychology
- NASIS
- Addictions psychological service
- Eating Disorders Psychological service
- V1P Veteran Service

The service deploys a range of staff within these specialist roles to undertake focused work and leadership roles.

Child and Adolescent Mental Health Service (CAMHS)

The CAMHS service is a specialist Pan Ayrshire mental health services providing assessment, diagnosis, and treatment for young people with mental health conditions. CAMHS deliver services in line with the National CAMHS Specification published Sept 2021. CAMHS teams include:

- Specialist Community CAMHS (SCCAMHS)
- CAMHS Unscheduled and Intensive Treatment (CUAIT) Team
- Neurodiverse-CAMHS (N-CAMHS)

Community Eating Disorder Service (CEDS)

Community Eating Disorder Services provide a Pan Ayrshire life span service for individuals experiencing an eating disorder such as Anorexia Nervosa and Bulimia Nervosa who require intensive community treatment, CEDS also provide input to acute inpatient services.

Ayrshire & Arran Perinatal and Infant Mental Health Service

The Ayrshire & Arran Perinatal Team is a specialist, tertiary care community mental health service offering assessment, diagnosis and treatment to individuals in the perinatal period across Ayrshire. The team works with women who wish to start a family but are at risk of becoming severely mentally unwell. The service also treats women who are pregnant or in the post-natal period and have severe mental illness or are at high risk of becoming severely unwell.

The Infant Mental Health Team “Mini Minds Matter” focus on both indirect and direct work. Indirect work includes teaching, training, consultation, supervision, reflective practice, and strategic input; a focus is on upskilling the other member of the IMH system. Direct work will include evidence-based assessment and intervention approaches (once appropriate clinical space has been found).

In addition, North Ayrshire has lead responsibility for the following Early Years Services:

Child Immunisation Team

In East and South Ayrshire, the HSCP Immunisation Team deliver all immunisation clinics, where in North clinics are delivered by both the Immunisation Team and many GP surgeries. The team is also responsible for the pupil immunisation programme in all Ayrshire schools.

Community Infant Feeding Service

The community infant feeding nurse works across Ayrshire to provide a specialist service to families experiencing complex challenges with infant feeding. The service supports health visiting staff with advice and provides direct support to families via telephone, face to face discussions or home visits.

Child Health Administration

Child Health Administration team co-ordinates, manages and supports the delivery of Ayrshire’s child immunisation programme and development screening programmes. The team maintains all records and information in relation to its remit and provides information to the Information Statistics Division (ISD) via nationally established data systems.

South Ayrshire HSCP

South Ayrshire HSCP will continue to manage and deliver the following services on behalf of the East and North Partnerships.

Community Equipment Store

The Community Equipment Store supports the provision of equipment, such as hospital beds, mattresses, hoists, slings etc., across the Ayrshire and Arran Health Board. As lead, South Ayrshire Health and Social Care Partnership are responsible for line management and budget of the service. The service supports discharges from two acute hospital sites and rural/community hospitals, as well as supporting care in the community across the three Health and Social Care Partnerships.

Community Equipment meets a wide range of needs across all care groups and ages, maximising independence and promoting functional abilities. The equipment provided enables children and adults to carry out the activities of daily living within their own home, including transfers, toileting, bathing and mobility. It can also offer specialist equipment solutions such as profiling beds, mattresses, seating and moving and handling equipment for people with more complex needs and longer-term health conditions, allowing them to be cared for at home.

The Community Equipment Store has had a full staffing complement for this last year. The service continues to be in high demand and has experienced significant increases in both deliveries of equipment and impact to budget. Despite this increase in demand the delivery times have improved, particularly for individuals requiring equipment at end of life. The store continues to have a focus to drive down lead times for equipment deliveries, whilst also enabling the ongoing focus on supporting quick access to equipment to avoid hospital admission and support individuals in the community.

In January 2023, Scottish Government published "Equipment and Adaptations: Guidance on provision". This guidance highlights the importance of equipment provision in enabling individuals to live safely and independently in their own home. Access to community equipment was an overarching theme referenced within the Caring For Ayrshire Rehab Workstream and has also been a key focus of the Palliative/End of Life workstreams. To adhere to the Scottish Government guidance and progress the actions required to develop the service, the Community Equipment Store has a number of key areas identified and an action plan has been developed. Key to this is the development ELMS, (Electronic Loan Management System) to manage and maintain stock, develop a more efficient referral system and improve service delivery.

The HSCP is currently reviewing the demand and performance of the Community Equipment Store in order to promote efficient and effective management of the store and improve upon the support to the disciplines and communities who require its services.

Continence

The Integrated Continence Service promotes continence by empowering patients to self-manage through behaviour and lifestyle interventions. The objectives of the service are to offer intermediate clinics across Ayrshire and to offer an advisory service to patients, carers, care homes and voluntary organisations. Whilst also providing educational service to NHS clinicians. The service is advisory for all clinicians in Primary Care. This includes Children's services, Health Visitors and School Nursing Teams across Ayrshire.

Family Nurse Partnership

The Family Nurse Partnership programme (FNP) is a licensed, intensive preventative home visiting programme. FNP focuses on helping first-time mothers aged 19 years old and under) to engage in preventative health practices. The programme intensively support parents to provide responsive, sensitive and positive parenting. The programme helps parents and families to develop self- efficacy to both identify and achieve their future goals. Family Nurses in Scotland also deliver the Universal Health Visiting Pathway to the families they serve, the FNP programme deliver a minimum of 26 visits to families and more as needs would indicate, this is delivered alongside the FNP home visiting schedule.

Family Nurse Partnership is a structured programme of tailored visits delivered by specially trained Family Nurses. This begins early in pregnancy and continues until the child's second birthday. The three key goals of FNP are to:

- improve pregnancy and birth outcomes, through improved prenatal behaviours.
- improve child health and development, through positive, responsive caregiving; and
- improve economic self- sufficiency of the family, through developing a vision and plans for the future.

The service is working with the Peri-natal Mental Health service steering group to look at how it can best support clients both ante-natally and post-natally with the significant levels of trauma that they have often encountered growing up.

Developing a contraceptive champion model which will allow a Family Nurse (qualified in Family Planning) to deliver certain methods of contraception to clients within their home. This model is currently working well in FNP – NHS Lothian.

Continuing to develop our breastfeeding champion model by using new resources and cascading up to date learning and training to members of the rest of the team.

The motivational interviewing workshops for colleagues in other areas will also continue to be supported looking at a variety of ways in which these skills can be used to help explore different topics including breastfeeding.

APPENDIX 2: HOUSING CONTRIBUTION STATEMENT

Housing has a critical role in terms of improving health and social care outcomes for people in East Ayrshire. The right home; one that is accessible, warm, safe, secure and affordable, in the right place, with the right support, is key to helping people live longer healthy lives in their own community. This importance is recognised in the Strategic Plan with the provision of appropriate housing and housing related support identified as a cross cutting theme affecting all care groups.

1. Housing Services and the Health and Social Care Partnership Framework

Since integration was established, partnership working between Housing Services and the Health and Social Care Partnership has matured and strengthened and we have developed strategic processes that are focused on shared outcomes, priorities and investment decisions that positively contribute to health and well-being.

To agree strategic direction at the interface between housing and health policy issues, senior leadership from both the HSCP and Housing Services are represented on key strategic planning groups. East Ayrshire Council Head of Housing and Communities and representatives from the Registered Social Landlord sector attend the Strategic Planning Group/Wellbeing Group and articulate the views of the housing sector and the role it plays in achieving the national health and wellbeing outcomes.

Likewise, the Health and Social Care Partnership has representation on a number of housing led strategic groups. These strategic groups also provide a mechanism for involvement from third and independent sector partners and vitally from people who receive or have an interest in shaping service or strategy development.

2. Shared Evidence of Need

The evidence used to identify and assess the level and type of specialist housing provision that is required across East Ayrshire is derived from a number of key sources across both services. These include the Housing Need and Demand Assessment (HNDA), the Housing Asset Management Framework as well as the assessment of population need. A summary of these key strategic documents are provided below.

- **Housing Need and Demand Assessment**

The key evidence base used to inform strategic documents within Housing Services is the Housing Need and Demand Assessment. The HNDA (2018) estimates the future number of additional homes required to meet existing and future housing need and demand. It also provides information to assist in the development of policies relating to new housing supply, management of existing stock and the provision of housing related services. Furthermore, it provides an evidence base for specialist provision housing and focuses on the provision required across the local authority area.

Work commenced on the new East Ayrshire HNDA in 2023 and the final HNDA Report will be submitted to the Scottish Government's Centre for Housing market Analysis (CHMA) in summer 2024, for approval.

- **East Ayrshire Local Housing Strategy 2019-2024**

The East Ayrshire Council Local Housing Strategy (LHS) 2019-2024 is the key planning vehicle that articulates how the Council and its partners will meet the housing requirements of all those who reside in East Ayrshire and sets out East Ayrshire Council's vision for the

future of housing and housing related services over the next five years. It also sets out the Council’s approach to meeting statutory duties such as Homelessness service provision, eradicating fuel poverty, tackling the effects of climate change and improving house condition across all tenures.

- **Housing Asset Management Framework**

The Housing Asset Management Framework (HAMF) provides a framework for managing the Council’s housing stock to ensure it contributes efficiently and effectively to the need identified within the EAH&SCP Joint Strategic Needs Assessment and the Housing Need and Demand Assessment.

- **EAH&SCP Profile**

The Profile directly informs the strategic direction of future service provision and is key in helping us to understand the health and wellbeing needs of our population and socio-economic circumstances within communities.

3. Shared Outcomes - Housing Contribution in delivering Strategic Plan Priorities

The Strategic Plan sets out the aims, priorities and commitments for the Partnership. The table below shows housing contribution to the delivery of these aims:

STRATEGIC PRIORITY	LOCAL OUTCOME
1. Starting Well, Living Well and Dying Well	More people and families have better health and wellbeing and we have fairer outcomes.
2. Caring for East Ayrshire	Health and social care is delivered in a way that promotes wellbeing and suits people and families.
3. People at the Heart of What We Do	People, unpaid carers, families and communities achieve their outcomes through seamlessly joined up support- they are at the centre of all we do and support is a positive experience.
4. Caring for Our Workforce	The health and social care workforce is well and we have the right people with the right skills in the right place at the right time, to support people, families and communities to achieve their goals.
5. Safe and Protected	East Ayrshire is a safe place for people to live, work and visit.
6. Digital Connections	Digital technology has improved local wellbeing and transformed health and care.

The Local Housing Strategy 2019-2024 is the key planning vehicle that articulates how the council and its partners will meet the housing requirements of all those who reside in East Ayrshire. The strategic housing outcomes reflect and align across the published National Health and Wellbeing Outcomes Framework and set out the specific actions that Housing Services will undertake to support independent living and the integration of health, social care and housing. The strategy provides details of the services and support services that are available to achieve this goal and provides an estimate of future specialist provision, need and delivery options.

LOCAL HOUSING STRATEGY PRIORITIES AND ACTIONS

PRIORITY: East Ayrshire has a supply of good quality affordable housing across all tenures based within vibrant empowered communities

ACTIONS:

- Ongoing production of the SHIP and management of the affordable new build programme.
- Manage existing stock to accommodate housing need.
- Improve provision for Gypsy/Travellers.
- Best use is made of community resources to create vibrant empowered communities and increase tenant involvement.

PRIORITY: People have access to a person-centred housing options service and, where possible, homelessness is prevented.

ACTIONS:

- Reduce Homelessness.
- Monitor and reduce rough sleeping.
- Develop protocol arrangements for young people leaving care.
- Develop and maintain a partnership approach to providing accommodation for individuals on release from prison.
- Improve the quality and consistency of joint efforts to address housing, health and social care needs of homeless people.
- Reduce the time spent in temporary accommodation.

PRIORITY: People are supported to live healthy independent Lives, for as long as possible in their own homes and communities.

ACTION:

- Develop supported living accommodation in partnership with Health and Social Care.
- Increase the supply of social rented housing suitable for older people.
- Increase the supply of social rented housing suitable for people with mobility needs.
- Continue to encourage independent living across all tenures.
- Ensure frontline staff are fully trained to assist people to live independently in their own home.

PRIORITY: People in East Ayrshire live in high quality, energy efficient homes and fuel poverty is minimised.

ACTIONS:

- Work with partners to support fuel poor households.
- Maximise household income.
- Ensure existing housing stock is energy efficient and meets new and existing home energy efficiency standards.

4. Key Challenges

The assessment of housing need and demand highlights many challenges that need to be collectively addressed by the Health and Social Care Partnership and Housing Partners to support people to live at home or in a homely setting for as long as possible. Key challenges include

- Changing demographics in East Ayrshire, particularly in relation to an ageing population profile.
- Increasing demand for complex adaptations to existing homes.
- Increasing demand for specialist housing and support for people with particular needs.
- Responding appropriately to the specific housing and support needs of vulnerable groups such as homeless people, older people, people with mental health issues, people with learning disabilities and young people leaving care.
- Responding to the challenges of the urban/rural mix` of the Local Authority area in relation to the provision of support and suitable accommodation.
- Continuing to identify households in fuel poverty or at risk so that appropriate support and assistance is provided.

