

Subject:	Caring for Ayrshire Programme – Informing, Engagement and Communication Plans
Purpose:	To advise members of IJB of the proposal in support of the Informing, Engagement and Communication Plans of the Caring for Ayrshire Programme.
Recommendation:	Members of IJB are asked to support the proposals in supporting informing, engaging and communicating the strategic vision, aims and objectives of the Caring for Ayrshire programme.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
PID	Project Initiation Document
FAQs	Frequently Asked Questions

1.	EXECUTIVE SUMMARY
1.1	The Caring for Ayrshire Programme has now progressed several streams of activity, as part of the initiation and scoping phases under the programme and are now at a stage whereby we are looking to inform and engage with staff, citizens and a wide range of stakeholders on our strategic vision of future models of care.
1.2	In order to fulfil the proposal of informing and engaging across Ayrshire and Arran, then a co-ordinated and managed collaborative plan will be developed, supported by NHS and our three HSCPs.
2.	BACKGROUND
2.1	During Q1/Q2 of 2019/20 we carried various levels out early pre-engagement activity, as part of the Caring for Ayrshire Conversation, resulting in collating some early insights and views around the needs of our citizens in support of future health and care services. The outputs of this engagement was presented to the Caring for Ayrshire Board in October 2019, noting some of the key themes, along with aspirations of the citizens in terms of future services.
2.2	Additionally, there has been internal engagement, gathering insights and views from our staff, colleagues and workforce as well as collaborative involvement with our Health and Social Care Partnerships.

3.	PROPOSALS
3.1	We have been promoting the Caring for Ayrshire Programmes aims and ambitions for some time within Ayrshire and Arran, with our stakeholders along with joint opportunities with our HSCPs.
3.2	Work has progressed in scoping and developing a health and care model, to shape the strategic vision of future health, care and wellbeing services. Work to date has described the following high-level health and care model. Our engagement period would be used to seek views and opinions from our wide stakeholder group to enable their input and feedback to shape and define the health and care model that will be used to plan services for the future.
3.3	<p><i>Health & Care Model</i></p> <p>Own home / Self Care Care that individuals could access at home, on a self-management or visiting / virtual basis as well as services provided in local conurbations such as community pharmacies. There are differences in health outcomes within our communities and many of these are the result of disadvantage (or socioeconomic differences). Our model of care will be designed to mitigate these inequalities wherever possible.</p>
3.4	<p>Homely environment Where care cannot be safely or sustainably provided in people's own homes then it will be delivered in a homely environment, depending on need, based in local communities. This would include wider access to a range of health and care professionals with wider access to MDTs on a substantive and or visiting basis.</p>
3.5	<p>Primary Care The Ayrshire & Arran Primary Care Improvement Plan was the initial plan setting out of how the three IJBs and NHS Board aimed to implement and deliver the new 2018 GMS contract on a pan Ayrshire basis. It describes the discussions and actions that were agreed, and there was always recognition and understanding that further work would be required during implementation for each element at a Health and Social Care Partnership (HSCP) level.</p> <p>The new model for General Practice and primary care describes how clinical pathways, the role of the GP and other health and care professional roles and their workload will be redesigned to enable consultation and treatment by the right professional. This refocusing of the GP role will require some tasks currently carried out by GPs to be carried out by additional members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care.</p> <p>Depending on the dispersion of the population served there will be a range of services provided from practices ranging from individual practices providing core services for the local population up to co-located multiple practices providing a wider range of services across a larger catchment area. There would be a strong focus on digital links with other parts of the system reducing the need for patients to physically attend higher acuity care settings.</p>
3.6	<p>Health and Wellbeing Centre These are aimed at supporting multiple health, care and wellbeing needs under one roof in or near the local community. This could provide wider access to services provided within some primary care settings as well as outpatient and diagnostic</p>

	<p>services currently only accessible within acute hospital settings. These centres could accommodate larger primary care practices if required and facilitate interaction between acute and primary care professionals; for example, the use of Attend Anywhere to reduce patient and staff travel</p>
3.7	<p>Health and Wellbeing Hub</p> <p>Providing more localised alternatives to acute hospital attendances and admissions. These would provide a wide range of services currently provided within acute hospital settings including:</p> <ul style="list-style-type: none"> • Treatment for minor injuries and illnesses • Primary Care out of hours services • An overnight stay in a bed if you can't be cared for at home but don't need to go into hospital (step-up beds) • Rehabilitation after a stay in hospital (step-down beds) • Midwife-led maternity service • Day surgery and planned investigations • CT scanning • Endoscopy • Renal dialysis (day service) • Chemotherapy (day service) • Blood analysis
3.8	<p>Acute Hospital</p> <p>This will deliver emergency and planned care from an appropriately sized acute environment focussing on specialist, complex and high-risk care. It will provide specialist led medical services 24/7 ensuring that a wide range of services are available for the local population. Services provided will include consultant led maternity, neonatal and specialist paediatric care.</p> <p>The majority of outpatient activity will shift from acute settings to community settings with appropriately skilled and trained workforce supporting face to face and virtual consultations. This shift includes current and future nurse, midwife and AHP led services which will become more community based with acute reach-in.</p> <p>The acute hospital setting will have a new approach to urgent and emergency care which will be enabled by modern facilities, the latest technology, high quality care focussed on acute need, and subsequently allowing patients rapid transfer back to their communities or to their homes. Patients will be seen by senior clinicians at the front door enabling more rapid decision making and management of conditions with the aim of improving patient flow and reducing the length of stay of patients in the acute setting.</p> <p>Whilst a significant proportion of acute care will be delivered within NHS Ayrshire and Arran there will be a continuing need to access services provided by other Health Boards, particularly where these are highly specialised.</p> <p>In addition to the map and supporting narrative further work has been undertaken to illustrate the range of services which could be accessed within the respective service layers. This is not intended to be a comprehensive list of provision and further work will be required to establish the service specific arrangements. It is worth noting from this that the Primary Care layer recognises the relationship between the population served and the range of services provided.</p>

