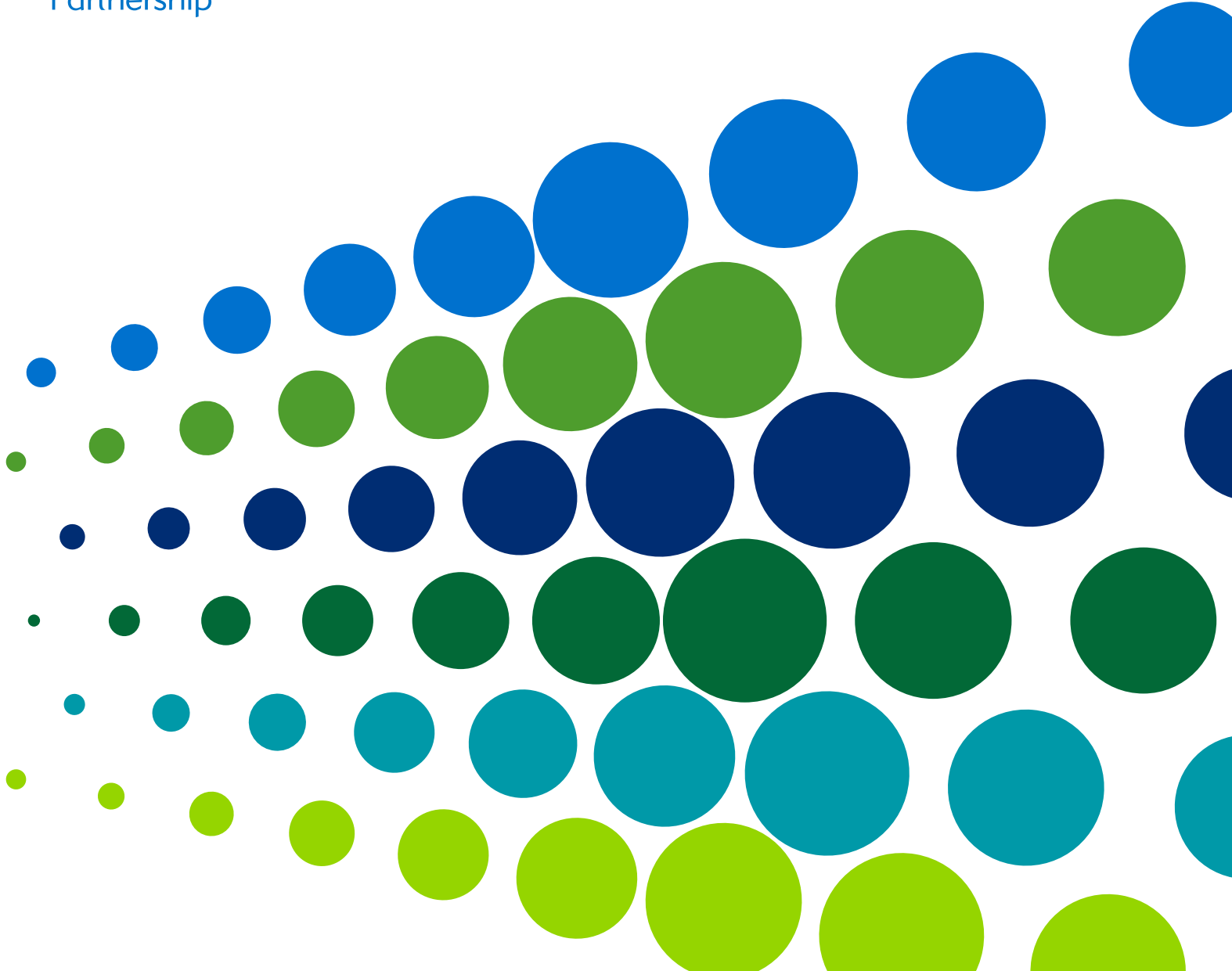


EAST AYRSHIRE **Health & Social Care** Partnership

# COMMUNICATION STRATEGY 2020:2021

EAST AYRSHIRE

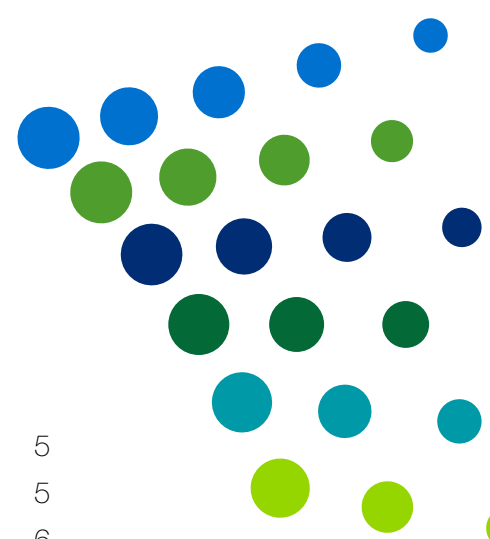
**Health & Social Care**  
Partnership





LEARNING DISABILITY WALK 2019

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



# 1. INTRODUCTION

## The Current Situation

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

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

Health and social care services are undergoing extensive transformational change to better meet future demands as a result of changes in the population, technology and healthcare. These changes are expected to happen over the next 5-10 years as part of the Caring for Ayrshire programme. Good communication will be needed to support all these changes. Consultation, listening, learning and timely planning as well as good communication are all essential to the planning for health and care services that meet the future needs of our communities.

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

The Partnership now has a dedicated Communications Programme Officer in place to develop the communications and to support the transformation alongside community and stakeholder engagement. Participation with and supporting local and national campaigns ensures the Partnership is connected across Ayrshire and Arran and are involved at a national level.

This Communication Strategy is a high level strategy and sets out the approach to meeting the communication needs managing transformational change will bring.

The Communications Strategy is for one year initially from 2020/21 and brought in line with the annual review of the Strategic Plan to reflect a 3 year strategy from 2021 onwards. This Strategy will also evidence how the Partnership is delivering on our strategic priorities and contributing to public health priorities for Scotland and national health and wellbeing outcomes.



EAHSCP Director Eddie Fraser giving a presentation in Dumfries House

## Engagement

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

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

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

The aim of engagement is to encourage people to shape the care and support they receive. To bring about a change in emphasis to the way health and social care services are delivered, and enable people to live healthier lives in their community, their experience with services needs to be positive. Meaningful engagement is where partners and people are involved at the earliest stage as full partners. The Partnership recognises that to do this requires a strong commitment to continually improve how people and partners can become involved. Most recently the Partnership has adopted the Scottish Approach to Service Design when working within the service redesign and Caring for Ayrshire programmes across East Ayrshire.

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

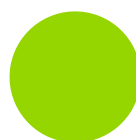
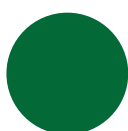
In order to ensure a Communications Strategy is effective it must therefore involve employees, partners, and wider stakeholders. Their views on the delivery of their health and social care services are captured through a programme of engagement which includes:

- public engagement events
- local community events
- facilitated discussions
- presentations as part of established meetings and forums
- focus groups
- online surveys.

## Communications Considerations

As the planning of the transformation of the health and social care services continues to progress, the timely communication of information to the wide range of stakeholders involved becomes even more important. The communications challenges facing such a complex programme of change are significant and many communication methods will be used. The following have also been considered:

- the existing communications channels used in community settings by local residents, members of the public and community groups
- communication with employees from NHS Ayrshire and Arran, East Ayrshire Council, Health and Social Care Partnership and independent contracted employees
- communication with third sector partners , forums and networks
- the rural localities of many communities with limited access to communication channels
- the communication of planning and performance data
- the communications required to collect the data required to provide the measurements for core indicators reporting
- internal communication requests
- the communications required to support national health and social care campaigns
- the communications needs of our five localities
- the communication needs of third sector partners
- communications with and from independent sector partners
- feedback from all sources
- the Partnership's existing Participation and Engagement Strategy which complements this Communications Strategy
- the Scottish Government's public health priorities
- Public Health Department toolkit
- EAHSCP's Strategic Plan



## Audiences

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

- local residents, members of the public
- community groups, Community Councils
- third sector Voluntary groups and organisations
- Community Planning and Locality Groups in East Ayrshire
- Employability Support Services
- Community Justice services including people in prison
- sports and leisure clubs, local radio e.g. West FM Community channel
- Integration Joint Board Stakeholders Forum
- third sector enterprise groups
- independent sector, including care homes, primary care providers e.g. dental, optometry and general practices
- Town Centre Regeneration Group, business networks, Best Bar None initiative
- EAHSCP employees and employee representative groups and trade unions
- East Ayrshire Council Corporate Communications Team
- NHS Ayrshire and Arran Communications Team
- schools, colleges, parent group, child minding services and early learning centres
- local trust funds and other potential investors
- North Ayrshire Health and Social Care Partnership
- South Ayrshire Health and Social Care Partnership
- Caring for Ayrshire Pan-Ayrshire Public Engagement Group
- Health and Social Care Scotland  
[www.hscscotland.scot](http://www.hscscotland.scot)

## EAHSCP's Communications Framework

All communications must be delivered with the achievement of the Partnership's 15 Health and Wellbeing Outcomes (Appendix 1) and Strategic Plan Priorities (Appendix 2) in mind.