In respect of improving the housing contribution to the health and well-being of individual care groups the associated challenges are highlighted in the table below

Care Group	Housing Challenges
Older People	An increasing older population will increase the demand for accessible housing and housing support services.
Older People	Given the increasing complexity of needs of older people supported at home, consideration should be given to how housing can be enhanced to improve the accessibility and suitability.
Older/Vulnerable People	Given the current cost of living crisis and the link between fuel poverty and poor health outcomes, particularly for more vulnerable households it is important that energy efficiency advice and improvements are targeted effectively.
People with disabilities	There is a clear need to develop additional wheelchair accessible housing and supported accommodation in EA to meet demand identified by the HSCP.
People with disabilities	It is acknowledged that most needs are met through the broad range of equipment, adaptations and other in situ interventions, many of which are preventative in nature. It is important that continued focus is given to developing these services to meet the increasing demand arising from population growth and existing unmet need and to ensure effective use is made of adapted properties when they become available for allocation.
People with disabilities	Planning for the future in partnership with adults with a learning disability and their families/carers is essential in meeting future demand for housing.
People with a mental health condition	People with mental health problems can find it difficult to secure and maintain good quality accommodation. High quality housing and support can improve health and help reduce demand for health and social care services.

Care Group	Housing Challenges
People who are homeless	In order to improve outcomes for people who experience homelessness, we need to develop better shared responsibility in planning and case management across services.
People who are homeless	There is a need for even more emphasis on tailored housing options advice and earlier intervention / prevention.
People who are homeless	Cohesive partnership working is required to ensure the successful implementation of the Rapid Rehousing Transition Plan.
Vulnerable Young People	The Children and Young People (Scotland) Act 2014 continues to impact on the Council and other services as a result of the increase in age threshold and scope of services for corporate parenting responsibility.
Other Groups	Gypsy/Travellers can experience issues in accessing services due to their transient lifestyle and as a result experience poorer health than the rest of the general population. It is therefore important that there is appropriate support to ensure Gypsy/Travellers have access to housing, health services, social care and education in order to address inequality.
Other Groups	East Ayrshire is gradually becoming a more culturally diverse place to live but is still less culturally diverse than the rest of Scotland. It is important therefore that access to housing and support services are as inclusive as possible with specific consideration to the different needs and aspirations of different cultural groups.

5. Addressing our Key Challenges

East Ayrshire Housing Services and the Health and Social Care Partnership are ambitious about what we want to achieve and, looking forward to 2030, our joint approach will continue to be transformational when designing and developing services to ensure they are responsive to local community needs. The ethos and principles of the Housing Sector are clearly already aligned with that of the HSCP, with a strong focus on preventative policies, home and person-centred services, a holistic approach to strategic planning, a fundamental commitment to reducing and eradicating inequalities, and pursuing efficiency and cost effectiveness.

In 2023 Housing Services identified 11 key actions that they would focus on to address the challenges in improving the housing contribution to health and wellbeing. These actions are:

1. Aspire to further develop supported living accommodation in partnership with Health and Social Care.
2. Work with partners in the Health and Social Care Partnership and other stakeholders to produce an updated Housing Need and Demand Assessment to inform future strategic provision.
3. Increase the supply of social rented housing suitable for older people.
4. Continue to work towards the wheelchair accessible housing target for appropriate new build developments.
5. Regularly review the East Ayrshire Common Allocation Policy alongside housing partners to ensure that Housing is allocated fairly, and applicant's needs, particularly in relation to care and support, are properly taken into account

6. Continue to embrace a neighbourhood coaching approach to service provision and ensure frontline staff are fully trained to assist people to live independently in their own home.
7. Continue to work with partners to prevent and alleviate homelessness specifically in relation to vulnerable groups such as young people leaving care and individuals on release from prison.
8. Improve the quality and consistency of joint efforts to address housing, health and social care needs of homeless people.
9. Use the information within the local needs assessment in order to inform future service provision for Gypsy/Travellers.
10. Continue to support the Refugee Re-settlement Programme.
11. Maximise the income of people within East Ayrshire and support them to access affordable housing that meets their current and future needs.

In summary, this overview of Housing Services contribution to the health and wellbeing of our citizens has highlighted the key role that the housing sector has in joint planning, commissioning and delivery of services as well as influencing investment decisions to support the Strategic Plan's outcomes and objectives.

The full Housing Contribution Statement can be found [online](#).

East Ayrshire Health and Social Care Partnership Strategic Plan Update 2024-27: Consultation Approach and Findings

1. INTRODUCTION

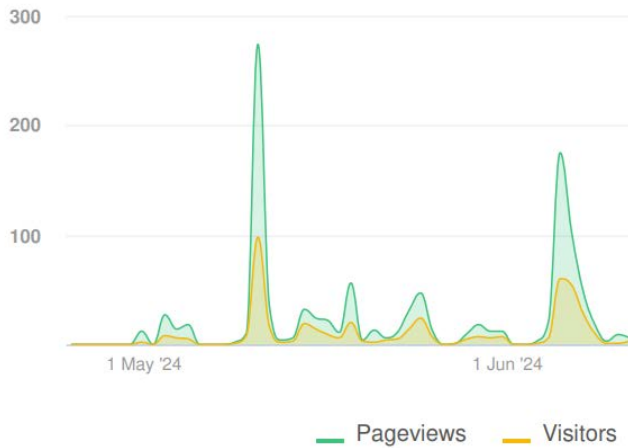
- 1.1 A focused consultation was carried out on the contents of the Strategic Plan from 29th April to 7th June 2024.
- 1.2 To inform this a Short Life Working Group was established with members from the Partnership's Communication team and Planning and Performance team.
- 1.3 Agreement that a multi-faceted approach was required incorporating online, targeted, and light-touch engagement to generate a broad spectrum of responses, comments and feedback. Informed by a detailed Communication and Engagement Plan.
- 1.4 The consultation focused on people who use our services, unpaid carers, the wider public, the workforce, third sector, provider organisations and our governance groups.

2. METHODS & APPROACHES

2.1 Engagement HQ

- The team were able to access and use the Engagement HQ platform for the first time. This provided a dedicated landing page allowing for a Plain English overview of the Strategic Plan, content and its importance. Having such a page with everything contained within in reduces the risk of people disengaging ('drop off').
- The platform provided the online survey function enabling us to create a survey focusing on the vision, values, strategic priorities, enablers and priorities for 2027. Equality Monitoring questions were also included.
- All supporting documents were uploaded to the page including the full Strategic Plan and Summary version.
- A Frequently Asked Questions section was populated providing an overview as to the services the Partnership provides.
- Key Dates detailed the consultation and governance timeline.
- Contact details for the Planning and Performance Manager provided.
- Lastly the page contained details and link to Stay Connected allowing participants to be keep up to date with developments and progress.

Figure 1 Engagement HQ Visitor Summary



Total Visits: 529; **Aware Visitors:** 396 (visited at least one page); **Informed Visitors:** 219 (downloaded a document, visited multiple pages) **Engaged Visitors:** 72 (completed the survey)

2.2 Targeted Discussions

- Collaborating with colleagues within the Partnership, East Ayrshire Council and community Partners provided opportunities to conduct targeted discussions.
- The format for these was a short presentation starting with an interactive quiz around awareness and knowledge of Health and Social Care in Scotland allowing then for an overview of our services, moving into a more detailed outline of the contents of the Strategic Plan.
- A bespoke discussion sheet encouraged smaller group discussions, focused on the vision, values, strategic priorities, enablers and priorities for 2027.
- Discussions took place with:
 - East Ayrshire Council Equality Forum
 - IJB Stakeholder Forum and Alcohol and Drug Partnership Lived Experience Panel (joint development session)
 - East Ayrshire Recovery Network
 - Alzheimer's Scotland – Kilmarnock Dementia Centre (this group only focused on the priorities for 2027)
- Around 70 people participated via this method.
- Additionally the NEST Wellbeing Group, Cumnock discussed the priorities for 2027 across their support groups and Breakfast Club with around 55 people.

2.3 Market-stalls

- Market-stalls allowed for some light touch engagement around the priorities whilst also promoting the online survey for those wishing to provide a more detailed response.
- These took place at:
 - Learning Disability Week Information Event held at North West Kilmarnock Area Centre

- Dalmellington Health Hub at Dalmellington Community Centre
- 33 responses were received.

2.4 What Matters to You Coffee Mornings

- To coincide with What Matters to You Day held on 6th June four coffee mornings primarily aimed at the workforce were held across various HSCP locations:
 - Rothesay House, Cumnock
 - The Johnnie Walker Bond, Kilmarnock
 - East Ayrshire Community Hospital, Cumnock
 - North West Kilmarnock Area Centre
- These sessions focused on the vision, values of the Partnership along with the priorities for 2027. Again also promoting the online survey for those wishing to give a fuller response.
- 119 people participated.

2.5 Additional Engagement Information

- East Ayrshire's 100 Days of Listening submission to the Scottish Throughcare and Aftercare Forum has also been incorporated into the Strategic Plan.
- This submission detailed a range of engagement activities to capture the views, experiences and areas to improve and focus on for care experienced children, young people and adults.
- From the broad range of information collated the following themes emerged:
 - Support for Transitions
 - Living Independently
 - Developing Life Skills
 - Employment
 - Wellbeing and Community
 - Workforce
 - Governance

3. PROMOTION

3.1 To ensure widest reach possible a range of communication and promotional methods were employed, with all linking back to the Engagement HQ page:

- Stay Connected Bulletin
- Living Well Website article and banner item
- Social Media Posts utilising Facebook, X (Twitter) and LinkedIn
- Partnership's Tea Break e-bulletin
- East Ayrshire Council's Chief Executive Weekly Bulletin (twice)
- Promotional posters in Partnership premises

3.2 The main sources of people visiting the Engagement HQ page were via the direct website link, the Living Well Website, the East Ayrshire Council website and Facebook.

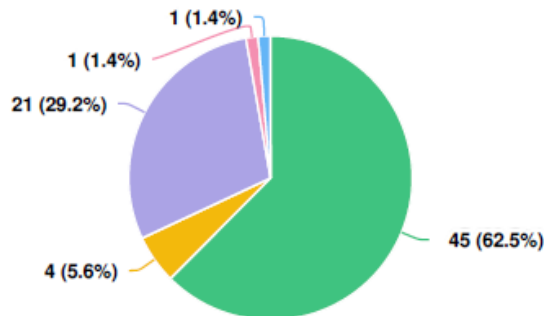
4. FINDINGS

4.1 Key findings:

- The vision should include 'health' to reflect the partnership between health and social care.
- Three quarters of respondents feel the strategic priorities are the right ones but 'Starting Well, Living Well and Ageing Well' should also include 'Dying Well.'
- In terms of enablers, respondents highlighted the key ones as communication and information, engagement and collaboration and partnership with housing services.
- Of the workforce responses, the majority can see how the work they do contributes to the Plan however felt more action is needed to better integrate services.
- When asked to rank the priorities for the next three years, our top four responses:
 - More families are financially stable.
 - People have better mental health.
 - Fewer people are lonely or socially isolated.
 - Fewer people have problems with drugs or alcohol.

4.2 Engagement HQ Online Survey Responses:

Q1 | Which East Ayrshire locality do you live, work or care for someone in?



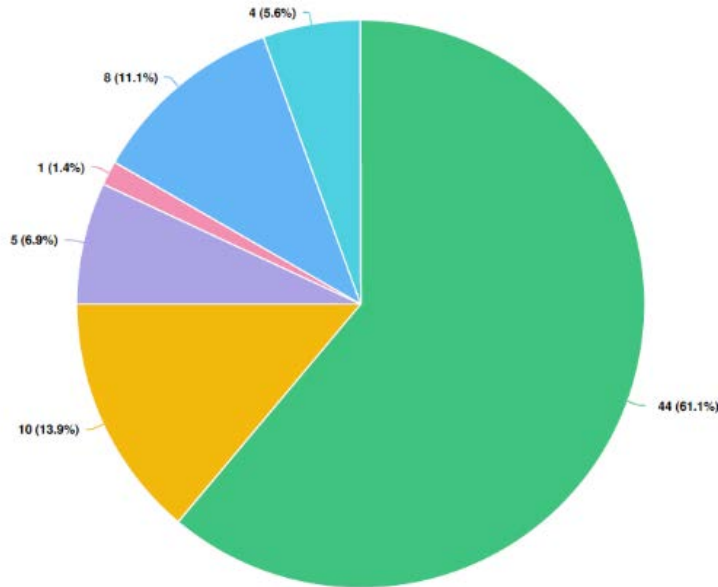
Question options

- Kilmarnock Locality (Kilmarnock and Hurlford)
- Northern Locality (Annick and Irvine Valley)
- Southern Locality (Ballochmyle, Cumnock and Doon Valley)
- Prefer not to answer
- I do not live, work or care for someone in East Ayrshire

Q1. The majority of respondents (45) were from the Kilmarnock locality area, with almost a third from the Southern locality area (21).

Q2. 44 respondents identified as members of the public, with 10 members of Partnership staff, 8 unpaid carers, 5 from the Third Sector, 4 Elected Representatives and 1 respondent from the Private Sector.