3.9	<p>Digital Enablers</p> <p>Digital Components are a key enabler and dependency in the Caring for Ayrshire Programme. Delivery of the Digitally Enabled Model will require significant investment in both the development and ongoing business as usual support and should be based on the aspects highlighted below.</p> <ul style="list-style-type: none"> • Infrastructure – a robust 24/7 supported Digital Infrastructure across Health and Care will be required to deliver the model. • Person Centred Digital Technology embedded into Health and Care System supporting the patient to develop their health literacy and self-manage their health conditions are at the core of the model. • Modern Integrated and co designed Health and Digital Systems (Locally, Regionally and Nationally) are be required to support patient engagement, information sharing, service efficiency, patient safety and clinical decision making. • Cultural changes and skills development in the better use of Digital within Care Pathways and the associated Data for improvement modelling are required across the workforce.
3.9	<p>To that extent we have now developed an informing and engagement plan, with the notion of initially running a 6-week intensive period of informing and engaging with our staff, citizens, users and stakeholders, using different methods and channels in communicating the future strategic vision of Ayrshire and Arrans health and care services.</p> <p>See Appendix A for detailed Informing and Engagement plan. See Appendix B for detailed Communications plan</p>
3.10	<p><u>Anticipated Outcomes</u></p>
	<p>The proposal of informing, engaging and communicating the strategic vision will underpin our ambition and aims in delivering a transformational redesign of services, ensuring quality and as well being patient centric.</p>
3.11	<p><u>Measuring Impact</u></p>
	<p>N/A</p>

4.	IMPLICATIONS	
Financial:	All associated funding for a launch will be covered under the programmes budget allocation.	
Human Resources:	N/A	
Legal:	N/A	
Equality:	An impact assessment has been carried out more generally in relation to the entirety of the Informing and Engagement work that is equally relevant to the initial launch of the programme.	
Children and Young People	N/A	
Environmental & Sustainability:	Successful management of delivering our strategic vision of future models of care requires leadership, engagement with clinical staff as well as our citizens. The Health and Social Care Partnerships have increasing influence on shaping the delivery health and care services more locally, making them more person centred and sustainable in the future.	
Key Priorities:	The delivery of transforming health, care and wellbeing service complies with a number of the corporate objectives: improving health; safety/outcomes; quality of experience; equality; transforming and patient flow; supply and demand.	
Risk Implications:	<p>There is a risk that by undertaking an informing, engagement and communication phase around our future health and care services, this will raise concerns with our workforce along with raising awareness with local press coverage and online media channels.</p> <p>In order to mitigate such a risk, we will seek to proactively engage with all staff working closely with our employee director. In terms of engaging with local press in advance, hold briefing sessions with our MPs/MSPs and ensure appropriate governance around social media threads are maintained.</p>	
Community Benefits:	The achievement of delivering new models of care provides better access to healthcare services and should therefore have a positive effect on the health inequalities priority within local LOIPs.	

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

5.	CONSULTATION
5.1	<p>This proposal has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.</p> <ul style="list-style-type: none"> • Caring for Ayrshire – Stakeholder Engagement and Insights Group, held on 23rd January 2020 • Caring for Ayrshire programme Board, held on 29th January 2020 • Integrated Governance Committee, held on 29th January 2020
5.2	<p>The NHS Board has carried out its duties to involve and engage external stakeholders where appropriate. There have been a number of pre engagement activities and awareness events in support of the Caring for Ayrshire Programme. For further high-level details please refer to Appendix A</p>
6.	CONCLUSION
6.1	<p>Members of IJB are asked to support the proposals to inform, engage and communicate the strategic vision, aims and objectives of the Caring for Ayrshire programme.</p>

For more information please contact Russell Scott, Senior Programme Manager on 01292 885844 or Russell.scott@aapct.scot.nhs.uk



Caring for Ayrshire Informing and Engagement plan

Executive Sponsor

Name	Title	Date
Kirsti Dickson	Director of Transformation and Sustainability	

Service/Management Sponsor

Name	Title	Date
Ewing Hope	Employee Director, NHS Ayrshire and Arran	
Margaret Phelps	Partnership Programme Manager, East Ayrshire Health and Social Care Partnership	
Phil White	Partnership Facilitator, South Ayrshire Health and Social Care Partnership	
Nicola Teager	Communications and Engagement Officer, North Ayrshire Health and Social Care Partnership	

Authors/Contributors

Name	Title	Date
Elaine McClure	Portfolio Programme Manager	
Russell Scott	Caring for Ayrshire Programme Manager	
Miriam Porte	Communications Manager	
Margret Phelps, Kay McKay, Nicola Teager, Phil White	E, N and S HSCP Communication Managers	
TBC	E, N and S Council Communication Managers	
Various	CfA Stakeholder Engagement and Insights Group	

Document history

Version	Summary of Changes	Document Status	Date published
0.01	Template	N/A	
0.02	First draft	First draft	
0.03	Updated following internal comments	Second Draft	
0.04	Amendments made from feedback via Stakeholder Engagement & Insights Group	Third Draft	16 th Jan 2020
0.05	Amendments made from feedback via Stakeholder Engagement & Insights Group	Fourth Draft	22 Jan 2020

Engagement Overview Plan

Plan title / topic:

Caring for Ayrshire Informing and Engagement Plan

Plan creation date
(dd/mm/yyyy):

06/01/2020

Engagement start date:

24/02/2020

Engagement completion date:

03/04/2020

Engagement lead
name:

TBC

Designation:

Engagement Support Officer

Department/ service:

Transformation and Sustainability

What are you trying to
accomplish :

*(what is the problem
and what is the
rationale for change)*

To develop and oversee the implementation of an Informing and Engagement Communication Plan to support the engagement of a new model of care within Ayrshire and Arran for our Caring for Ayrshire Programme.

The communication **objectives** of the plan are to ensure:

Informing the 'Caring for Ayrshire' ambition:

- Engaging and informing the public and staff of new pathways of care within Ayrshire and Arran
- Transforming health and care services within Ayrshire and Arran
- Contributing to work to inform self-care, self-management and supportive and connected communities.