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

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

- What do we want to achieve with this campaign?
- How does the campaign contribute to the 15 Health and Wellbeing Outcomes?
- Does it fit in with the strategic priorities?

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



Supporting Communities  
Caring café in Darvel 2019

## 2. The OASIS COMMUNICATIONS MODEL

We are proposing the OASIS model will be used as a basis for all East Ayrshire's communication campaigns. The OASIS model sets out a series of steps that can help bring clarity to the assessment and planning of any campaign and ensures the process is thought through and consistent. Two worked examples of recent campaigns are provided in Appendix 3 as a demonstration of the framework in use. A more detailed version of the model is attached as Appendix 4.



### Objectives – what you want to achieve

The objectives of any campaign should be clearly defined and must link in with either the Strategic priorities or at least one of the Health and Wellbeing outcomes. Having a clearly defined purpose allows the desired outcomes to be clear and thereafter be evaluated.

### Audience insight: who the campaign is aimed at and why'

This stage aims to identify if we need to change or influence behaviours or attitudes and whether the campaign will help achieve that objective? It is also important at this stage to identify any barriers to change so the campaign can be designed to address these. Knowing your audience is very important to the success of the campaign and insights into the audience and any barriers to achieving your objective, will allow the campaign to be designed to remove barriers and achieve more. In researching the audience, good use should be made of the many marketing resources available such as GCS Behaviour and Change Guide and research held by Scottish Government.

Other resources include:

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



## Strategy/ideas

Where a campaign aims to change behaviours it needs to be planned in stages. To bring about change in behaviours or attitudes, messages have to be delivered in stages to match the audiences' journey. The approach to the campaign should be planned with messages tailored to guide the audience step by step to the desired outcome. Any approach can be tested on a smaller scale and adjustments made to messages or communication channels if indicated.

## Implementation: channels used for the communication

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

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

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

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

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



Create a Smile Scotland Panto  
December 2019



Conversations over afternoon tea

# 3. COMMUNICATION

## How we will do this

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

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

### Communication Channels

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

- dedicated email address for news items to EAHSCP communications officer: HSCP.news@ east-ayrshire.gov.uk
- the newly established EAHSCP Newsletter issued every 6 -8 weeks
- use of East Ayrshire Council's Granicus email system – distribution lists can be added and categorised
- emails to internal staff using Outlook system
- emails using distribution lists to external third sector and voluntary organisation partners using the Outlook system
- independent sector forum meetings and communication networks can support wider distribution
- active and reactive press releases using East Ayrshire Council's PRGloo system to local newspapers and national newspapers
- agreed statements (agreed across East Ayrshire Council, NHS Communications and EAHSCP Communications) issued in response to press enquiries
- distribution of communications to NHS staff in Partnership through NHS emailing system
- distribution of communications to the other Partnerships communication teams across Scotland via direct mailing
- locality newsletters
- social media (Twitter and Facebook)
- Facebook ad campaigns can be used at a cost
- Communications with pan-Ayrshire public engagement groups e.g. Caring for Ayrshire and the Public Engagement Group
- Creation of webpages on the EAHSCP section of Council website
- display of physical posters
- request display of banner when appropriate on East Ayrshire Council's website
- publication of Annual Performance Report
- information page on HSCP Scotland website
- good news stories in local press
- the creation of Director's blog on website pages
- focus groups
- input into/engagement with community groups
- engagement events
- annual Local Conversation event
- creation and distribution of leaflets and printed materials
- distribution of newsletter and other communications to third sector partners for cascade and dissemination amongst their members and those who use their services
- EAHSCP's dedicated website's Community section

## Increasing our Audience Reach

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

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

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

## Operational Framework

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

A representation of EAHSCP's guiding framework – A Plan on a Page – is set out in Appendix 5 and illustrates how the priorities support the wider health and social care and national priorities. The Individual strategies and plans developed by EAHSCP to achieve the Health and Wellbeing Outcomes are represented in Appendix 6. These plans and strategies aim to tackle Scotland's public health priorities and specific population health challenges by providing high quality services. EAHSCP additionally seek to improve the wellbeing of children and young people, adults and older people and importantly tackle the health inequalities within our communities.

