

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

EAST AYRSHIRE

**Health &
Social Care**
Partnership

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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
- ❖ **Aging 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	joint leadership	trusted individuals working with supported person/family
compassion	collective impact	conversations about what matters
be included	shared commitment	collaboration and engagement
responsive care and support	respect	values-based ways of working
wellbeing	give a voice to all	

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)

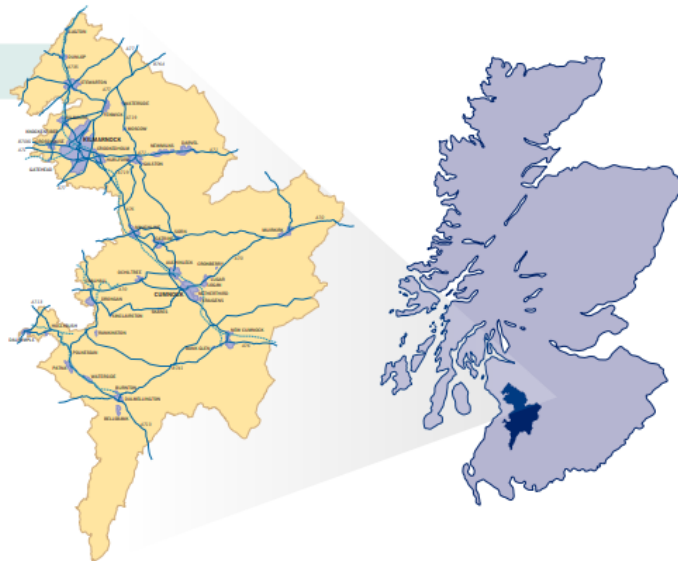
In each area, our Locality Planning Groups play an active part in planning and implementing improvements whilst maximising the contributions of local assets and partners. Our [Working in Localities](#) website has more information.

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:

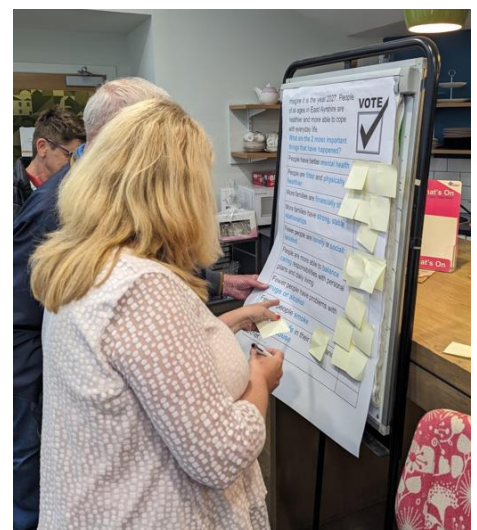


- Improving the information for the public on what services are available.
- Better communication between services to prevent people retelling their 'story'.
- Improving access to technology as services move to using digital methods.
- More targeted service provision for those experiencing health inequalities.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