Q2 In which capacity are you completing this consultation?



Question options
● Member of the public ● Employee of EAC/NHS Ayrshire & Arran (EAHSCP) ● Third Sector representative
● Private Sector representative ● Carer of someone who receives health/social care services ● Elected representative

Q3 to Q14 provided Equality Monitoring data, allowing us to understand the audience the online survey had captured and any gaps in uptake. This section was optional with 53 out of the 72 responses opting to complete this section.

Age: 47 people responded when asked their age, with the youngest participant being 28 years of age and the oldest being 86 years old. Average age of 58 years.

Sex: 42 identified as Female, with 9 as Male, 2 preferred not to disclose.

Trans or Trans History: 52 respondents did not identify as being Trans or having a Trans history, with 1 person preferring not to disclose.

Sexual Orientation: 49 respondents identified as Straight/Heterosexual, 2 identified as Gay or Lesbian, 1 respondent as Bisexual and 1 responded with Other.

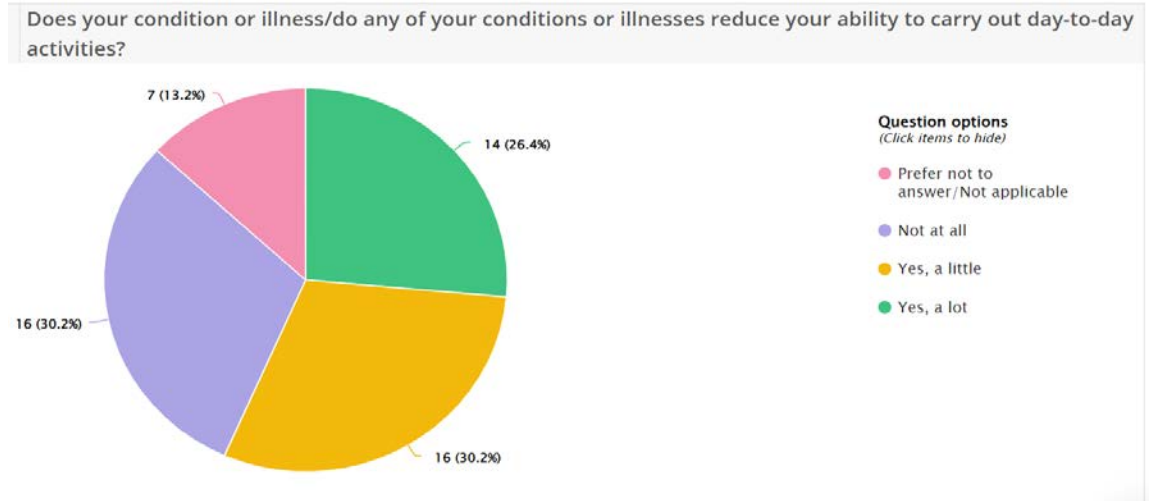
Ethnic Group: 48 people identified as White (including Gypsy, Traveller, Roma, Showman/Showwoman); 3 people identified as Other; 1 person identified as Mixed or Multiple Ethnic Backgrounds; 1 person identified as Caribbean or Black.

Ethnic Background: 44 respondents identified as Scottish; 4 people identified as Other British; 2 people identified as Irish; 1 person identified as Mixed/Multiple Ethnic groups and 1 person identified as Other.

Religion: 31 people selected None (of no religion) in this category; 13 people selected Church of Scotland; 5 people selected Other Christian; 3 people selected Roman Catholic; 1 person preferred not to answer this question.

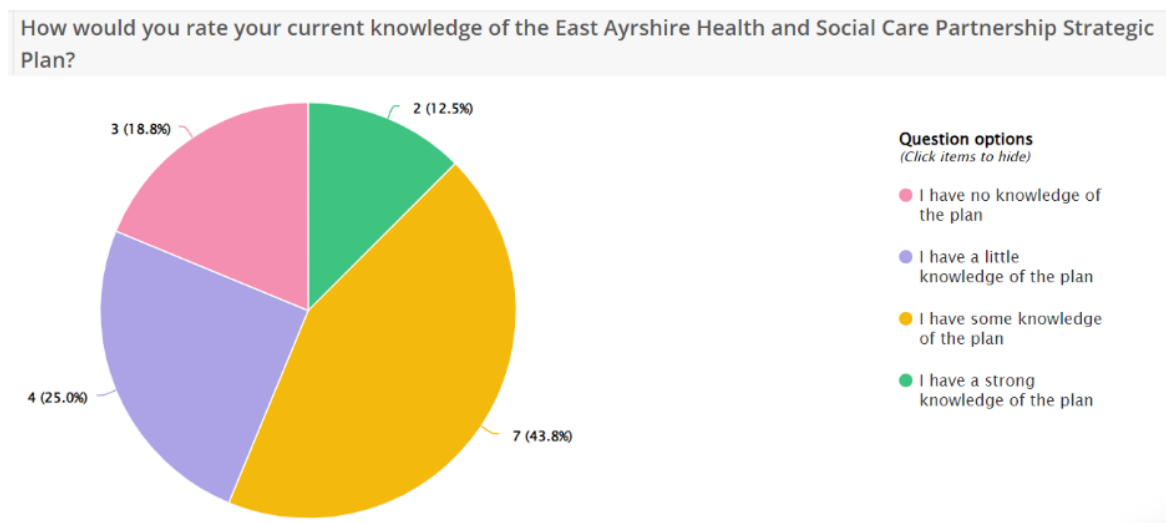
Disability: 49 people responded when asked if they had a physical or mental health condition/illness lasting, or expected to last, 12 months or more. 33 answered Yes to this question with 15 No and 1 preferring not to answer.

More than half of those who responded felt that their condition or illness affected their day to day activities:



Workforce Question – Area of Work: This question asked what service area you work in, with the majority of respondents identifying as Social Work Services. When asked about the type of role answers ranged from Support Assistants, Social Worker Officers, Practitioners, Teacher, Charity Trustee, Service Managers and Directors.

Q15. Gauged respondent's current awareness of the Partnerships Strategic Plan. 16 respondents answered this question with over half of those having some or a strong knowledge of the plan.



Q16. Asked to what extent respondents agreed with the following statements in order to understand their awareness of the Plan and its relevance to their role, with 16 respondents:



Question options

(Click items to hide)

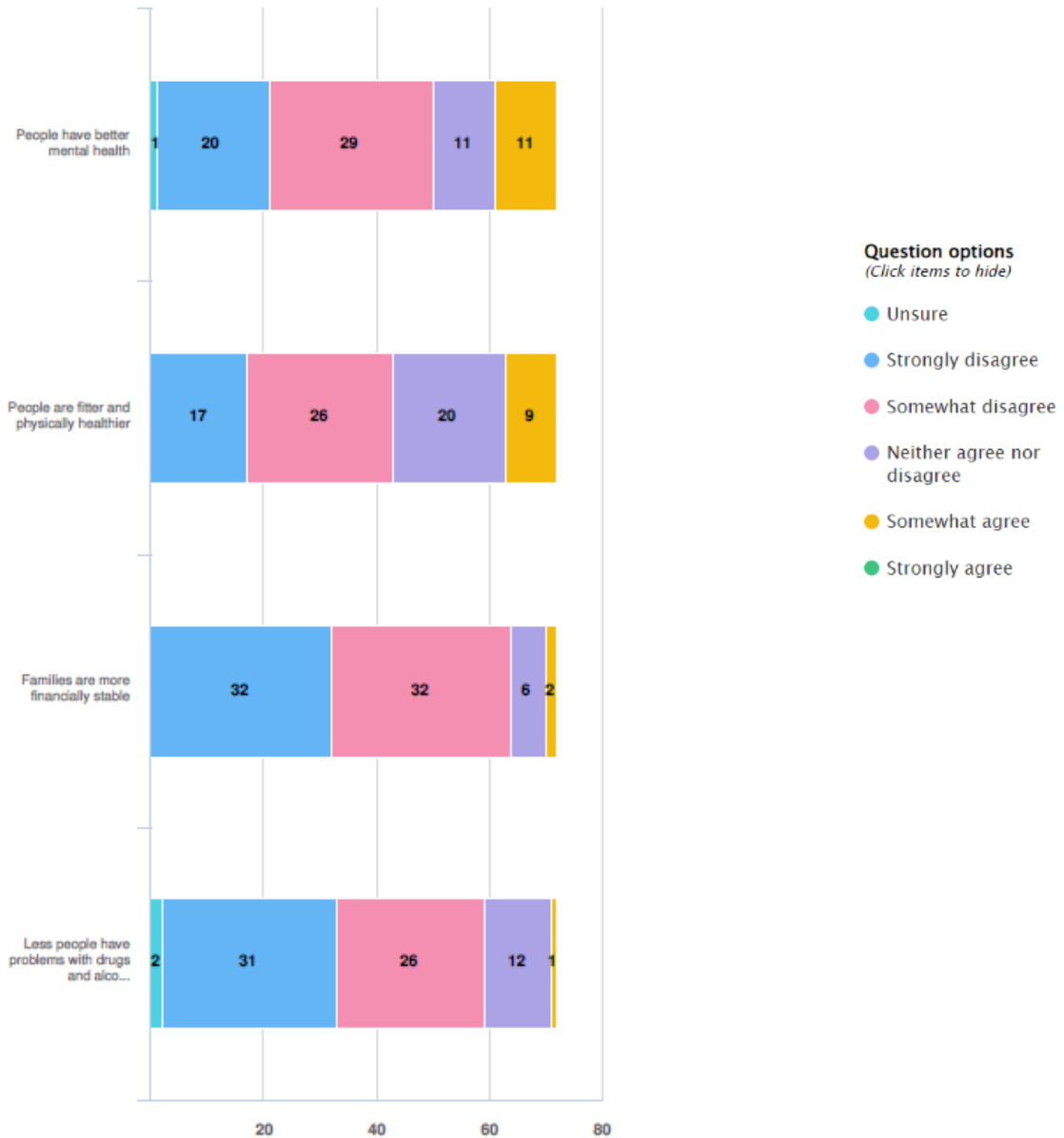
- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

Q17. Asked if respondents had any suggestions on how the Strategic Plan can be more meaningful to them or their service, allowing for an open text response. 8 participants responded with a range of suggestions:

- Increase workforce numbers – it was felt that current Partnership staff are stretched with high demand on their services. More could be done to link with Education providers and promote the Partnership as an employer.
- Simplified format – provide the plan in an easier format that demonstrates the relevance to specific services.

- Information sharing – regular discussions and updates on progress related to the Plan shared across staff groups and at a variety of forums with the Third Sector.
- Areas of Focus – suggested that more prominence was given to older people, people with physical disabilities and unpaid carers.

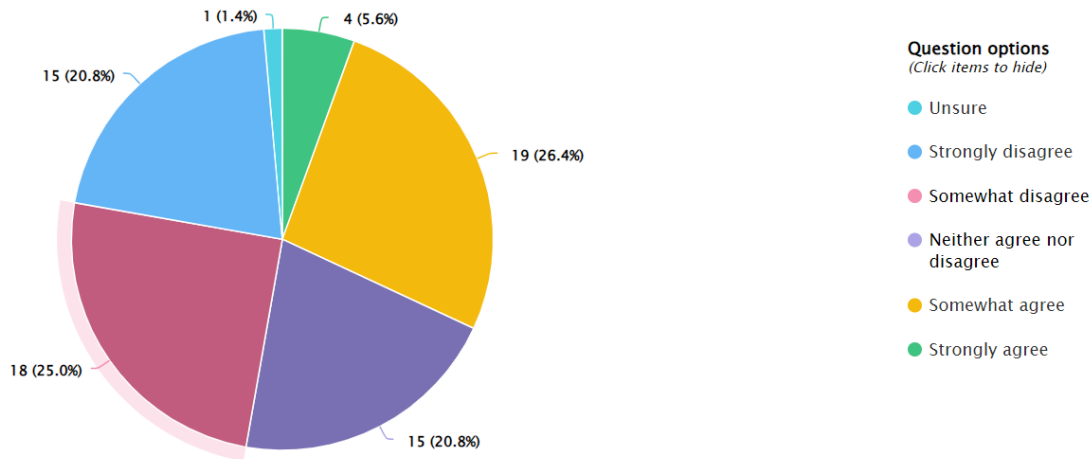
Q18. Asked respondents to gauge whether they felt the priorities that we heard in 2021, when the plan was first developed, had been achieved, with 72 responses:



Q19. Asked respondents if these were still areas that felt important to them. 69 participants said Yes they are with 3 Unsure.