Engagement:

- Continuous engagement, including mapping all our stakeholders
- Regular stakeholder engagement events with specific services as well as overall informative sessions

Communications

- Internal and external communications
- An online and digital media presence
- Opportunities to inform, share progress, news and invite feedback
- The feedback from the engagement sessions will be fed back into the planning and design of services.

Reason for
engagement:

- To ensure that staff, public and service user views and feedback are included in the planning, design and implementation of new models of care for Ayrshire and Arran.

<p>Expectations from engagement: <i>(what do you hope to achieve)</i></p>	<ul style="list-style-type: none"> • To ensure that all stakeholders have the opportunity to shape, influence and know about potential changes to our health and care services. • To comply with CEL 4 (2010) guidance on informing, engaging and consulting people who will be affected by change.
	<ul style="list-style-type: none"> • To engage with internal and external stakeholders to ensure there is a collaborative approach in designing future health and care services. • To inform staff, public, service users and the wider communities, ensuring their views are heard and considered throughout the ongoing development of models of care and decision making process. • To ensure that where possible negative impacts resulting from any proposed changes are considered and mitigated. • To ensure staff, public, service users and the wider communities have a mechanism in place to provide feedback to influence new models of care.
<p>Existing knowledge: <i>(Background: what do you already know that helps support the reason for engagement or change)</i></p>	<ul style="list-style-type: none"> • Our population is getting older • Poor health • Workforce challenges • Budget constraints • Buildings are no longer fit-for-purpose • Accessibility to health and care services • Hospital is not always the best place to provide care
<p>Internal constraints:</p>	<ul style="list-style-type: none"> • Internal capacity to engage i.e. limited staff time to engage, lack of dedicated engagement support. • Budgetary constraints • Governance arrangements
<p>External constraints:</p>	<ul style="list-style-type: none"> • Vast and diverse demographic • Complex landscape and operational environment • Increasing demands on current services • Changes to General Practitioners contract, implications of Primary Care Implementation Plan • Securing public and community support for new models of care • Ability to communicate effectively with all stakeholders.
<p>Target Audience:</p>	<p>Messages will be targeted to the following audiences (stakeholders):</p> <ol style="list-style-type: none"> 1. People who use our services (service users), carers and their families 2. Members of the Ayrshire public including the young to our elderly, online groups / social media and press 3. East, North and South Ayrshire Partnership and Acute Services staff representatives (inc. third, private, independent and voluntary care sectors, trade unions etc) 4. Independent contractors practices (General Practice, Optometry, General Dental, Community Pharmacy etc)

	<p>5. Key decision makers such as NHS Ayrshire & Arran Board, IJB and council elected members</p> <p>The term “staff” refers to all staff employed by NHS Ayrshire & Arran, Health and Social Care Partnership and three local Authorities.</p>
Resources/support available:	<ul style="list-style-type: none"> • Health and Social Care Partnership Staff – Community Engagement Officers (x3), Partnership Facilitator • Council staff • Strategic Planning Partnerships • Community Planning Partnerships • NHS Ayrshire and Arran Person-centred Care Team - engagement support • Ayrshire College • Youth Commission • Equality & Diversity Advisor - EQIA • Scottish Health Council – engagement advice, support and scrutiny • Transformation and Sustainability Programme Management Office - project management and engagement advice and support • HSC Scotland- https://hscscotland.scot/resources/
Methods of Engagement:	<p>There are a number of different ways to communicate and engage with various audiences and stakeholders, and messages should be tailored for the right medium for each of the audiences/stakeholders. It is noted that for some groups who are less likely to understand / act upon messages that specific methods of engagement / communication will be required.</p> <p>Channels include:</p> <ul style="list-style-type: none"> • Launch event • Direct emails to audience groups (third sector, voluntary and independent etc) • Engagement workshops (staff and service users) around service provision • Planned events for staff, service users, carers and families • Digital media • Feedback and evaluation • Word of mouth • Targeted letters • Posters • Leaflets • Proactive media releases (local newspapers and radio) • Staff intranet(s) • Websites, including HSCPs and NHS • Staff briefings • Staff bulletins within services

Summary Engagement Plan

Summarise the planned approach to engagement and communication in terms of timescales and milestones

Anticipated Timescale	Project stage or specific activity
By 31/01/2020	Development of all informing materials and scoping of groups/meetings to be attended
09/01/2020 23/01/2020	Stakeholder and Insights Communication Group (virtual and meeting)
27/01/2020	Clinical Programme Group – Design Authority
29/01/2020	Caring for Ayrshire Programme Board
29/01/2020	Integrated Governance Committee
03/02/2020	NHS Board
29/01/2020 13/02/2020 19/02/2020	East Integrated Joint Board North Integrated Joint Board South Integrated Joint Board
20/02/2020	Launch
24/02/2020	Stakeholder engagement commences
24/02/20 – 03/04/20	Six week period of active engagement
<i>Report of the engagement outputs will go through the appropriate groups and boards through the current cycle of meetings.</i>	Report engagement outputs with Caring for Ayrshire Programme Board

Key engagement planning / delivery group

The Caring for Ayrshire Stakeholder and Engagement Insights Group is responsible for ensuring both internal and external stakeholder engagement, best practice consultation and impact assessment throughout the lifecycle of the Caring for Ayrshire Programme, whilst supporting the management of timely communications.

Mapping of relevant Staff / Public / Patient Stakeholder Groups

Group Name	Demographic (who/where do they represent)	Contact Details (Provide details with any suggested methods/channels of engagement)
NHS A&A Staff and Workforce (e.g. Team Meetings, Service Forums)		
<ul style="list-style-type: none"> University Hospital Crosshouse (UHC) Unscheduled Care Exemplar Leadership Group University Hospital Ayr (UHA) Unscheduled Care Exemplar Leadership Group Unscheduled Care Partnership Group AMD (Associate Medical Director) ASDMT(Acute Services Divisional Management Team) CMT (Corporate Management Team) CSBCM (Cross Site based Clinical Meeting) CSMT(Crosshouse Senior Man Team) Clinical Directors Forum EIC (Excellence in Care) JA/CCNM (Joint Acute/Community Clinical Nurse Manager) NMSG (Nursing & Midwifery Steering Group) 	Acute workforce	Engagement Plan to be finalised.