Each Integration Joint Board is required to publish an annual performance report, to set out how they are delivering on the National Health and Wellbeing Outcomes and evidence any improvement achieved. These reports need to include information about how improvement or otherwise has been achieved using indicators, supported by local measures and provide data to provide a broader picture. This data in turn will be used to review trends and inform further government health and social care policy.



Director Eddie Fraser and NHS Clinical Director Crawford McGuffie at Local Conversation event November 2019



Michael Breen, Chair of IJB Signing the Challenge Poverty Campaign pledge - Oct 2019

# 4. OUTCOMES AND EVALUATION -

## How we know we have made a difference

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

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

The Table below illustrates the evaluation framework we will use.

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

Methods of evaluation can include surveys, interview feedback, focus group feedback, social media analytics, media monitoring and tracking, attendance rates, engagement rates to a specific prompt. Evaluation will show trends or shifts in behaviours as a result of a campaign and is important in determining what works and what doesn't in order to know that we are supporting individual's families and communities to maintain their health and wellbeing and to live the best life possible.

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

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

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

Key performance indicators (national and local) are used to demonstrate if any difference is made and will also assist in identifying which data/information is best collected. For example, behavioural change such as attendance or demand on a service or services. Although we may not be able to directly attribute our communication message or campaign we may be able to assign a causal link between our messages/campaign and behaviour change. For example, a reduction in the number of people who 'Did Not Attend' at GP practice or hospital appointment or an increase in use of technology to monitor a health condition at home or the number of people attending or using a smoking cessation programme might be important key performance indicators to be monitored and measured. Responses to campaigns may show in increased participation in support groups or better attendance at clinics or even a drop in demand for a service. Another benefit in monitoring and measurement would be to assess the effectiveness of funding and investment in certain areas and allow a judgement on the success or otherwise.

## Contributing to the Strategic Plan

All relevant data and evaluation material gathered through our communication activity will be used to assess if the campaign supports our specific strategic priorities. In addition, by providing evidence of how communications can make a measurable difference to supporting people to achieve their outcomes, assists the IJB in the attainment of the 15 Health and Wellbeing Outcomes (see Appendix 1) and Strategic Priorities (see Appendix 2).

EAHSCP will utilise a variety of ways of presenting the data and information gathered and provide examples of outcomes achieved. For example, the Annual Report presents case studies, short video clips and reports on events as well as statistics.



Rosebank Resource Centre 10th anniversary celebration August 2019

# 5. THE WAY FORWARD – What's next

The Partnership's successes in supporting people to maximise their health and wellbeing will continue to be communicated both to internal and external audiences. The engagement and feedback from people who use our services will be used to shape and improve on the delivery of the integration of the health and social care services. The range of communication approaches will assist our own Partnership and, as a model of best practice, benefit the wider health and social care sector across Scotland.

Going forward the Partnerships will employ a more pro-active approach to the communication of the changes and developments to come utilising the Scottish Approach to service design as a model of good practice.

## The Communications strategy proposed has eight strands:

- 1** improved communication tailored to meet needs of individuals, people who use services, their families and carers

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- 2** closer communication links and early engagement with third sector, independent sector and wider community partners

---

- 3** the Oasis model of communications will be used in all campaigns

---

- 4** all campaigns, including those around the Transformational change programmes, need to contribute to EAHSCP's Health and Wellbeing Outcomes or Strategic Plan priorities

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- 5** closer communication links will be developed with locality groups, social enterprise, community justice and other partners working in communities and the OASIS framework will be introduced for future communication campaigns

---

- 6** closer communication links with NHS Ayrshire and Arran and East Ayrshire Council Communications teams to ensure consistent management of any future press enquiries regarding the Transformation work-streams or Caring for Ayrshire agenda. Links with pan-Ayrshire communications team will also be developed to facilitate co-operation where required

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- 7** consideration of the feasibility and effectiveness of a standalone EAHSCP web presence