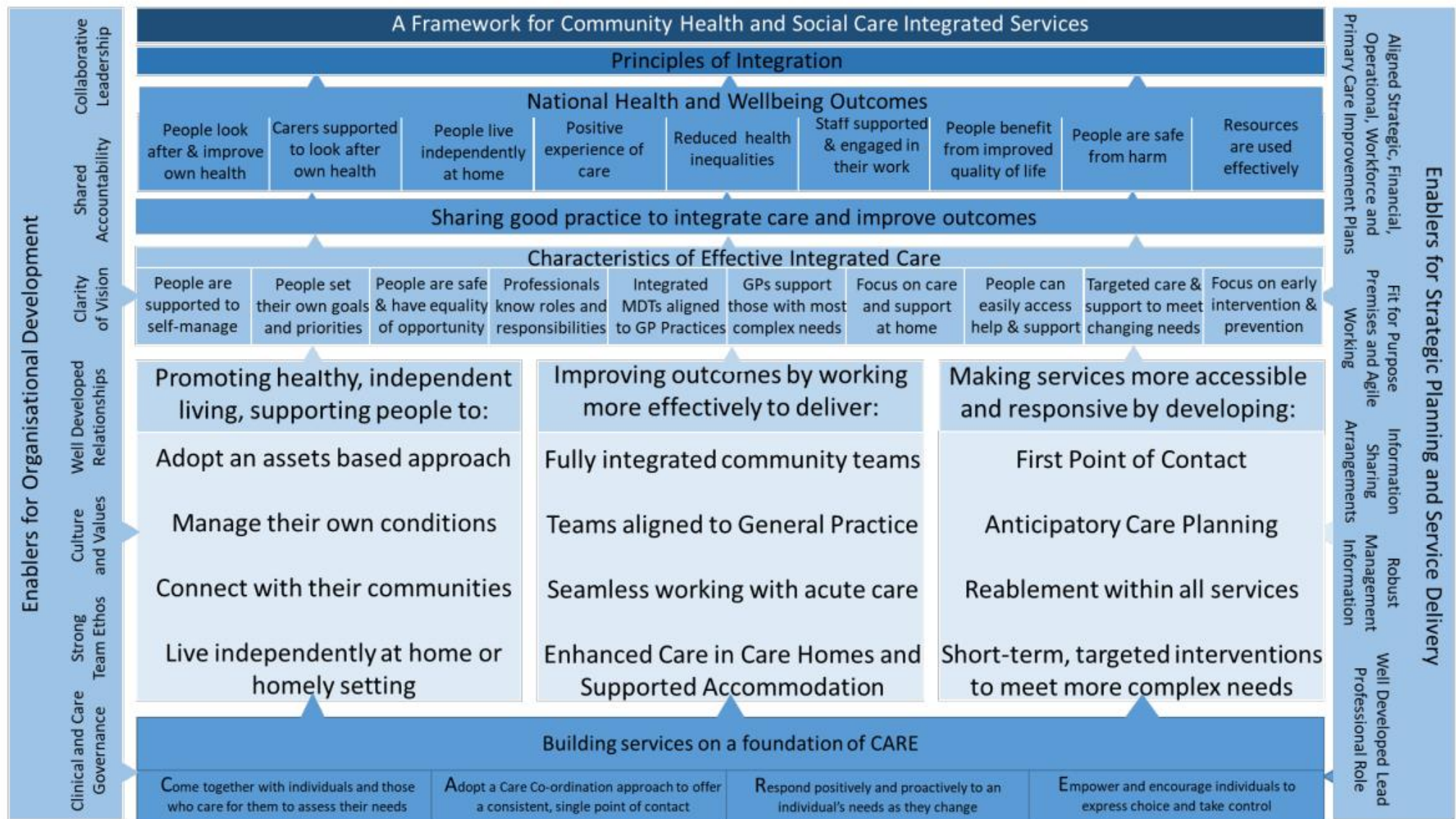
- Engage with our unpaid carers to inform the development of our new Carers Strategy;
- Continue to deliver integrated care through the Primary Care Improvement Plan;
- Continue to implement a wellbeing-focussed service delivery model with children and families, to get it right for every child;
- Improve 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.