Group Name	Demographic (who/where do they represent)	Contact Details (Provide details with any suggested methods/channels of engagement)
<ul style="list-style-type: none"> • OPIH (Older People in Acute Hospital) • PLG (Professional Leadership Group) • SLM (Senior Leadership Meeting) • Clinical Development Fellows 		
East, North and South H&SCP <ul style="list-style-type: none"> • Community Planning Partnership Board • Public Health - Health and Wellbeing Event • SA HSCP Locality Planning Group • NA CPP - Senior Officers Group • NA CPP - Locality Partnership Meetings • NA HSCP Locality Planning Forums 	Community Teams and Partnership Groups	Engagement Plan to be finalised.
Corporate Support Services (CSS) EXEC	Facilities Staff	Engagement Plan to be finalised.
Area Partnership Group and associated Professional Committees	Clinical Forums	Engagement Plan to be finalised.
Public Health - Health and Wellbeing Event	Staff NHS and HSCP	Agree event

Group Name	Demographic (who/where do they represent)	Contact Details (Provide details with any suggested methods/channels of engagement)
Key Service User Groups (e.g. service specific Public Reference Groups)		
SA HSCP Service User Groups : <i>Seniors Action Group; Carers Reference Group; Mental Health Service Users Group; Youth Forums and Pupil Councils; Champions Board; Locality Planning Groups x 6</i>	Providing widespread service user engagement throughout South Ayrshire HSCP	Email: Phil.White@aapct.scot.nhs.uk
NA HSCP Service User Groups: <i>Carers Reference Group Champion's Board Older People's Forums Youth Forum Pupil Councils Mental Health Public Reference Group RAW Group (Children - TBC) MAD (Makin' a Difference – Justice Services group) Locality Planning Engagement Sub-Groups x6</i>	Providing widespread service user engagement throughout North Ayrshire HSCP	Email: NicolaTeager@north-ayrshire.gov.uk
EA HSCP Service User Groups: Awaiting confirmation of detail		Email: Margaret.Phelps@east-ayrshire.gov.uk
Voluntary/Third/Private/Independent Sector Organisations (service specific)		
NA, SA, EA Voluntary and third sector partnership membership		
East Ayrshire Carers Centre	Providing services to carers of all ages	Tel: 01563 571533 E-mail: admin@eastayrshirecarers.org.uk
South Ayrshire Carers Centre	Providing services to carers of all ages	Email: southayrshire.carers@unityenterprise.com 01292 263000

Group Name	Demographic (who/where do they represent)	Contact Details (Provide details with any suggested methods/channels of engagement)
North Ayrshire Carers Centre	Providing services to carers of all ages	Email: northayrshire.carers@unityenterprise.com 01294 311333
Health and Social Care Alliance Scotland	Providing widespread engagement and networks	info@alliance-scotland.org.uk
Community Friends	Part of the EA Churches Homeless Action group. Work with people who face homelessness issues as a result of addictions, have mental health issues and struggle to access appropriate services.	Tel: 07581722331 Email: Janice Grant Janice.grant@hotmail.co.uk
Crossroads (South Ayrshire) Care Attendant Scheme.	South Ayrshire organisation only.	brian.kelsey@crossroads-sa.org.uk
Formal Engagement Groups / Networks		
NHS Ayrshire & Arran Public Involvement Network	Virtual network of around 900 people from across Ayrshire and Arran who are interested in health related issues	Kenny Milne, Person-centred Care Officer (Involvement) Tel: 01292 665612 Email: kenny.milne@aapct.scot.nhs.uk c/o Eileen D'Agostino Tel: 01563 826083 Email: Eileen.Dagostino@aaaht.scot.nhs.uk
Public Engagement Group	Internal group comprising all engagement leads across NHS, HSCPs, third sector and independent care sector in Ayrshire and Arran with access to wider engagement networks (e.g. care sector provider forums, third sector provider forums,	Elaine McClure, Portfolio Programme Manager Tel: 01292 885842 Email: elaine.mcclure@aapct.scot.nhs.uk

Group Name	Demographic (who/where do they represent)	Contact Details (Provide details with any suggested methods/channels of engagement)
	locality planning groups).	
HSCP Strategic Planning Groups	Leading strategic and locality planning on behalf of each IJB.	<p>East Ayrshire Aileen Anderson, Committee Secretary Tel: 01563 554472 (Ext. 4472) Email: Aileen.Anderson@east-ayrshire.gov.uk</p> <p>North Ayrshire Louise Harvie, Governance Assistant Tel: 01294 317745 Email: louiseharvie@north-ayrshire.gov.uk</p> <p>South Ayrshire Kimberley Ward, Secretary Tel: 01292 616438 Email: kimberley.ward@south-ayrshire.gov.uk</p>
HSCP Locality Planning Groups	X15 locality planning groups across Ayrshire engaging with local communities on behalf of HSCPs.	<p>East Ayrshire (x3 Locality Groups) Aileen Anderson, Committee Secretary Tel: 01563 554472 (Ext. 4472) Email: Aileen.Anderson@east-ayrshire.gov.uk</p> <p>Newsletter (Kay McKay, Communications Officer) Email: Kay.McKay@east-ayrshire.gov.uk</p> <p>North Ayrshire (x6 Locality Groups) Scott Bryan Email: sbryan@north-ayrshire.gov.uk</p> <p>Newsletter (Kate Smith) katesmith@north-ayrshire.gov.uk</p> <p>South Ayrshire (x6 Locality Groups) Seonaid Lewis (Troon/Prestwick) Email: seonaid.lewis@south-ayrshire.gov.uk</p> <p>Neil Goudie (Ayr North/Ayr South) neil.goudie@south-ayrshire.gov.uk</p> <p>Sharron Connolly (Girvan/Carrick) Email: Sharron.Connolly@south-ayrshire.gov.uk</p>