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- 8** further develop communication of good news stories utilising a range of formats and mediums

This Communications Strategy along with an easy read version can be found online at <https://www.east-ayrshire.gov.uk/SocialCareAndHealth/East-Ayrshire-Health-and-Social-Care-Partnership/Governance-Documents.aspx>

If you would like to comment, contribute or learn more about our Communication Strategy you can email: [HSCPAdmin@east-ayrshire.gov.uk](mailto:HSCPAdmin@east-ayrshire.gov.uk)



## Appendix 1 East Ayrshire Health and Wellbeing Outcomes

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

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

## Appendix 2 East Ayrshire HSCP's Strategic Plan Priorities

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



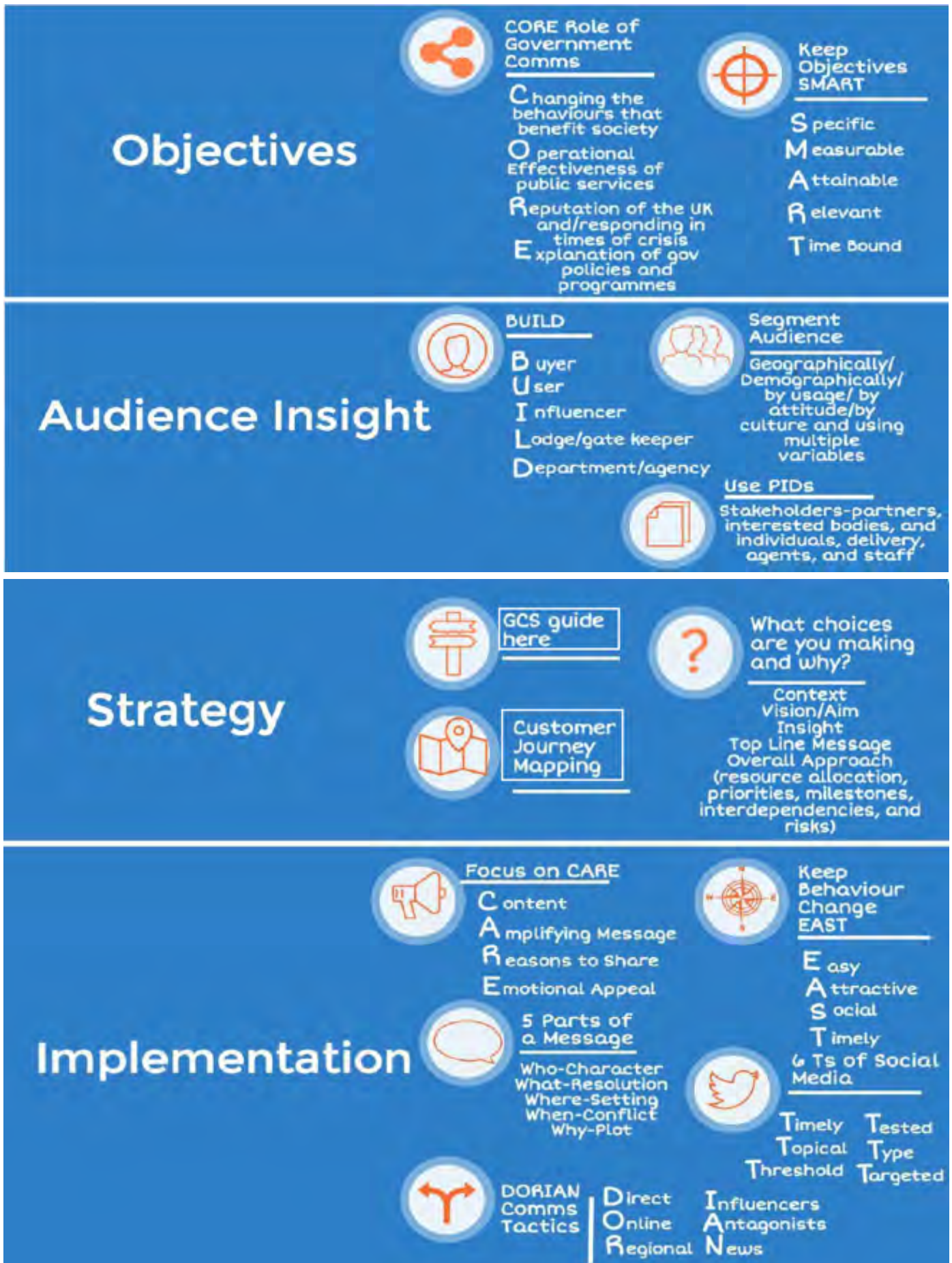
## Appendix 3 OASIS Example 1 – The Cumnock Engagement Event