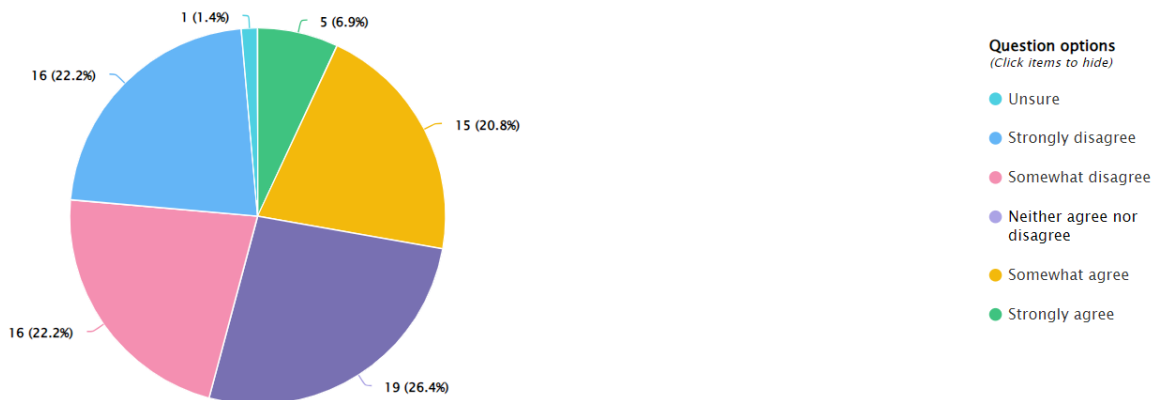
Q20. Asked whether the 72 respondents felt the Partnership is achieving the vision contained within the Plan. 32% somewhat agreed or strongly agreed. However just over 45% somewhat disagreed or strongly disagreed. With just over 20% neither agreed or disagreed and 1.4% being unsure.

To what extent do you feel like we are achieving this vision?

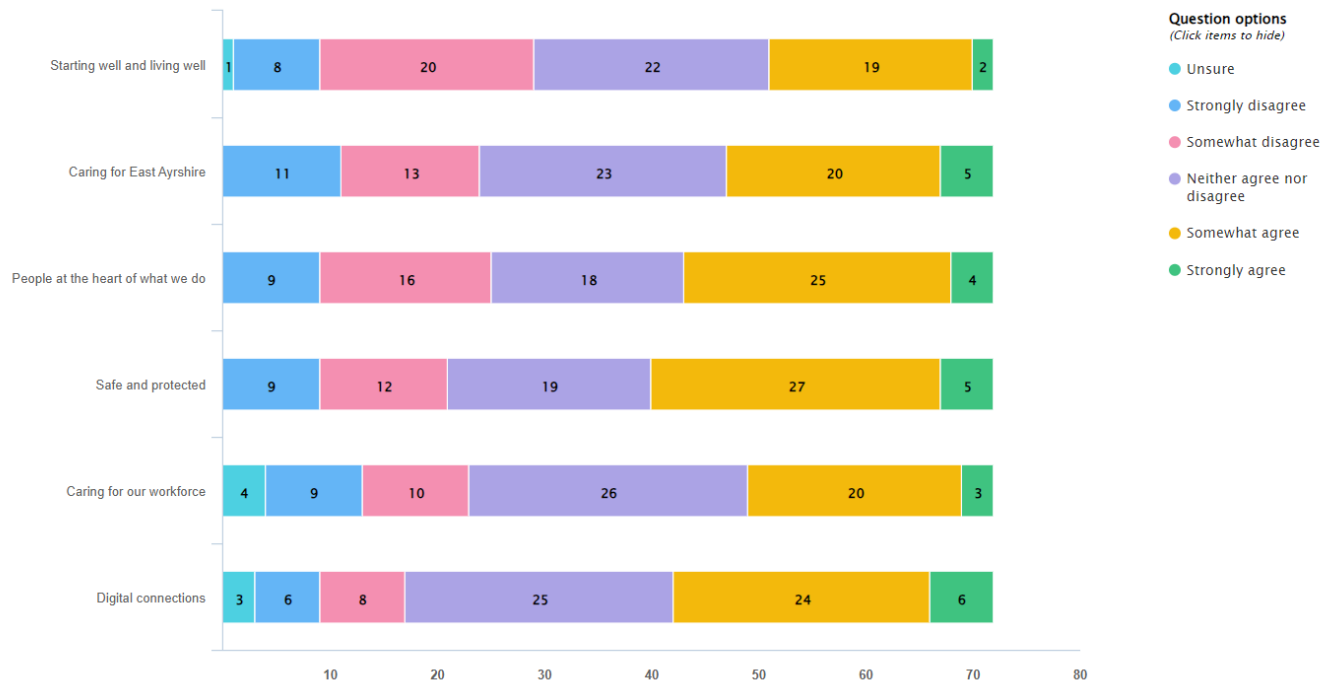


Q21. Asked as to whether participants felt the Partnership values are demonstrated. 20 respondents (just under 28%) somewhat or strongly agreed that they are demonstrated. However 32 people (just over 44%) somewhat or strongly disagreed. 19 respondents neither agreed or disagreed (26.4%) with 1 person being unsure.

To what extent do you feel that we demonstrate these values?



Q22. Asked respondents whether they felt the core themes of the Strategic Plan 2021-30 were being achieved:

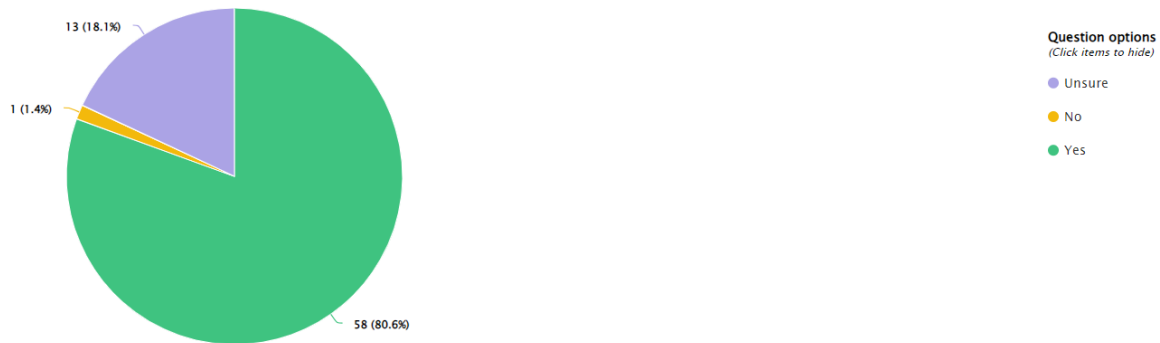


Q23. An open text box capture responses from 42 people on what they thought of these areas of focus:

- **Dying Well:** Consensus that this should be included with Starting and Living Well.
- **Living Well:** *“as individuals we can do so much but when reaching out for help, is it easily accessible?”*
- **Caring for our workforce:** Queries raised on whether staff are being empowered to work flexibly and the impact on work/life balance.
- **Proportionate Approach:** Whilst all important, in the current climate should more focus be on workforce and ensuring service delivery?
- **Digital Connections:** some work to address this but queried resource enough to support across East Ayrshire? Are Partnership staff digitally connected?
- **Should finances be a priority?** Challenges around access to funds impacting on service delivery was highlighted. Lack of funding for Mental Health services for adults and children was particularly emphasised.
- **Communication and Sharing:** Is the Partnership promoting the progress made towards these? Need to demonstrate the actions being taken.
- **Children and Young People:** More focus on children and young people across these themes needed, to be kept safe, access to timely Mental Health services, support with transitions between Children and Adult services.
- **Waiting Times:** more focus on how we are addressing those and supporting people whilst they are waiting.
- **Preventative Care:** Shift focus to this rather than reactive supports.

- **Facilities and Premises:** are these fit for purpose?

Q24. Asked whether these are the right things to focus on moving forward, with 58 of respondents still feeling they are and 13 being Unsure with 1 feeling they are not.



Q25. Asked respondents what they think our priorities should be, with only 1 response suggesting that services were easier to access.

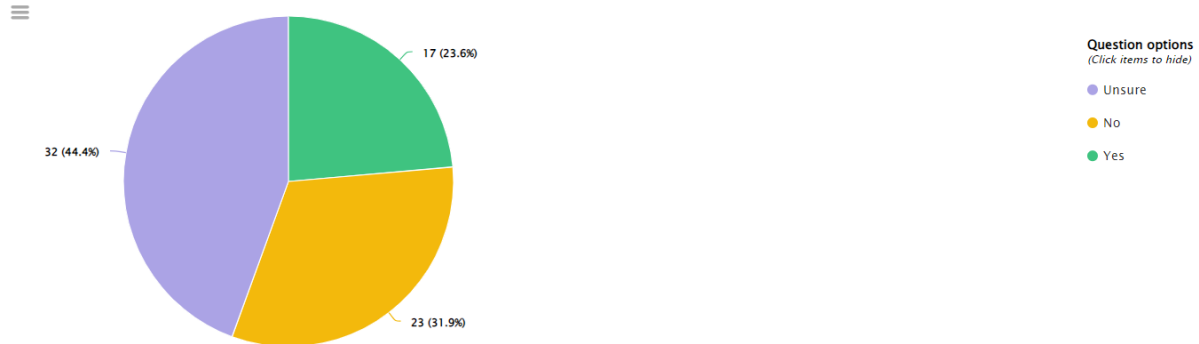
Q26. Asked for comments on the enablers detailed in the plan, with 39 people completing the open text box:

- **Consistency of workforce:** changeover in staff was highlighted resulting in those using our services having to repeat their 'story' multiple times.
- **Development of workforce:** access to training and development.
- **Supporting our workforce:** are we giving enough support to working parents for example with childcare, flexible working and supports around in work poverty and transport?
- **Participation and Engagement:** are we involving and valuing local rural communities? The importance of lived experience but *"are we asking people to relieve their trauma with little changes seen?"* Need to ensure a range of methods, with awareness of accessibility and literacy and provide enough notice of engagement activities. Closer working with the Third Sector.
- **Thinking Differently:** Needs to be further promoted, effectiveness demonstrated and increased sharing of activities across the Partnership. Could be expanded further.
- **Leadership and Improvement:** could also include more focus on transformation and innovation.
- **Collaborative Commissioning:** queried as to whether this is happening?
- Importance of working with **East Ayrshire Council Housing Department:** safe, clean and accessible housing highlighted as an essential to health and the detriments it can have on health if not the case. However more collaboration could be done here to support people.
- **Communication:** more, clear communication requested and seen as a top priority. Removing jargon and using Plain English.

- **Focus on Children and Young People:** importance of working with and supporting children from a young age should be reflected in the Plan and across all priorities and enablers.
- **Access to Services:** Being able to access services when you need them and demonstrating what is being done to address this where it is challenging.

Q27. Asked if respondents felt there was anything missing from the Enablers? 32 of respondents were unsure, with 23 responding No and 17 Yes.

Q27 Looking at these enablers, is there anything you feel is missing?

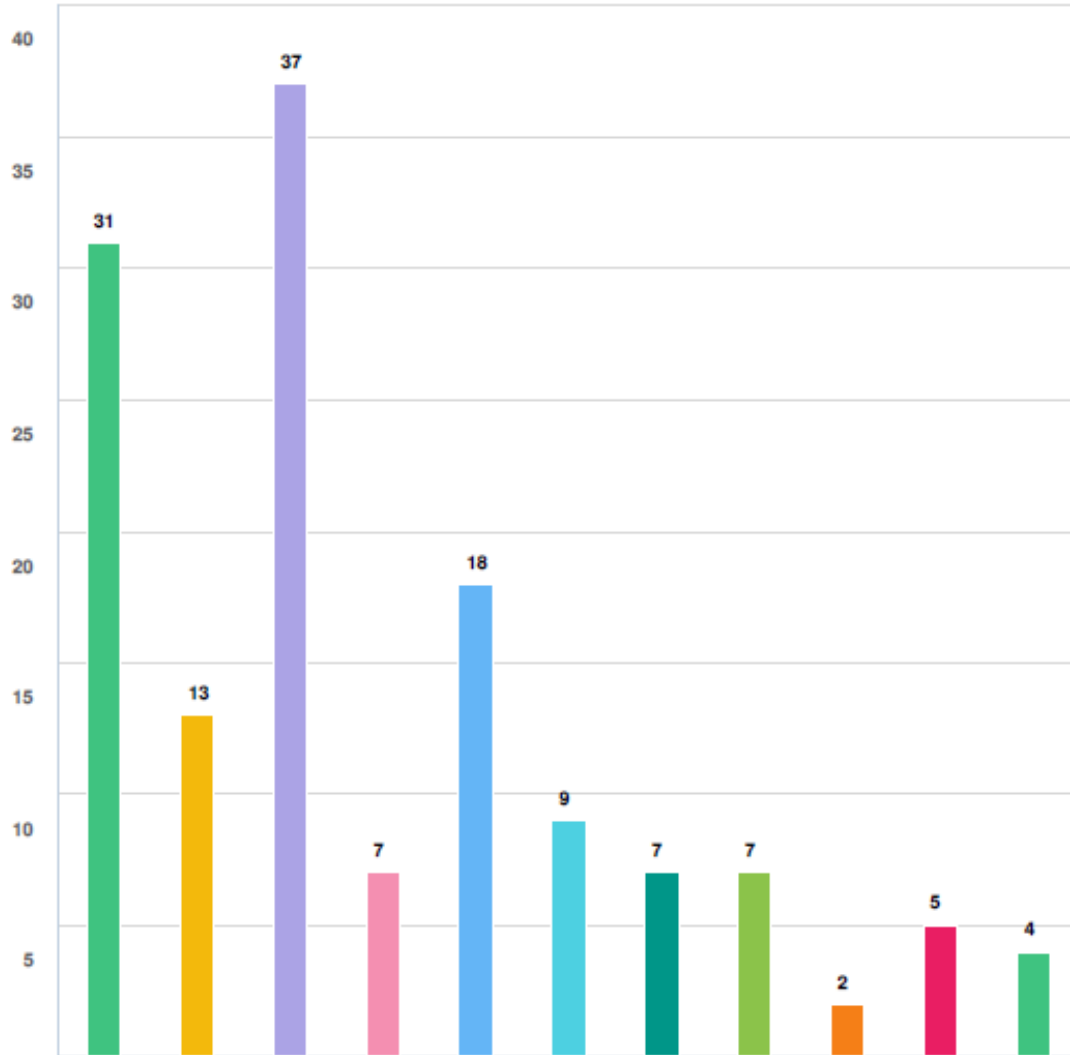


Q28. Asked the 17 people who answered No what they felt was missing, providing an open text box for comments:

- **Access to GP Services:** The challenges around phone triage that is in place at some GP practices where you can only call at 8am, creating a competition between patients to access an appointment.
- **Children and Young People:** Specific reference to Children and Young People is needed in the Plan.
- **Local Environment:** The impact the local environment and facilities have on health and wellbeing for example clean, safe parks to walk and exercise in.
- **Unpaid Carers:** Specific reference to unpaid Carers is needed in the Plan.
- **Meaningful Plan:** The Plan can feel removed from the experience on the ground, is it an honest reflection of where we are?
- **Hospital Discharge and Care At Home:** Improving this process and social care access.
- **Participation and Engagement:** Include more focus on co-design, as people who use the services should be at the heart of the co-design process more than just listening and engaging.
- Partnership working with **Education**
- **Care Homes:** Specific reference to improving the care and support received within Care Homes.