Group Name	Demographic (who/where do they represent)	Contact Details (Provide details with any suggested methods/channels of engagement)
East Ayrshire Stakeholder Forum	Collective of public representatives and key stakeholders in support of East Ayrshire IJB.	Margaret Phelps Partnership Programme Manager Tel: 01563 554465 Email: margaret.phelps@east-ayrshire.gov.uk
Local Authority Community Planning Partnerships	Community planning groups engaging with partner stakeholders and local communities on behalf of Local Authorities.	East Ayrshire Email: communityplanning@east-ayrshire.gov.uk North Ayrshire Email: CommunityPlanning@north-ayrshire.gov.uk South Ayrshire Email: community.planning@south-ayrshire.gov.uk
Community Councils	Community Councillors representing local communities across Ayrshire and Arran.	East Ayrshire Federation and Community Council Development Officer Tel: 01563 578123 Email: Elaine.Millar@east-ayrshire.gov.uk North Ayrshire Community Council Liaison Officer Tel: 01294 324131 South Ayrshire Community Council Link Officers (contact details available at https://www.south-ayrshire.gov.uk/community-councils/linkofficers.aspx)
Scottish Health Council (Healthcare Improvement Scotland Community Engagement WEF April 2020) – Local Office Networks	Network of public stakeholders with an interest in health and care.	Gillian Macfarlane – Local Office (Ayrshire & Arran) Tel: 01563 825801 Email: gillian.macfarlane@scottishhealthcouncil.org

Group Name	Demographic (who/where do they represent)	Contact Details <i>(way in which you plan to communicate and engage)</i>
Youth and Younger Engagement		
Ayrshire College – Health and Social Care <ul style="list-style-type: none"> - student ambassadors - Wellbeing champions - Student classes - SWAP access to nursing students 	<i>Various demographics within college environment both youth as well as mature students. SWAP are students who are working towards a place a UWS to commence nursing degree.</i>	Christine.Hutchison@ayrshire.ac.uk charlotte.mitchell@ayrshire.ac.uk
Crossroads (South Ayrshire) Care Attendant Scheme.	South Ayrshire organisation only.	brian.kelsey@crossroads-sa.org.uk

Seldom heard / Equality Diversity groups

Recognised list of groups and forums representing Equality and Diversity groups will be used to engage.

Detailed Draft Engagement Plan

Title Caring for Ayrshire

Last updated: 16/01/2020

Engagement Level <i>Inform / Involve / Engage / Consult</i>	Method / Activity / Action <i>(what you are going to do and with whom)</i>	What you hope to achieve	Led by	<input type="checkbox"/> On target	<input type="checkbox"/> Slippage	<input type="checkbox"/> Complete	<input type="checkbox"/>	Update <i>(include dates of meetings, documents produced etc)</i>
Inform	Draft a summary document and FAQ describing future models of care and work undertaken to date.	To inform stakeholders of Caring for Ayrshire and to provide details of feedback mechanism(s).	Engagement Support Officer/ Russell Scott/ Elaine Savory/ Miriam Porte Approved by: Kirsti Dickson					
Inform	Explore non-written, accessible methods of communicating information on the proposed model of care for Ayrshire and Arran, and describing work undertaken to date such as visual/audio e.g. subtitled video/animation, sound bites, voiced-over presentation.	To inform stakeholders of the Caring for Ayrshire programme and to provide details of feedback mechanism(s).						
Inform	Display posters in health and care areas to make	To inform stakeholders of						

Engagement Level <i>Inform / Involve / Engage / Consult</i>	Method / Activity / Action <i>(what you are going to do and with whom)</i>	What you hope to achieve	Led by	<input type="checkbox"/> On target	<input type="checkbox"/> Slippage	<input type="checkbox"/> Complete	<input type="checkbox"/>	Update <i>(include dates of meetings, documents produced etc)</i>
	people aware of the review and how to provide feedback.	the Caring for Ayrshire programme and to provide details of feedback mechanism(s).						
Inform	Agree feedback being sought from engagement phase and develop/approve/publish survey tool and discussion recording template to consistently capture and analyse feedback.	To provide consistent feedback mechanism.	Engagement Support Officer					
Inform	Publish overarching summary document/FAQ, EQIA summary document, and full EQIA on website.	To ensure people have opportunity to understand the rationale for change.	Miriam Porte					
Inform/ Engage / Involve	Launch event	To raise awareness of the Caring for Ayrshire Programme and ensure stakeholders have	John Burns Tim Eltringham Eddie Fraser Stephen Brown					

Engagement Level <i>Inform / Involve / Engage / Consult</i>	Method / Activity / Action <i>(what you are going to do and with whom)</i>	What you hope to achieve	Led by	<input type="checkbox"/> On target	<input type="checkbox"/> Slippage	<input type="checkbox"/> Complete	<input type="checkbox"/>	Update <i>(include dates of meetings, documents produced etc)</i>
		opportunity to understand the new models of care are and how they can comment on them.						
Inform / Engage / Involve	Pro-active engagement with potentially affected staff.	To ensure staff have opportunity to understand the rationale for change and comment on the new models of care.	Ewing Hope					
Inform / Engage / Involve	Locality events in Ayrshire & Arran	To support wide engagement with people.	Engagement Support Officer/ East and North and South Locality Engagement Officers					
Inform	Email distribution of summary documents and survey link to list of	To support wide engagement with people.	Engagement Support Officer					The Ayrshire Community Trust Arran Community and Voluntary Service

Engagement Level <i>Inform / Involve / Engage / Consult</i>	Method / Activity / Action <i>(what you are going to do and with whom)</i>	What you hope to achieve	Led by	<input type="checkbox"/> On target	<input type="checkbox"/> Slippage	<input type="checkbox"/> Complete	<input type="checkbox"/>	Update <i>(include dates of meetings, documents produced etc)</i>
	identified public/patient stakeholder groups.							Community Connectors – E, N and South Ayrshire
Inform / Engage	Distribute hard copy of materials to existing patients attending health and care services in Ayrshire and Arran	To support wide engagement with people.	Engagement Support Officer (with support from HSCP and NHS staff)					
Engage	Deliver presentations to community groups with offer extended to attend patient support groups.	To ensure community partners understand the Caring for Ayrshire Programme and have opportunity to comment on new models of care proposals.	All					
Inform	Publish media release and regular digital media posts informing general public about the review and directing to summary	To support wide engagement with people.	Miriam Porte					