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

## Appendix 3 OASIS Example 2 – Wellbeing Champions

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| <p><b>OASIS Framework</b></p>  | <p><b>Campaign: Wellbeing Champions</b> - Strategic Plan Priorities met</p> <ul style="list-style-type: none"> <li>Communities are supported to address the impact that inequalities has on the health and wellbeing of our residents</li> <li>Scaling up work on prevention and early intervention across all ages</li> </ul> <p><b>Health and Wellbeing Outcomes met</b></p> <ul style="list-style-type: none"> <li>Outcomes 4-9 &amp; 11</li> </ul>   |
| <p><b>Purpose:</b><br/>Ensure communication approach is efficient effective and evaluated</p>  | <p>Purpose early intervention approach to increase knowledge, awareness of the social determinants of health and to assist, individuals, groups and communities feel better informed to address their own health and wellbeing.</p>  |
| <p><b>Objectives:</b><br/>Set out what the communications activity is intending to achieve.</p>  | <p>To inform employees, partners and stakeholders of the Wellbeing Champions Initiative.</p> <p>To promote Wellbeing Champions information sessions and programmes to inform on the social determinants of health</p> <p>To recruit local people and community representatives to participate in the Wellbeing Champion initiative</p> <p>To recruit local people, community representatives and employees to train and deliver Wellbeing Champion sessions</p>  |
| <p><b>Audience insight:</b><br/>Who is the campaign aimed at?<br/>Do you need to change or influence their attitudes and behaviours to help you achieve your objective?</p>                              | <p>Local people, employees, community organisations and representatives and general public.</p> <p>To encourage uptake of information on the Wellbeing Champions initiative, to promote the opportunity for training and to encourage people to participate in sessions.</p> <p>Change/influence - more people feeling better informed, better equipped to address and better able to share information with others.</p>   |
| <p><b>Strategy/Idea:</b><br/>Map the audience journey and design communications relevant to different stages of the journey. Where possible test or pilot your approach to assess its effectiveness.</p> | <p>Promotional campaign launched at Local Conversation event 8th November 2019 through a facilitated workshop.</p> <p>Promotional campaign used to inform of;</p> <ul style="list-style-type: none"> <li>opportunity to participate in sessions</li> <li>opportunity to train and become better informed leading to a qualification</li> <li>delivery of sessions will target specific communities and groups</li> <li>people hear about the initiative</li> </ul>   |
| <p><b>Implementation of Communication:</b><br/>Develop a clear plan that allocates resources and sets out the timescales for delivery.</p>   | <p>Partnership approach to the delivery of Wellbeing Champions Initiative with initial funding and coordination joint approach with HSCP and Vibrant Communities.</p> <p>Identification of part time Coordinator required to coordinate the extension of the Initiative.</p>   |
| <p><b>Scoring/Evaluation:</b><br/>You should monitor outputs, outtakes and outcomes throughout your campaign and evaluate once it is complete.</p>   | <p>Evaluation methods will focus on both qualitative and quantitative methods;</p> <ul style="list-style-type: none"> <li>Promotional campaign methods and reach to target audiences e.g. views and hits on social media platforms will be analysed.</li> <li>Uptake of training opportunities by target group e.g. campaign targeted at community representatives through promotional campaign and delivery of facilitated sessions with the result that 15 community representatives attended.</li> <li>Recruitment campaign for both sessions and training opportunities will be on a survey basis to assess initial knowledge and understanding by applicant and reason for participation. This will be followed up again at the end of the session/training.</li> <li>Course participants will be asked to assess their knowledge at the beginning of the session/course and at the end.</li> <li>A follow up evaluation will be carried out to assess if change in knowledge, awareness or behaviour has been sustained.</li> </ul> <p>Health indicators: To measure the numbers of people recorded with type 2 diabetes and obesity and whether this can be shown to decrease over time and people's awareness of health indicators have increased.</p> |

# Appendix 4 The OASIS Model



## Appendix 5 Plan on a Page



## Appendix 6 East Ayrshire Strategic Plan Policies



EAST AYRSHIRE

# Health & Social Care Partnership

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