Q29. Asked respondents to vote on what are two most important things that have happened in East Ayrshire by 2027, with all 72 participants voting:

Q29 Imagine it is the year 2027. People of all ages in East Ayrshire are healthier and more able to cope with everyday life. What are the two most important things that have happened?



Question options

- Other (please specify)
- People feel safe in their homes and free from abuse
- Fewer people smoke
- Fewer people have problems with drugs or alcohol
- People are more able to balance caring responsibilities with personal plans and daily living
- People are more able to manage their long term conditions
- Fewer people are lonely or socially isolated
- More families have strong, stable relationships
- More families are financially stable
- People are fitter and physically healthier
- People have better mental health

The top 3 responses being:

- More families are financially stable (37 responses)
- People have better mental health (31 responses)
- Fewer people are lonely or socially isolated (18 responses)

Q30. Asked what did people and families do to make these changes? All 72 participants responded using the open text box:

- **Local Community Hubs:** providing social connections and support delivering a range of activities.
- **Funding Availability:** to provide services and supports to people experiencing financial hardship
- **Financial Help:** Support and training to maintain a budget and access financial supports where possible. Awareness that finances can impact and be a root cause for many other issues.
- **Feeling Safe:** Being able to speak about how you are feeling and access support needs people to feel safe to connect with others. In turn feeling that services are inclusive, welcoming and available to all.
- Increased and easy **access** to support services: For example Mental Health services based in communities, more support for people with Learning Disabilities.
- Increased **outdoor spaces** and activities: that are safe and clean and allow for exercise.
- **Reduction in stress:** Support to workforce with good line management.
- Partnership working with **Education Department:** supporting and working with children and young people to ensure good health and wellbeing.
- Increased **job opportunities** in East Ayrshire: good quality work and conditions
- Increased collaboration – different services working together in partnership
- **Participation:** Feeling able to participate in your community and valued for that contribution.
- **Ownership and control:** supported to feel in control of own health and feeling confident about taking actions to prevent and/or manage condition.
- **Affordable Childcare:** this then allows parents to work or return to education.
- Being truly **listened to:** actually being heard about what is important to the person.

4.3 COMBINED FINDINGS OF TARGETED DISCUSSION GROUPS AND WHAT MATTERS TO YOU COFFEE MORNINGS

4.3.1 Vision Statement:

- Awareness of Vision: was varied across from no awareness at all, to assuming that it would be something along these lines.
- Inclusion of 'Health': that there is a need to give implicit focus on Health.
- 'Equity': Would our communities understand what is meant by this? That those who understand our systems are able to navigate it but for those that don't struggle to and get the support they need. From a staff perspective the difference between the terms and conditions of NHS employees and East Ayrshire Council was highlighted as not equitable for example paid Carers or Parental leave.
- Promotion and Communication: More visibility of activities, progresses, challenges and successes. How the Partnership is working towards this vision

and enabling Partnership staff to collaborate with each other along with all of our communities and Third Sector partners.

- Impact and Measurement: Not feeling that it is happening currently, more to be done to demonstrate actions towards it.
- Language Used: Is the vision statement written in Plain English?
- Involvement of Communities: Felt them being central to the vision as crucial.

4.3.2 Partnership Values:

- Some awareness of these values, ranging from those well aware to those who had some awareness. However felt more could be done to raise awareness and demonstrate the positive impact of the Partnership and these values.
- Identity: East Ayrshire Council employees had awareness of the FACE values and similarly NHS Ayrshire and Arran had awareness of their values. Overarching feedback was lack of identify of the Partnership and our values. That perhaps 3 sets of values was confusing.
- Professionalism of Partnership staff was commended however awareness that current challenges placed on services can impact on how the values are exhibited.
- Agreement: General agreement that these are the right things to focus on.

Empowering:

- When people's lives don't easily fit into the prescribed way a service is to be delivered are staff empowered to **support, adapt and go 'the extra mile'**?
- Empowering people to **participate and engage** with activities or events was seen as positive, however challenges recognised around people being interested to engage.
- Do we provide enough of **a range of ways** for people to access and engage with our services?
- If staff are being promoted then they need **training and development** so they are able to do the job competently and respond appropriately. However it was also felt that there are a range of positive learning and development opportunities that do support staff to grow in their positions.
- A need for **clearer guidelines** to allow staff to be empowered to do their jobs more effectively and have autonomy.
- Embedding the **Promise principles** and ensuring we are taking more risks and empowering our families.
- Ensuring that everyone is treated with the same **dignity and respect** and feeling empowered to call out behaviour that isn't acceptable.
- Concerns around the impact of **financial restrains** on being able to fully empower people and carers using our services. Concerns around services closing due to this.

Supportive:

- It was felt people still experience **barriers to accessing** supports when interacting with frontline services or staff. That there is need for professionals to meet the person where they are (literally and figuratively).
- Increased **community education** around prevention, self-management and supports available.
- That there is still fear for people to reach out to Partnership services due to the negative **stigma** associated with some of our services. The need for teams to build positive community relationships.
- More awareness and support to enable staff to manage work and life responsibilities such as providing Childcare Vouchers. Having a **good work/life** balance was called out by a number of staff highlighting the need for good support systems, targeted Stress/Mental Health assistance and consideration to long-term conditions and unpaid carers.
- Having **supportive and consistent management**, feeling safe, encourages staff to be helpful and kind to one another and those they are supporting. Currently too much 'that's not my job'
- The importance of **Support and Supervision** with supportive and encouraging line managers was highlighted. Along with consistency in line managers applying policies.
- The importance of being approachable, friendly and treating those in our teams and around us with **kindness**. *"People to be nicer"*
- The positives of having dedicated **Wellbeing Spaces** in staff premises along with the Wellbeing supports offered.

Inclusive:

- **Community groups** were highlighted as inclusive spaces and queried if the learning from these was shared or understood?
- Ensuring that staff are kept up to date, **informed** regularly and sharing and communication happens between different teams.
- The benefits of **face to face interactions** when working with colleagues, communities, Partners and people who use our services. The benefits of being co-located was stated.
- Ensuring that everyone is able to express their view and **have a say**.
- Challenges that **disabled members** of staff face with regard to absence policies and practical issues like parking.
- It was shared that people had experienced **warm welcomes** and felt the services used were inclusive and did acknowledge the rural challenges.

Seamless:

Was the value most discussed across all sessions:

- “do people know what this means?” Across all discussions people felt that **Seamless was confusing** and required more explanation.
- More focus on **making this happen** for people and carers using our services as it was felt that for many Seamless is not the common experience.
- Whilst the **experience** of services is not Seamless, there is awareness that services are doing the best with what they have available.
- How do you make this happen in everyday practice? That the need for partnership working with services within and out with the Partnership was crucial with **Multi-Disciplinary Team** working needing more visibility and focus on a prevention-led approach. Communities of Practice were noted positively as bringing together different services.
- **Referral pathways** were felt not to be seamless for those referring into our services, requesting easier ways to contact the ‘right person’. However it was felt that roles were often too complicated and therefore not clear.
- The importance of taking **ownership** and not passing people around that was also noted. “*There seems to be uncertainty about who acts on what needs.*”
- **Transitions** from Children’s to Adults services was noted as still being challenging for example for those young people accessing Mental Health supports.
- Lack of **consistency** was highlighted with changeover in staff causing issues for those trying to access and regularly use services.
- The example of how services struggle to respond to **dual diagnosis** such as a Mental Health condition along with an Addiction issue was highlighted.
- Barriers exist due to the **different systems**, the sharing of information and organisational processes. That it can still feel that NHS and Council staff are on different teams consequently that more work is needed on integrating.
- **Communication**, sharing and networking between teams, departments and services was stressed.
- Challenges around service provision in **rural areas** can result in longer waiting times and feeling that a better quality of service is received in different areas.
- **Variation** between the three Ayrshire Health and Social Care Partnerships can cause confusion for those roles that are pan NHS Ayrshire and Arran area.

4.3.3 Strategic Priorities:

General Comments:

- Should there be a financial priority considering the current Cost of Living crisis and the impact on health and wellbeing?
- Should responsive be included – making the service fit the needs of the people?
- These priorities do provide a good focus area and are all important.
- **Starting well and living well:** Agreement with including ‘Dying Well’ in order to cover the whole lifecycle and having appropriate conversations at each life stage. Felt inclusion of Palliative care, Power of Attorney and Will making was important.

- **Caring for East Ayrshire:** Queries around what this now means in practice for our services and communities. Discussions around the focus of this priority.
- **People at the heart of what we do:** Importance of also sharing the positive experiences of using Partnership services. Was felt this is not always the experience of people using our services.
- **Caring for our workforce:** Is there consideration and inclusion for the workforce of commissioned services? The number of staff who are unpaid carers in their personal life was highlighted and queried whether we are doing enough to support them?
- **Safe and protected:** Expanding 'Safe and Protected' to consider people feeling safe in the community and have reference to men who may also experience abuse. Would like to see – "People feel safe in their communities"
- **Digital connections:** Digital was felt should be a key focus, in particular supporting our older population to access and understand how to keep safe online. *"the rise of AI and digital scams needs to be made more prevalent and obvious that anyone can be a victim of this."*

4.3.4 **Enablers:**

General Comments:

- Language of 'Enablers' was also highlighted regarding Plain English.
- Should Third Sector Partners be considered a key enabler? Regardless as to whether they are commissioned by the Partnership or not.
- The need to be reflective of waiting times for acute services and actions being undertaken in the community to mitigate or support people whilst waiting.
- Should early intervention to ensure better outcomes for people be a driver?

Financial framework:

- The need to demonstrate use and impact of finances was felt important.

Workforce:

- Felt appropriate to focus on and support workforce.

Participation and engagement:

- Community involvement in the Partnership was considered very important.
- *"Relationships Matter!"* working with and connecting communities together.

Thinking Differently:

- Clarity on what this means and impact for staff and communities.
- Having a digital focus was considered the right thing in current age utilising new technology and Apps. *"Holly Health App has had a positive impact on the people I work with – it's been great for mental and physical health"*

Collaborative commissioning:

- Collaborative commissioning was not felt to be a phrase that would be understood by the public. *“Language needs to be fit for the public.”*
- Challenges around commissioning and how funding is awarded can create competitiveness between groups and organisations that is detrimental to collaboration.
- Risks excluding organisations that are not funded by the Partnership but do provide a range of support services in the area.

Partnership with housing:

- Partnership with housing was felt to be of high importance, in particular collaborating with Alcohol and Drug services.
- It was felt that Housing options have had a positive impact to improving communities experience and wellbeing.