Engagement Level <i>Inform / Involve / Engage / Consult</i>	Method / Activity / Action <i>(what you are going to do and with whom)</i>	What you hope to achieve	Led by	<input type="checkbox"/> On target	<input type="checkbox"/> Slippage	<input type="checkbox"/> Complete	<input type="checkbox"/>	Update <i>(include dates of meetings, documents produced etc)</i>
	documents and feedback mechanism (survey link).							
Engage	Deliver focus group discussions to capture and explore points that stakeholders feel need further consideration.	To ensure people have opportunity to raise any points they feel still need to be considered.	Crawford McGuffie/ Hazel Borland/ Eddie Fraser/ Tim Eltringham/ Stephen Brown/ Engagement Support Officer					For instance:- <ul style="list-style-type: none"> • Chit Chats • Breakfast Blethers Discussion Dinners • Snowballing • Mini Publics • Pop-up surgeries • World Cafes'
Engage	Continually assess reach of presentations and key messages. <u>If gaps in reach identified</u> deliver bespoke discussion session(s) to share information with patients/ service users and their families to sense-check visionary models of care.	To ensure people understand the rationale for change and have opportunity to comment on local implications of proposals.	Crawford McGuffie/ Hazel Borland/ Eddie Fraser/ Tim Eltringham/ Stephen Brown/ Engagement Support Officer					
Inform (NHS Board)	Conscientious consideration of all engagement feedback via analysis and report on	To ensure NHS Board and IJBs are fully briefed on staff and public	Eddie Fraser/ Tim Eltringham/					

Engagement Level <i>Inform / Involve / Engage / Consult</i>	Method / Activity / Action <i>(what you are going to do and with whom)</i>	What you hope to achieve	Led by	<input type="checkbox"/> On target	<input type="checkbox"/> Slippage	<input type="checkbox"/> Complete	<input type="checkbox"/>	Update <i>(include dates of meetings, documents produced etc)</i>
	survey results and discussion feedback.	view when considering model of care proposals.	Stephen Brown/ John Burns					

Evaluation of engagement and communication

Evaluation measures

Engagement objectives:
Key engagement result areas (*outcomes / what you wish to achieve*):
Performance indicators (*how you measure success*):

Complete the next section on conclusion of engagement activities

Evaluation date

(dd/mm/yyyy):

--

Overall how well was this engagement process carried out?

Critically appraise the process of engagement with reference to the level of success achieved in meeting the evaluation measures above and against the National Standards for Community Engagement?

Evaluation of the engagement process:

--

Evaluation of how well people were engaged/involved:
(*carry out evaluation with internal and external stakeholders*)

--

Key learning points:

--

Learning has been shared with:

--

How well did the engagement process meet the National Standards for Community Engagement?

Standard

Involvement

What worked well
What could have been better

Support

What worked well

What could have been better

Planning

What worked well

What could have been better

Method

What worked well

What could have been better

Working together

What worked well

What could have been better

Share information

What worked well

What could have been better

Working with others

What worked well

What could have been better

Improvement

What worked well

What could have been better

Feedback

What worked well

What could have been better

Monitoring

What worked well

What could have been better

National Standards for Community Engagement

Involvement standard – We will identify and involve the people and organisations who have an interest in the focus of the engagement.

Indicators

1. All groups of people whose interests are affected by the issues that the engagement will address are represented.
2. Agencies and community groups actively promote the involvement of people who experience barriers to participation
3. Agencies and community groups actively promote the involvement of people from groups that are affected but not yet organised to participate
4. The people who are involved, whether from agencies or community groups:
 - want to be involved
 - have knowledge of the issues
 - have skills, or a commitment to developing skills, to play their role
 - show commitment to taking part in discussions, decisions and actions
 - attend consistently
 - have the authority of those they represent to take decisions and actions
 - have legitimacy in the eyes of those they represent
 - maintain a continuing dialogue with those that they represent

[Click to go back](#)

Support standard - We will identify and overcome any barriers to involvement.

Indicators

1. The participants identify what support each representative needs in order to participate
2. There are no practical barriers to participants in community engagement. Where needed, they have:
 - suitable transport
 - care of dependants
 - general assistance
 - personal assistants
 - access to premises
 - communication aids (such as loop systems, interpreting, advocacy)
 - meetings organised at appropriate times
 - co-operation of employers
3. There are no financial barriers to participants in community engagement including:
 - out of pocket expenses

- loss of earnings
 - suitable transport
 - care of dependants
 - personal assistants
 - communication aids (such as loop systems, interpreting, advocates)
 - timing of meetings
4. Community and agency representatives have access to the equipment they need (for example computers, a telephone, photocopying)
 5. Impartial professional community development support is available for groups involved in community engagement
 6. Specialist professional advice is available to groups involved in community engagement

[Click to go back](#)

Planning standard - We will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken.

Indicators

1. All participants are involved from the start in:
 - identifying and defining the issues that the engagement should address, and the options for how to tackle them
 - choosing the methods of engagement that will be used (see Methods Standards)
2. Participants express views openly and honestly
3. Participants agree on the amount of time to be allocated to the process of agreeing the purpose(s) of the engagement
4. The purpose of the engagement is identified and stated, there is evidence that is needed, and the purpose is agreed by all participants and communicated to the wider community and agencies that may be affected
5. Public policies that affect the engagement are explained to the satisfaction of participants and the wider community
6. Participants identify existing and potential resources which are available to the engagement process and which may help achieve its purpose(s) (for example money, people, and equipment)
7. Intended results, that are specific, measurable and realistic, are agreed and recorded
8. The participants assess the constraints, challenges and opportunities that will be involved in implementing the plan
9. The participants agree the timescales for the achievement of the purpose(s)
10. The participants agree and clarify their respective roles and responsibilities in achieving the purpose(s)
11. Plans are reviewed and adjusted in the light of evaluation of performance

[Click to go back](#)

Methods standard - We will agree and use methods of engagement that are fit for purpose.