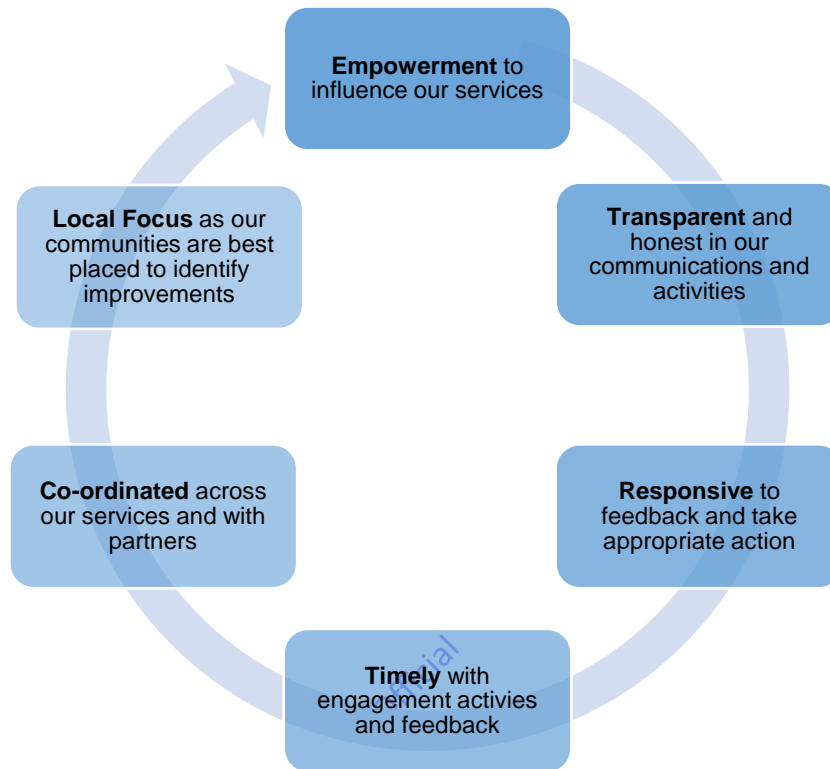


The aim of the Statement is to build on local good practice, recognising the need for change and ensuring we are best placed to respond to it together to deliver best value. The Statement will be updated in 2024 to reflect the Strategic Plan and collectively shape provision by understanding and managing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

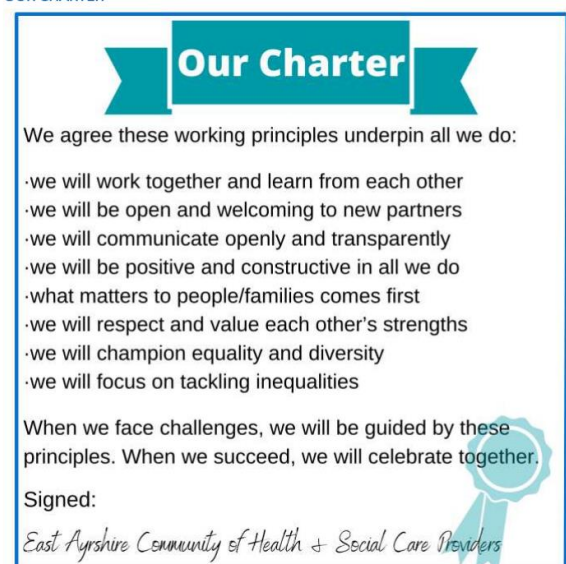
Voluntary groups also provide vital support to the HSCP and include peer support groups those who are maintaining their wellbeing in their communities.

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.

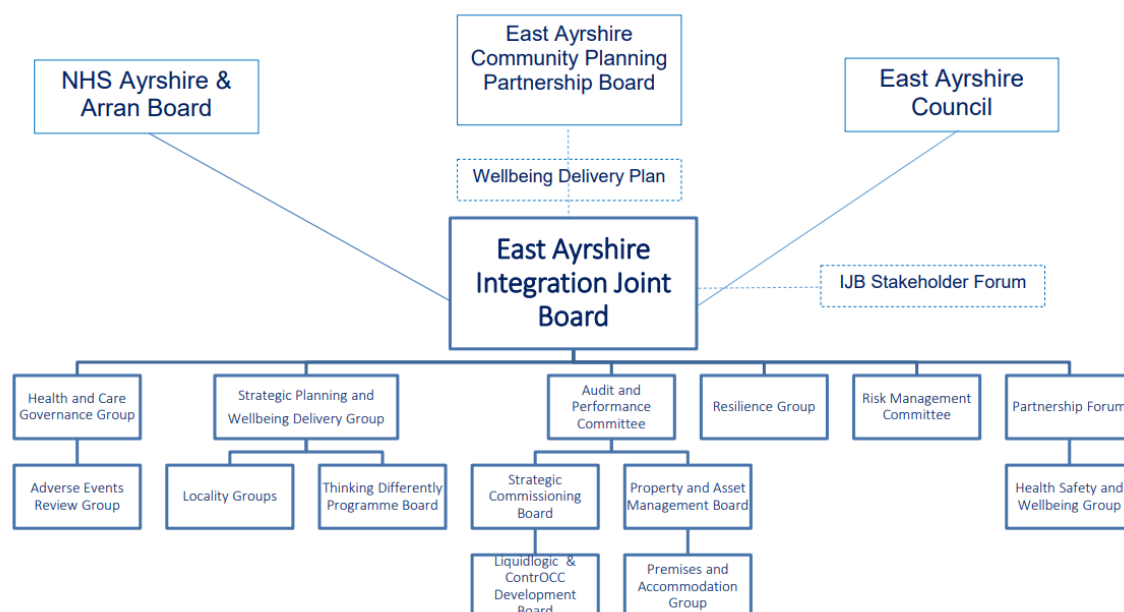
Local indicators are also used alongside these, aligned to the East Ayrshire Local Outcomes Improvement Plan and our strategic priority themes.

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](#).