Information and Communication:

- Language used needs to be plain English, clear and accessible.
- More visibility of activities, progresses, challenges and successes that are shared regularly.
- Need to simplify and break information up into manageable chunks.
- Need to remove the fear that people have in asking for explanations *‘no such thing as a stupid question’*
- More focus on communication overall:
 - sharing what services are available
 - highlighting successes and progress
 - regular bulletins with more detail



Figure 2 Kilmarnock Dementia Resource Centre



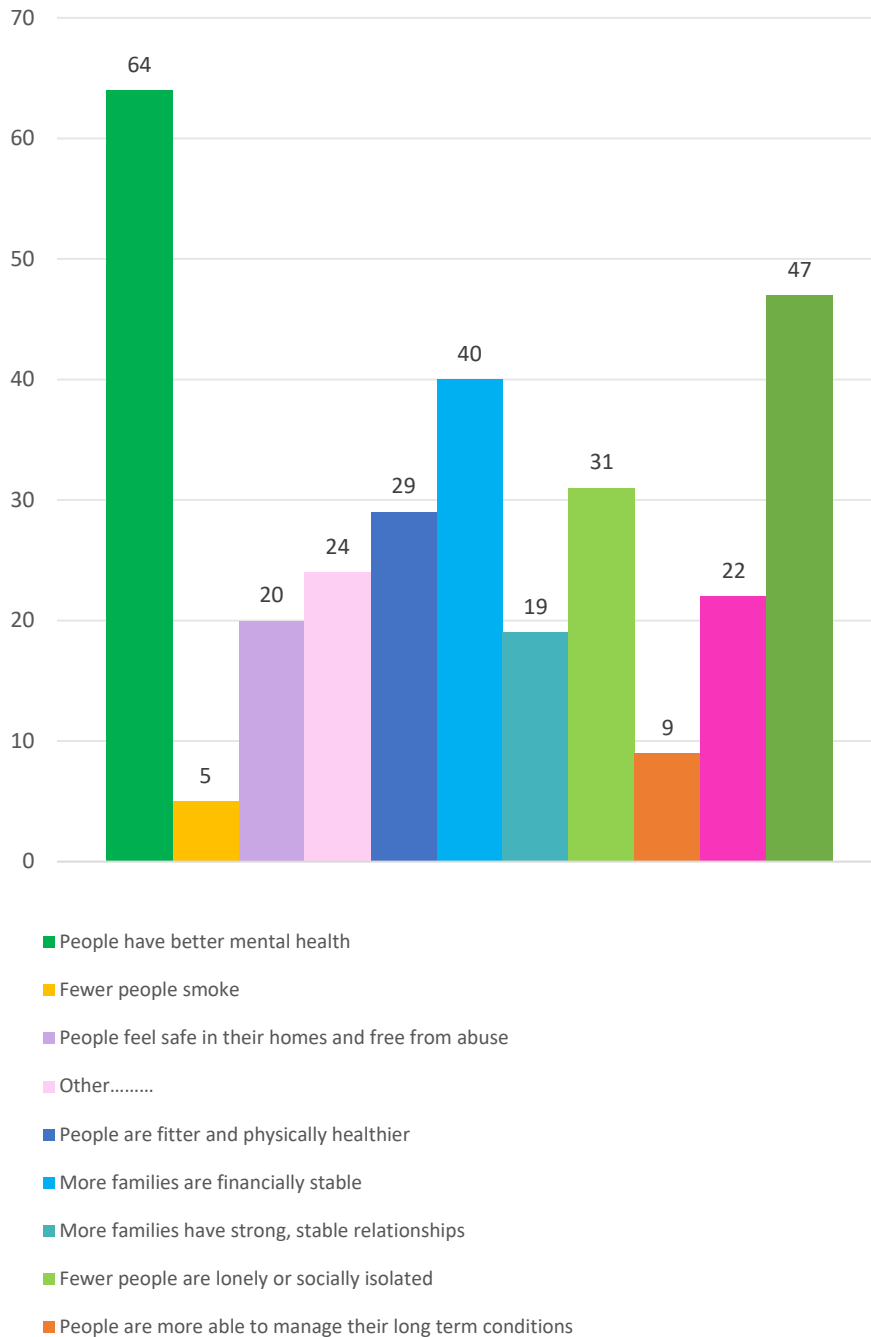
Figure 3 Coffee Morning



Figure 4 Learning Disability Information Event

4.3.5 Priorities for the next 3 years:

Imagine it is the year 2027. People of all ages in East Ayrshire are healthier and more able to cope with everyday life. What are the two most important things that have happened?



The top 3 responses being:

- People have better mental health (64 responses)
- Fewer people have problems with drugs or alcohol (47 responses)
- More families are financially stable (40 responses)

People have better mental health:

- Good mental health was seen as crucial to managing all the other priorities.
- Current challenges in accessing Mental Health services in a timely fashion and current waiting times were noted.
- Concerns around Children and Young People's Mental Health, the challenges they are facing post-pandemic and in accessing supports.
- The need for promotion and awareness of supports available, with easier access to those supports and guidance.
- Applying an early intervention approach *"Don't wait until CRISIS!"*
- More and serious investment required. Improving facilities and provision with the goal of empowering individuals to take control.
- Support our communities to help each other, provide a range of training and capacity building approaches to increase value, self-worth and community pride.
- Increased Mental Health supports for Partnership staff, implementing more wellbeing focused policies such as 4 day work weeks.
- Removing the stigma around discussing Mental Health. Provide more training opportunities across East Ayrshire.

Fewer people have problems with drugs or alcohol:

- Improved access to services and increased community supports in particular rural areas were highlighted.
- Working with Housing on this area would be beneficial.
- Fewer people have problems with drugs or alcohol equals better, happier communities. *"Drugs and alcohol has improved but still drug deaths are high and a lot more work required"*
- It was felt that the Recovery services across East Ayrshire are vibrant and work well together.
- Increase education and awareness for Children and Young People around drug and alcohol use, collaboration with Education.

More families are financially stable:

- Increase awareness of financial supports and available benefits. Education and help with budgeting and planning. *"People don't know what they are entitled to and nobody tells them"*
- Support to staff within the Partnership that may currently be struggling.
- Awareness that it is more than just families that are struggling financially.
- Clear processes of accessing funds within the Partnership.
- Focus on and demonstrate actions regarding Child Poverty to ensure all children have equal opportunities.
- Financial stability allows people to look after their mental and physical health.

Fewer people are lonely or socially isolated:

- More awareness and accessibility of the services and supports available, showcasing the range of options for anyone feeling alone. Resourcing these

supports whether statutory services or community provision. *“I would like people to be aware of the services that are available”*

- It was felt focusing on this would improve Mental Health and Addiction issues.
- Heightened community presence across East Ayrshire of services.
- Certain groups were particularly highlighted for focused attention such as people with Learning Disabilities, older people, unpaid Carers and parents of young children.

People are fitter and physically healthier:

- More wellbeing activities available and easy to access.
- Education and encouragement needed to engage and sustain lifestyle changes that are important to the person.
- Linking Mental Health activities with physical activities. *“This goes hand in hand with good mental wellbeing”*
- Easier and affordable access to healthy food options such as fruit and vegetables.
- Increased access to social prescribing (Community Connectors).
- Ensuring our green spaces are safe and clean to use for exercise.

People are more able to balance caring responsibilities with personal plans and daily living:

- More support and appreciation of unpaid Carers across East Ayrshire enabling Carers to live their life fully. *“Carers feel supported to continue working.”*
- Increased awareness of the impact caring responsibilities can have combined with effective signposting for supports.
- Focused support and flexible approaches enlisted for Partnership staff who may have a range of caring responsibilities ensuring a healthier work/life balance.
- Provide more support and financial help for Kinship Carers.
- Providing well resourced, with adequate numbers of staff, Care at Home service can help to alleviate the pressures on unpaid Carers.

Other:

- Patient Transport is easily accessed (currently travelling to appointments can be challenging).
- More details on the above priorities should be reflected in the Strategic Plan
- Demonstration of the impact of the national picture on the local delivery.
- More focus and promotion of children’s rights and voices.
- Focus on Care Experienced young people, addressing stigma, social isolation and providing support throughout adulthood *“The Promise fully implemented”*
- Increase community resources for young people, highlight the impact of youth work as a preventative measure.
 - Having Dementia Friendly communities.
 - Easier access to health and care services for the public particularly GP.

People feel safe in their homes and free from abuse:

- *“This is basic human need to feel safe and not be abused”*, specifically children and families were referenced.
- Felt that partnership with Housing was key, providing a range of mediation opportunities where appropriate.
- Working together to ensure that perpetrators are held accountable.
- Increase awareness of the different types of abuse and scams that can target people.

More families have strong, stable relationships:

- Children and young people have more opportunities for positive experiences in their communities.
- People are better connected with better support and care networks *“Supported families, caring community, safer streets.”*
- Stronger family network to help our kids become better adults.
- More power to them to manage their own lives.
- Families are able to pull on supports within their own family which provide a more natural and consistent support system. We must try to promote and encourage this within the families we support.
- Applying a Whole Family Approach with whole family assessments suggested.

People are more able to manage their long term conditions:

- Increased awareness and communication of supports available.
“make it easier to find the right people to help us!”
- Having the correct support services in place for both those needing care and those doing the caring.
- Providing high quality care allowing for better choices and more options for services.
- More resources to access to help with mental health and learning disabilities to take strain off services

Fewer people smoke:

- Education and support for Secondary School pupils from S1 to inform about the impact of smoking and the normalising of vaping.

4.4 MARKET-STALLS

Our Market-Stalls focused on 3 of the priorities for the next 3 years, asking participants what helped them or what help they would like to see:

People have better mental health:



Figure 5 Mental Health Wordcloud

People are fitter and physically healthier:



Figure 6 Healthier Wordcloud

More families are financially stable:



Figure 7 Finances Wordcloud

4.5 IMAGES AND MATERIALS CREATED

Figure 8 The 6 Strategic Priorities Tree



Figure 10 What Matters To You Coffee Mornings Poster

Join our Coffee Morning to celebrate What Matters To You

Asking “What matters to you?” is all about truly listening and sharing what’s important to us all in our lives.

what matters to you?

Come along from **10:30am to 12pm**

- Monday 3rd June** at Meeting Room 3, 1st floor, Rothesay House
- Tuesday 4th June** at Wellbeing Space, 2nd Floor, TJWB
- Thursday 6th June** at Foyer, East Ayrshire Community Hospital
- Friday 7th June** at Staff Room, North West Area Centre

Time for a tea or coffee, some goodies and a blether!

Health & Social Care Partnership 

Figure 9 Consultation Poster

Have your say on the direction of health and social care in East Ayrshire!

East Ayrshire Health and Social Care Partnership is updating its Strategic Plan for 2024-27 and need your views on what to focus on!

SCAN ME



Scan the QR code for more information and to take part in our short survey or visit: <https://engagementtea.east-ayrshire.gov.uk/eahscp-strategic-plan>

PEOPLE **COMPASSION** **PARTNERSHIP**

If you would like more information please contact Lorna McIlreavy on 07826 914638
 Lorna.McIlreavy@east-ayrshire.gov.uk

Figure 11 Our HSCP Values Poster

OUR VALUES ARE:

EMPOWERING **SEAMLESS**

SUPPORTIVE **INCLUSIVE**

HOW DO WE ACT IN A WAY THAT BRINGS THESE VALUES TO LIFE?



East Ayrshire Health & Social Care Partnership

Property & Asset Management Strategy

2024 - 2027

1. INTRODUCTION AND CURRENT POSITION

The planning and delivery of Health and Social Care services requires alignment of Strategic Planning, Financial Planning, Workforce Planning and a Property and Asset Management Strategy.

Just as the Strategic Plan of East Ayrshire Health and Social Care Partnership and services commissioned to deliver this sit within the wider Wellbeing agenda of East Ayrshire Community Planning Partnership then this Property and Asset Management Strategy for the HSCP sits alongside wider plans including, Strategic Housing Improvement Plan, Capital Planning for Primary and Acute Health, Leisure and Education, Commissioning of Care Home capacity from the Independent Sector and community capacity through local third sector and community organisations.

Together these plans set an environment to facilitate positive Wellbeing in our communities supported by access to high quality Health and Social Care services.

The Scottish Government's Financial Planning Guidance for Health and Social Care Integration states that:

“The Chief Officer of the Integration Joint Board is recommended to consult with the Local Authority and Health Board partners to make best use of existing resources and develop capital programmes. The Integration Joint Board should identify the asset requirements to support the Strategic Plan. This will enable the Chief Officer to identify capital investment projects, or business cases to submit to the Health Board and Local Authority for consideration as part of the capital planning processes, recognising that partnership discussion would be required at an early stage if a project was jointly funded.”

East Ayrshire Council and NHS Ayrshire & Arran collectively own, lease or otherwise utilise a significant amount of property across East Ayrshire where health and social care functions are carried out. Following the establishment of the East Ayrshire Integration Joint Board (IJB) and the East Ayrshire Health and Social Care Partnership (HSCP), there is an opportunity and clear need to review the approach taken to strategic planning and utilisation of the estate available to the Partnership, to support the aims of integration and delivery of effective, efficient health and social care services in East Ayrshire.

The development of an agreed Property & Asset Management Strategy (PAMS) identified the need for the HSCP to establish a strategic oversight group to inform the work of this group going forward. This PAMS Board, chaired by Director of Health and Social Care, includes wider representation from integration partners, NHS Ayrshire and Arran and East Ayrshire Council.

2. OBJECTIVES

This strategy is ambitious, continues to be transformational when designing and developing services to ensure they are responsive to local community needs. It will endeavor to develop approaches that support overall wellbeing and in doing so, promote a trauma-informed approach to design which creates environments that inspire a sense of calm, safety, dignity, empowerment, and wellbeing for all occupants.