Indicators

1. The range of methods used is:
 - acceptable to the participants
 - suitable for all their needs and their circumstances
 - appropriate for the purpose of the engagement
2. Methods used identify, involve and support excluded groups
3. Methods are chosen to enable diverse views to be expressed, and to help resolve any conflicts of interest
4. Methods are fully explained and applied with the understanding and agreement of all participants
5. Methods are evaluated and adapted in response to feedback

[Click to go back](#)

Working Together standard - We will agree and use clear procedures that enable the participants to work with one another effectively and efficiently.

Indicators

The participants:

1. Behave openly and honestly - there are no hidden agendas, but participants also respect confidentiality
2. Behave towards one another in a positive, respectful and non-discriminatory manner
3. Recognise participants' time is valuable and that they may have other commitments
4. Recognise existing agency and community obligations, including statutory requirements
5. Encourage openness and the ability for everyone to take part:
 - communicating with one another using plain language
 - ensuring that all participants are given equal opportunity to engage and have their knowledge and views taken into account when taking decisions
 - seeking, listening to and reflecting on the views of different individuals and organisations, taking account of minority views
 - removing barriers to participation
6. Take decisions on the basis of agreed procedures and shared knowledge
7. Identify and discuss opportunities and strategies for achieving change, ensuring that:
 - key points are summarised, agreed and progressed
 - conflicts are recognised and addressed
8. Manage change effectively by:
 - focusing on agreed purpose
 - clarifying roles and who is responsible for agreed actions
 - delegating actions to those best equipped to carry them out
 - ensuring participants are clear about the decisions that need to be made
 - ensuring that, where necessary, all parties have time to consult with those they represent
 - co-ordinating skills
 - enhancing skills where necessary
 - agreeing schedules
 - assessing risks

- addressing conflicts
 - monitoring and evaluating progress
 - learning from one another
 - seeking continuous improvement in how things are done
9. Use resources efficiently, effectively and fairly
 10. Support the process with administrative arrangements that enable it to work

[Click to go back](#)

Sharing Information standard - We will ensure that necessary information is communicated between the participants.

Indicators

1. Information relevant to the engagement is shared between all participants
2. Information is accessible, clear, understandable and relevant, with key points summarised
3. Information is made available in appropriate formats for participants
4. Information is made available in time to enable people to fully take part and consult others
5. All participants identify and explain when they are bound by confidentiality and why access to such information is restricted
6. Within the limits of confidentiality, all participants have equal access to all information that is relevant to the engagement

[Click to go back](#)

Working with others standard - We will work effectively with others with an interest in the engagement.

Indicators

The participants of the engagement:

1. Identify other structures, organisations and activities that are relevant to their work
2. Establish and maintain effective links with such other structures, activities and organisations
3. Learn about these structures, activities and organisations, to avoid duplication of their work and complement it wherever possible
4. Learn from others and seek improvement in practice
5. Encourage effective community engagement as normal practice

[Click to go back](#)

Improvement standard - We will develop actively the skills, knowledge and confidence of all the participants.

Indicators

1. All those involved in the engagement process are committed to making the most of the understanding and competence of both community and agency participants
2. All participants have access to support and to opportunities for training or reflection on their experiences, to enable them and others to take part in an effective, fair and inclusive way

3. Each party identifies its own learning and development needs and together the participants regularly review their capacity to play their roles
4. Where needs are identified, the potential of participants is developed and promoted
5. The competence and understanding of the engagement system as a whole is regularly evaluated by the participants as it develops
6. Resources, including independent professional support, are available to make the most of the competence and understanding of individual participants and the engagement systems as a whole
7. There is adequate time for competence and understanding to be developed
8. Methods used to improve competence and understanding reflect diverse needs and are fit for purpose
9. Participants share their skills, experience and knowledge with community and agency colleagues

[Click to go back](#)

Feedback standard - We will feed back the results of the engagement to the wider community and agencies affected.

Indicators

1. Organisations of community engagement regularly feedback, to all those affected, the options that have been considered and the decisions and actions that have been agreed. This is done within an agreed time, to an agreed format and from an identified source
2. Feedback on the outcomes and impact of these decisions and actions is provided regularly to communities and organisations within an agreed time, to an agreed format and from an identified source
3. Explanations about why decisions and actions have been taken are shared along with details of any future activity
4. The characteristics of the audience are identified to ensure that:
 - relevant information is provided in understandable languages
 - relevant information is provided in appropriate languages
 - a suitable range of media and communication channels is used constructively
5. Information includes details about opportunities for involvement in community engagement and encourages positive contributions from groups and individuals in the community
6. Information promotes positive images of all population groups in the community and avoid stereotypes

[Click to go back](#)

Monitoring and evaluation standard - We will monitor and evaluate whether the engagement achieves its purposes and meets the National Standards for Community Engagement.

Indicators

1. The engagement process and its effects are continually evaluated to measure progress, develop skills and refine practices
2. Progress is evaluated against the intended results and other changes identified by the participants

3. The participants agree what information needs to be collected, how, when and by whom, to understand the situation both at the start of the engagement and as it progresses
4. Appropriate participants collect and record this information
5. The information is presented accurately and in a way that is easy to use
6. The participants agree on the lessons to be drawn from the evidence of the results and the changes that occurred
7. The participants act on the lessons learned
8. Progress is celebrated
9. The results of the evaluation are fed back to the participants and the wider community
10. Evidence of good practice is recorded and shared with other agencies and communities

[Click to go back](#)

Appendix B



Caring for Ayrshire Communications action plan January 2020

Author

Name	Title	Signature	Date
Miriam Porte	Communications Manager		16/1/20

Approval

Name	Title	Signature	Date

Document history

Version	Summary of changes	Document status	Date
1.1	East, North and South Ayrshire HSCP input	Draft	24/1/20
1.2	Clarification of available groups	Draft	27/1/20