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, promote wellbeing and are trauma informed;
- To consider and maximise the use of digital and technology solutions;
- To enhance provision of health and social care services in local communities;

3. PRINCIPLES

A number of principles will be adopted in the implementation of the Property & Asset Management Strategy, namely:

1) **Designing and delivering services to meet the needs of individuals, carers and communities**

Ensuring that decisions regarding the utilisation of property support delivery of the HSCP's Strategic Plan, and that our services are delivered from fit-for-purpose premises. Scottish Approach to Service Design (SAtSD) framework and principles will be utilised to ensure person centred approach to service design. <https://www.gov.scot/publications/the-scottish-approach-to-service-design/>

2) **Being transparent and demonstrate fairness when allocating resources;**

With significant decisions as to resource allocation being taken in the appropriate public forum - through either the IJB, Council or Health Board decision making structure and subject to a clear strategic or operational business need being articulated. This will include a focus on our localities and the specific needs of those communities.

3) **Delivering services to people in their local communities;**

A fundamental aim of the Public Bodies (Joint Working) (Scotland) Act 2014 is to increase the amount of health and social care services delivered in people's own homes and communities as opposed to institutional or residential settings. We ensure that our use of property is focused on achieving that aim.

4) Making best use of the assets available to us

We will effectively manage our assets, be engaged in East Ayrshire Council and NHS A&A Asset Management, and rationalise our estate where appropriate. For example, by co-locating health and social care services where this would be of benefit to patients, service users and carers.

4. STRATEGIC CONTEXT

Strategic Plan and National Policy

The East Ayrshire Health & Social Care Strategic Plan 2024-2027 states:-

“We need to ensure that our property and assets, such as buildings and virtual platforms, are able to contribute to improving wellbeing and delivering our ambitions for providing health and social care”

In addition, the National Health and Wellbeing Outcomes which the HSCP is required by statute to work towards includes-

Outcome 9 - “Resources are used effectively and efficiently in the provision of health and social care services.”

It is within the context of both of these provisions that the objectives and principles of our Property & Asset Management Strategy have been developed, and within which decisions relating to use of property and assets will be taken.

5. LINKS TO PARTNER ORGANISATION STRATEGIES

The Property & Asset Management Strategy of the East Ayrshire Health & Social Care Partnership does not sit in isolation, and is linked closely to both East Ayrshire Council's Transformation Strategy and NHS Ayrshire & Arran's Caring for Ayrshire Programme. Both partners have a collaborative approach to modernise their property and estate portfolios to include community based health and social care requirements.

Additionally the strategy takes cognisance of the Strategic Housing Investment Plan (SHIP), which sets out the priorities for investment in housing in East Ayrshire over the next five years. The SHIP is the housing investment delivery plan for East Ayrshire Council's Housing Strategy including the development of the housing component of the social care and housing priorities.

It is acknowledged that outwith this plan the Property and Asset Management decisions of partners in Third and Independent Sector also make an essential contribution to Wellbeing in East Ayrshire.

The long-term vision of the HSCP Property & Asset Management Strategy is that the property estate available to the Partnership will be utilised across East Ayrshire for the provision of health and social care services, with those properties being modern, fit for purpose premises, which are utilised to their maximum potential.

There is work already underway across East Ayrshire to rationalise and modernise our property portfolio, which is focused on delivering through our 5 localities:

- Kilmarnock North ; Dunlop, Lugton, Kilmaurs and Stewarton
- Irvine Valley; Hurlford, Newmilns, Galston
- Kilmarnock town Centre and wider communities; New Farm Loch, Shortlees, Riccarton, Crosshouse, North west Kilmarnock
- Cumnock and surrounding communities; Mauchline, Auchinleck, Cumnock, New Cumnock
- Doon Valley; Patna, Dalmellington, Bellsbank, Dalrymple, Drongan and Rankinston

6. GOVERNANCE

Overall responsibility for the implementation of the Property and Asset Management Strategy rests PAMS Board, which is chaired by Director of Health and Social Care.

Financial governance of all matters relating to property is through the existing governance and capital planning arrangements of East Ayrshire Council and NHS Ayrshire and Arran, acting under direction from the Integration Joint Board.

As the IJB does not own property of its own, decision making with regards to decommissioning, capital investment etc. rests with East Ayrshire Council and NHS Ayrshire & Arran, albeit with appropriate reference to the needs of the East Ayrshire Health & Social Care Partnership and any specific directions made to either body.

7. MONITORING AND SCRUTINY

Monitoring and Scrutiny of the Health and Social Care Partnership's Property and Asset Management Strategy will be primarily carried out by the IJB's Audit and Performance Committee with reference to the full IJB where appropriate. Appropriate links will also be developed with the monitoring and scrutiny arrangements of East Ayrshire Council and NHS Ayrshire & Arran as necessary.

**THE FOLLOWING SECTIONS CONTAIN THE
LOCALITY AND EAST AYRSHIRE WIDE STRATEGIES**

Accommodation List 2018-2021			
Locality	Property	Owned By	H&SCP Services
North	Galston Clinic	NHS Ayrshire & Arran	District Nurses & Health Visitors
North	Hurlford Clinic	NHS Ayrshire & Arran	District Nurses & Health Visitors
North	Ross Court	East Ayrshire Council	Older Peoples Day Service, Short Breaks Service & Moving On Service
North	Stewarton HC	NHS Ayrshire & Arran	District Nurses & Health Visitors
North	Stewarton Town House	East Ayrshire Council	Day Opportunities Service
South	Berryknowe	East Ayrshire Council	Housing Support Service
South	Boswell Resource Centre	East Ayrshire Council	Older People Day Service
South	Catrine Centre	East Ayrshire Council	Older Peoples Day Service
South	Cumnock HC	NHS Ayrshire & Arran	District Nurses & Health Visitors
South	Dalmellington Area Centre	East Ayrshire Council	District Nurses & Health Visitors & Care at Home Team & Children's Health Care & Justice Services
South	Drongan RC	NHS Ayrshire & Arran	District Nurses & Health Visitors
South	East Ayrshire Community Hospital	Leased from BAM	Community Hospital
South	Ellisland Court	East Ayrshire Council	Older Peoples Day Service
South	Muirkirk Clinic	NHS Ayrshire & Arran	District Nurses & Health Visitors
South	Netherthird Clinic	NHS Ayrshire & Arran	Mental Health Team
South	New Cumnock	East Ayrshire Council	Older Peoples Day Service
South	Newmilns Clinic	NHS Ayrshire & Arran	District Nurses & Health Visitors
South	Patna Day Centre	East Ayrshire Council	Older Peoples Day Service
South	Patna RC	NHS Ayrshire & Arran	District Nurses & Health Visitors
South	Riverside Resource Centre	East Ayrshire Council	Day Opportunities Service
South	Rothesay House, Cumnock	East Ayrshire Council	Office Location for H&SCP Services
South	Sunnyside Children's House	East Ayrshire Council	Children's Residential House
Kilmarnock	Balmoral Road	East Ayrshire Council	Day Opportunities Service & Social Work Store
Kilmarnock	Benrig Children's House	East Ayrshire Council	Children's Residential House

Kilmarnock	Central Clinic	NHS Ayrshire & Arran	District Nurses & Health Visitors
Kilmarnock	Crosshouse Resource Centre	East Ayrshire Council	District Nurses & Health Visitors
Kilmarnock	Montgomery Place Children's House	East Ayrshire Council	Children's Residential House
Kilmarnock	North West Kilmarnock Area Centre	East Ayrshire Council	Mental Health, Learning Disability Services & Addictions Services
Kilmarnock	Rosebank Resource Centre	East Ayrshire Council	Older Peoples Day Service
Kilmarnock	Sir Alexander Fleming Centre	East Ayrshire Council	Day Opportunities Service
Kilmarnock	The Johnnie Walker Bond	East Ayrshire Council	Office Accommodation for H&SCP Teams
Kilmarnock	Treeswoodhead Clinic	NHS Ayrshire & Arran	Allied Health Professional Staff
East Ayrshire Wide	Crosshouse Hospital Campus	NHS Ayrshire & Arran	Office Base for Mental Health and Addiction Services Teams & AHP Teams
East Ayrshire Wide	HMP Kilmarnock	Scottish Prison Service	Social Work & Justice Healthcare Services
East Ayrshire Wide	Lister Centre	NHS Ayrshire & Arran	Primary and Urgent Care Services

PAMS Action Plan 2021-24					
Locality	Issue	Proposal	Partners & Progress	Outcome	
North and Northern Area	Stewarton (and wider area) – HSCP and GP Practice	To review accommodation options for services because of increased demand due to demographic pressures.	NHS AA, EAC and GP Practice	A Stakeholder Event took place on Saturday 19 th February 2020 to facilitate discussion with local residents, third parties and clinicians concerning future provision of health care services within Stewarton.	Carried forward into 24/27 Action Plan
South	Doon Campus	To review options of a Wellbeing Centre within new build.	EAC, NHS AA and GP Practice.	HSCP High Level Key Requirements Meeting took place on Monday 8 th February 2021.	Carried forward into 24/27 Action Plan.
South	Cumnock Health and Wellbeing Hub (incorporating East Ayrshire Community Hospital)	The model of Health and wellbeing for the Cumnock Area and Surrounding Villages will respond to the strategic requirements of East Ayrshire Health & Social Care Partnership and Caring for Ayrshire & inform the required built environment of East Ayrshire Community	NHS AA and EAC	The whole system Health and Wellbeing model for the Cumnock Locality (of which EACH is part) is well developed to respond to the strategic requirements and will be refined further via the Steering Group to align with the development of the overarching model of care as part of the Caring for Ayrshire programme The Clinical Model and Workforce model at EACH is nearing completion informed by significant engagement of stakeholders. This has informed the required inpatient care requirements and bed capacity	Carried forward into 24/27 Action Plan

		Hospital and other facilities within this community.		and when approved will inform any adaptations or reconfiguration required within the NHS Capital Plan to the building to deliver the model optimally.	
South	Netherthird Clinic	To relocate NHS MH Team to Rothesay House.	NHS AA and EAC	This project will commence as Phase 3 of the NWKAC Project.	Plan revised and not progressed.
South	Primary Care Service	To review Primary Care provision in localities.	NHS AA, EAC and GP Practices	This work has been delayed due to the COVID Pandemic and will be progressed by the Programme Lead for MDT & Service Integration as part of Primary Care Transformation.	Ongoing Work within Primary Care Services.
South	Rothesay House	To review layout and apply smarter working principles.	NHS AA and EAC	Project will commence Spring 2021.	Proposals on hold due to current budget challenges.
Kilmarnock	Health & Wellbeing Hub	To develop proposals for a Health & Wellbeing Hub in Kilmarnock Town Centre.	EAC, NHS AA and GP Practice	A Stakeholder Event was held on Thursday 7 th November 2019 to facilitate discussion about a Health & Wellbeing Hub being located within Kilmarnock Town Centre.	Proposals on hold due to current budget challenges.
Kilmarnock	North West Kilmarnock Area Centre	To relocate NHS MH Team from Lister Street to NWKAC.	NHS AA and EAC	This project will commence as Phase 2 of the NWKAC Project.	Plan revised and not progressed.

Kilmarnock	The Johnnie Walker Bond	To co-locate other EAC Services to TJWB.	NHS AA and EAC	HSCP Managers & Employees relocated to TJWB between May and November 2019. Other EAC Services relocating to TJWB with Enhanced Smarter Working, including piloting an electronic desk allocation system, to be progressed.	Proposals to relocate other EAC Services to TJWB on hold due to current budget challenges.
Kilmarnock	Bentick Centre	To review solutions for the delivery of clinical services from alternative locations.	NHS AA and EAC	The relocation of staff from the Bentinck Centre is Phase 1 of the NWKAC Project. Phase 1 was being progressed in early 2020 and was put on hold due to the COVID Pandemic. This project has now re-commenced with sub-contractor now onsite in the NWKAC.	Addictions Services relocated to NWKAC and the Bentick Centre was declared surplus and subsequently demolished.
Kilmarnock	Other EAC and NHS AA accommodation	Continue ongoing review of existing accommodation.	NHS AA and EAC	The Premises and Accommodation Group re-commenced in August 2020 and operational issues and relocation requests are being progressed.	Premises and Accommodation Group temporarily stood down in 2023 due to a lack of relocation requests and low-level operational issues.

Kilmarnock	Primary Care Service	To review Primary Care provision in localities.	NHS AA, EAC and GP Practices	This work will be progressed by the Programme Lead for MDT & Service Integration as part of Primary Care Transformation.	Ongoing work within Primary Care Services.
East Ayrshire Wide	Strategic Housing Investment Plan (SHIP)	To provide supported accommodation for adults with additional support needs within various locations in East Ayrshire.	EAC	Work will be progressed in line with the SHIP.	Wellbeing and Recovery Services continue to work with Housing Colleagues on the supported accommodation projects in the SHIP.
East Ayrshire Wide	Primary Care Services	Ambitious for Ayrshire programme identified the need to review in line with new GP contract the premises utilised by GP practices	NHS AA and GP	EAIJB has lead partnership responsibility for Primary Care and GP contractual arrangements. Primary Care Improvement Plan (PCIP) 2018-21 has oversight of this action	Ongoing work within Primary Care Services.
East Ayrshire Wide	HMP Kilmarnock	To improve the provision of healthcare by review of accommodation in collaboration with SPS.	NHSAA & SPS	A separate action plan is in place through leadership of Head of Service to oversee progress	Children's Health Care & Justice Services liaising with Scottish Prison Services in relation to this action plan.

East Ayrshire Wide	Children's services	To reduce our internal children's house provision by having model of care that supports families together at home.	EAC	A BVSr is underway – the option appraisal will include accommodation as part of an implementation plan. Completion date for BVSr is April 2021.	BVSr now completed.
East Ayrshire Wide	Agile/Mobile working	To scope and deliver agile/mobile working across the estate, including the IT systems and connectivity to meet the hot- desking requirements of the various staff groups	NHSAA/EAC	Smarter Working Rolling programme	Programme on hold due to budgetary challenges.
East Ayrshire Wide	Record Storage	To centralise all NHS Mental Health and Learning Disability Case Files as part of the co-location of Mental Health Services in Kilmarnock.	NHSAA	A plan has been developed to oversee this review and will align with the relocation of staff as part of the NWKAC Project.	This plan has been replaced by the Pan Ayrshire Plan to review all files held within the Megashed, which should enable paper files within East Ayrshire to be relocated there.

PAMS Action Plan 2024-27				
Locality	Issue	Proposal	Partners & Progress	
North and Northern Area	Stewarton	To review accommodation options for services because of increased demand due to demographic pressures in the Stewarton Area.	Primary Care Services, NHS A&A and GP Practice	The Plan is for an extension to be built onto the existing Health Centre in Stewarton during 24/25.
South	Doon Campus	To review options of a Wellbeing Centre within new build.	East Ayrshire Council, NHS A&A and GP Practice	The Plan is for a site start date during 2024 with an expected completion during 2026.
South	Cumnock Health and Wellbeing Hub (incorporating East Ayrshire Community Hospital)	The model of Health and wellbeing for the Cumnock Area and Surrounding Villages will respond to the strategic requirements of East Ayrshire Health & Social Care Partnership and Caring for Ayrshire & inform the required built environment of East Ayrshire Community Hospital and other facilities within this community.	East Ayrshire Council and NHS A&A	The Plan is for this project to recommence following the relocation of Ayrshire Hospice to their new accommodation in December 2024.
South	CEVIC Centre in Catrine	The CEVIC Building in Catrine had sat as a vacant property since 2020 and there was an agreement by East Ayrshire Council that it will be used as a Social Care Learning Hub for East Ayrshire Health and Social Care Partnership. The CEVIC building will become the "Hub" of all learning and	East Ayrshire Council	The plan is for the building preparation work to be completed by August 2024 thereafter enabling the Social Care Learning Hub to provide training from this location.

		development events and support its full programme as a multi-use, welcoming and professional space, a space that promotes wellbeing and supports investment in EAHSCP's largest workforce. The Social Care Learning Hub will provide training spaces, an IT suite and a fit for purpose Moving and Handling Suite.		
All	Analogue to Digital Project	To replace the analogue telephony infrastructure which supports telecare and replace with digital technology.	East Ayrshire Council	The plan is for the remaining 1,525 digital installations to be installed during 2024/25.

East Ayrshire Health and Social Care Partnership Communication Strategy, 2024 – 2027

Contents

Contents.....	Error! Bookmark not defined.
Introduction	3
Communications considerations.....	3
Audiences.....	3
Communications framework	4
The OASIS communications model.....	5
Objectives: what you want to achieve.....	5
Audience insight: who the campaign is aimed at and why.....	5
Strategy/ideas: the campaign concept	5
Implementation: channels that will be used	6
Scoring/evaluation: how we will know we have achieved what we set out to do.....	6
How we will communicate.....	7
Our communication channels.....	7
Increasing our audience reach.....	8
Operational framework	8
Outcomes and evaluation	9
Communications plan	10

Introduction

This communication strategy sets out our approach to meet the communication needs of East Ayrshire Health and Social Care Partnership. It follows a three year cycle, aligning with the review period of the partnership's strategic plan.

The partnership has dedicated communications staff in place to deliver the strategy and support the partnership and its workforce delivering health and social care services to our communities. Participation with and supporting local and national campaigns also ensures we are connected across Ayrshire and at a national level.

The partnership, along with our partners and our communities, are experiencing the pressures of the current financial climate. Our strategic plan has been reviewed in this context and our communications strategy will continue to support the plan's ambitions to achieve the best care for the people who need us the most.

Communications considerations

Providing information and timely communications is important throughout the partnership as we continue to improve and deliver health and social care services for our communities. To do this effectively we need to maintain awareness of a wide range of stakeholders and factors, including:

- the existing communications channels used in community settings by local residents, members of the public and community groups
- the rural localities of many communities with limited access to communication channels
- communication with employees from NHS Ayrshire and Arran, East Ayrshire Council, East Ayrshire Health and Social Care Partnership and independent contracted employees
- communication with third sector partners, forums and networks
- internal communication requests
- the communications needs of our localities
- the communication needs of third sector partners
- communications with and from independent sector partners
- the communications required to support national health and social care campaigns
- the Scottish Government's public health priorities
- the communication of planning and performance data and policy documents
- the communications required to collect essential data to provide the measurements for core indicators reporting
- feedback from all sources
- East Ayrshire Health and Social Care Partnership's Strategic Plan and supporting strategies, policies and guidance.

Audiences

Activity driven by our communications strategy must consider the requirements of our target audiences. Our audiences will vary across our activity, and we will pay particular attention to who we need to liaise with, share information with, and communicate with. Through our continuing work in communications and engagement, we are understanding more about the different audiences we have identified, including:

- local residents, members of the public
- community groups, community councils
- third sector voluntary groups and organisations

- East Ayrshire's third sector interface
- independent sector, including care homes, primary care providers (e.g. dental , optometry and general practices)
- Integration Joint Board Stakeholders Forum
- community planning and locality groups
- employability support services
- community justice services including people in prison
- sports and leisure clubs
- town centre regeneration and business networks
- partnership employees
- East Ayrshire Council communications teams and staff
- NHS Ayrshire and Arran communications and engagement teams
- North Ayrshire Health and Social Care Partnership
- South Ayrshire Health and Social Care Partnership
- Health and Social Care Scotland
- schools, colleges, parent group, child minding services and early learning centres
- local trust funds and potential investors
- local radio.

Communications framework

All communications will be delivered with the achievement of the partnership's 15 health and wellbeing outcomes and strategic plan priorities in mind.

Likewise, before a communications campaign is planned, careful consideration should be given to the purpose of the campaign and what it is trying to achieve.

In assessing the communication campaign the following questions will be asked to ensure there is a link to a clear objective and the campaign's impact can be evaluated:

- what do we want to achieve with this campaign?
- how does the campaign contribute to the 15 health and wellbeing outcomes?
- does it fit in with the strategic priorities?

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 the OASIS model for communications.

In addition, working towards longer term campaign planning and prioritisation will help to improve and maintain our impact where it is needed most.

The OASIS communications model

We will adopt the OASIS model for all our communication campaign planning. The OASIS model sets out a series of steps that can help bring clarity to the assessment and planning of any campaign and ensures the process is thought through and consistent.

The OASIS model provides five steps to create a campaign:

1. **Objectives**
2. **Audience/Insight**
3. **Strategy/Ideas**
4. **Implementation**
5. **Scoring/Evaluation**



The approach will be reviewed and refreshed if required after each phase of the campaign, and ongoing feedback will be used to optimise implementation.

Objectives: what you want to achieve

The objectives of any campaign should be clearly defined and must align with either a strategic priorities or health and wellbeing outcome. Having a clearly defined purpose allows the desired outcomes to be clear and thereafter be evaluated.

Audience insight: who the campaign is aimed at and why

This stage identifies if we need to change or influence behaviours or attitudes and whether the campaign will help achieve that objective. It is also important at this stage to identify any barriers to change so the campaign can be designed to address these. Knowing your audience is very important to the success of the campaign and insights into the audience and any barriers to achieving your objective, will allow the campaign to be designed to remove barriers and achieve more.

Strategy/ideas: the campaign concept

Where a campaign aims to change behaviours it needs to be planned in stages. To bring about 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 the audience step by step to the desired outcome. Any approach can be tested on a smaller scale and adjustments made to messages or communication channels if indicated.

Implementation: channels that will be used

Once the approach is identified, the communication channels used to deliver messages need to be planned. 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 have been involved

Scoring/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 to indicators following the campaign. Some measurements commonly used are:

- attendees at conferences or engagement sessions
- website or webpage visits captured
- engagement with social media posts
- 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.

How we will communicate

Clear and well established communication channels encourage the flow of information between partners, residents, communities and people who we have not previously engaged.

While we have well established communication channels already in place, where appropriate, additional communication channels and developing existing channels will allow us to improve and become effective in our communication. Better communication will increase involvement between people who use our services, carers, members of the public, employees, partners and communities.

Our communication channels

The partnership has established communications channels available to it for communications:

- use of East Ayrshire Council's Granicus email system where distribution lists can be added and categorised
- partnership 'Living Well' website
- social media (Facebook, X and LinkedIn)
- paid for social media advertising
- dedicated email address for news items to the partnership communications team: HSCPcomms@east-ayrshire.gov.uk
- the monthly partnership newsletter, The Tea Break
- emails to internal staff using MS Outlook system
- emails using distribution lists to external third sector and voluntary organisation partners using the Outlook system
- independent sector forum meetings and communication networks can support wider distribution
- active and reactive media releases using East Ayrshire Council's PRGloo system to local and national media
- agreed statements (agreed across East Ayrshire Council, NHS Ayrshire and Arran and our communications teams) issued in response to press enquiries
- distribution of communications to NHS Ayrshire and Arran staff in partnership through NHS emailing system
- locality newsletters
- communications with pan-Ayrshire and national communications and engagement groups
- webpages on the partnership section of East Ayrshire Council's website
- request homepage presence when appropriate on East Ayrshire Council's website
- service listings on The Alliance's ALISS directory
- digital and printed publications
- display of physical posters
- creation and distribution of leaflets and printed materials
- distribution of bulletins and other communications to third sector partners for cascade and dissemination amongst their members and those who use their services
- information page on Health and Social Care Scotland website
- good news stories for online, social media, board papers and local press
- focus groups
- input into/engagement with community groups
- engagement events.

Increasing our audience reach

The partnership will follow best practice when delivering communications, 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, we will consider creative solutions to reach them. Use will also be made of staff with local knowledge to identify community areas where contact and communications can be deployed through local connections. 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, and we will aim to meet accessibility best practice and regulations.

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, and Foster Care Fortnight. East Ayrshire Council and NHS Ayrshire and Arran provide the partnership with communications support for many of our campaigns which continues to work well.

Operational framework

This communications strategy is intended to support East Ayrshire Health and Social Care Partnership achieve its priorities as set out in the overall Strategic Plan 2021 – 2030 and support the delivery of the nine Scottish Government's health and wellbeing outcomes along with East Ayrshire's six additional health and wellbeing outcomes for children, young people and people using the justice services. The communications strategy will also work in support of the public health priorities for Scotland. These outcomes focus on the experiences and quality of services for people using those services, their carers and their families.

These plans and strategies aim to tackle Scotland's public health priorities and specific population health challenges by providing high quality services. The partnership additionally seeks to improve the wellbeing of children and young people, adults and older people and importantly tackle the health inequalities within our communities.

We publish an annual performance report, setting out how we are delivering the national health and wellbeing outcomes and evidencing any improvement achieved. These reports include information about how improvement or otherwise has been achieved using indicators, supported by local measures and provide data to provide a broader picture.

Outcomes and evaluation

In order to know whether our communication messages are reaching the intended audiences, delivering the key messages we planned and having the desired outcome, we need to find ways 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 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).

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 and public health priorities for Scotland whilst using resources effectively and efficiently in the provision of services.

Communications plan

The partnership's successes in supporting people to maximise their health and wellbeing will continue to be communicated both to internal and external audiences. The engagement and feedback from people who use our services will be used to shape and improve on the delivery of the integration of the health and social care services.

The range of communication approaches will assist our own partnership and, as a model of best practice, benefit the wider health and social care sector across Scotland. The partnership will continue to strive for a pro-active approach to the communication of our services and developments, and during the period 2024 – 2027 will focus on ten strands of work:

1. Tailoring communications to meet needs of individuals, people who use services, their families and carers.
2. The OASIS model of communications used across our campaigns.
3. Campaigns contributing to our health and wellbeing outcomes and strategic plan priorities.
4. Review of our social media channels to further support our communications strategy.
5. Increase awareness of services in East Ayrshire, including promotion of The Alliance's ALISS directory.
6. Foster close communication links and engagement with third sector, independent sector and wider community partners and groups.
7. Cultivate close working relationships with NHS Ayrshire and Arran and East Ayrshire Council communications teams, and engage with multi-agency, pan-Ayrshire and national communication forums and groups.
8. Support improved internal communications in the partnership and its promotion as an employer of choice.
9. Provide guidance to support staff in developing their communications.
10. Proactively identify and communicate good news stories from across the partnership and the wider health and social care sector in East Ayrshire.