1. Key messages

- Over the years our health and care services have continually adapted and developed as a result of new health challenges and better ways of working and will continue to do so in the future.
- Many of the people of Ayrshire and Arran are living much longer lives which is a good thing. This means our health and care services need to evolve to make sure we can look after more people in better ways.
- Our health and care services are finite resources and we need to live within our means.
- We need to provide existing and new services in better ways, providing the best quality care. We need to look after people in ways that are affordable and make best use of the healthcare workforce, their skills, and resources.
- Our health and care staff are highly skilled and dedicated people who work hard to deliver the very best care and treatment. Current workforce challenges including the recruitment and retention of key health professionals are driving the way we deliver services.
- Advances in medical treatment and technology mean we can now deliver increasingly specialised services for conditions that were unknown or untreatable when the NHS was first created more than 70 years ago. Locally-based services will continue to provide the routine community and hospital care, and more specialised services will be delivered in centres of clinical excellence within regions or, in some cases, at a national level. This will mean Ayrshire and Arran patients get access to the best clinical expertise.
- We want to build on the excellent care already provided. We will do this by continuing to work with partners across health and care services to ensure we focus resources in ways that allow us to develop the best services to meet people's needs as close to home as possible.
- We all have a role to play in supporting our health and care services. By doing what we can to look after our own health and wellbeing we can make sure services are there for when we really need them.

2. Target groups and methods

Level of commitment	Objectives
Awareness I know it is happening	To create an awareness of the need for transformational change
Understanding I know what is happening	To create an understanding with staff (NHS, health and social care partnership, local authority), the public, stakeholders and media on why existing services need to change.
Support I support what is happening	To support local people across Ayrshire and staff (NHS, health and social care partnership, local authority) to take ownership of the key messages and help to spread these within their own departments / communities.
Involvement I am doing X to make it happen	Buy-in from senior clinicians, senior partnership colleagues and other stakeholders to take part in the review and subsequent communications activity in order to ensure a consistent message.
Commitment I will do what it takes to make it happen	Staff (NHS, health and social care partnership, local authority) and other stakeholders are committed to the plan's messages and objectives and take part in communication activities to support the objectives of the exercise.

Decision-making groups

• Ayrshire and Arran NHS Board	Commitment
• Corporate Management Team	Commitment
• Area Partnership Forum (APF)	Commitment
• Area Clinical Forum (ACF)	Commitment
• Integrated Joint Boards (East, North and South)	Commitment
• Strategic Planning (Advisory) Group	Commitment
• Clinical Programme Board	Commitment
• Caring for Ayrshire Programme Board	Commitment
• Integrated Governance Committee	Commitment
• Infrastructure Programme Board	Commitment
• Stakeholders Engagement and Insight Group	Commitment

Staff

• All NHS staff	Awareness / Understanding / Support
• All H&SCP staff	Awareness / Understanding / Support

Stakeholders

• Scottish Health Council	Support / Involvement
• Healthcare Improvement Scotland Community Engagement	Support / Involvement
• Independent sector organisations	Awareness / Understanding / Support
• MPs / MSPs	Awareness / Understanding
• Elected members (East, North and South)	Awareness / Understanding
• Local authorities	Awareness / Understanding / Support
• Third sector	Awareness / Understanding / Support

- Voluntary sector
- Independent sector
- Housing
- Education
- Community Planning Partners
- Locality planning groups/forums
- Scottish Government
- Other NHS Boards
- NHS National Boards
- Transport Scotland
- Scottish Fire and Rescue Service
- Police Scotland

Awareness / Understanding / Support
 Awareness / Understanding / Support
 Awareness / Understanding / Support
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 Awareness / Understanding / Support

Public

• Media	Awareness / Understanding / Support
• Patient/Public Reference Group	Support / Involvement
• Patient groups	Awareness / Understanding
• Carers groups	Awareness / Understanding
• Service users	Awareness / Understanding
• General public	Awareness / Understanding
• Public Involvement Network	Support / Involvement
• Public Engagement Groups	Support / Involvement
• Seldom heard groups	Awareness / Understanding
• Equality and Diversity Groups	Awareness / Understanding
• Citizens'/People's Panel	Awareness / Understanding
• Educational Services	Awareness / Understanding

3. Communications action plan

Audience ⇨	Decision-making groups	Staff	Stakeholders	Public	Cost	Comment / timing
Possible methods ↓						
eNews	✓	✓	✗	✗	N/A	Issued weekly to NHS A&A staff
News in brief bulletin (NAC)						
Daily digest	✓	✓	✗	✗	N/A	Issued daily to NHS A&A staff
All staff emails	✓	✓	✗	✗	N/A	NHS A&A staff only
Chief Executive blog	✓	✓	✗	✗	N/A	NHS A&A staff only
Dialogue 2.0 staff magazine (NHS)	✓	✓	✗	✗	N/A	
Staff Talk magazine (NAC)	✓	✓	✗	✗	N/A	
Partnership newsletters	✗	✗	✓	✓	N/A	H&SCP
Local authority newsletters - North Ayrshire News (for elected members) - Tenancy Matters (NAC)	✗	✗	✓	✓	N/A	
Locality newsletters	✗	✗	✓	✓	N/A	H&SCP
Stop press bulletin and Stop press Xtra	✓	✓	✗	✗	N/A	On request NHS A&A staff only Cascade to H&SCP
Posters - Hospitals (clinical and public areas)	✓	✓	✓	✓	Dependent on quantity (Internal	Budget and distribution support required

Audience ⇨	Decision-making groups	Staff	Stakeholders	Public	Cost	Comment / timing
Possible methods ↓						
<ul style="list-style-type: none"> - Primary care locations - Local authority buildings 					printing 7p per copy) Large quantities would need to be printed externally.	
Information displays in public areas <ul style="list-style-type: none"> - Hospitals - Primary care locations - Local authority buildings 	x	✓	✓	✓	Dependent on requirements	Budget and support required
Information pack (stakeholder engagement pack)	x	✓	✓	x	Dependent on requirements	Budget and distribution support required
Leaflets for public made available at outpatient departments, GP surgeries and pharmacies	x	x	✓	✓	Dependent on quantity	Budget and distribution support required
Media releases and targeted features	x	x	✓	✓	N/A	Pro-active and re-active responses agreed by Communications teams across Ayrshire (NHS, H&SCP and local authority) in response to specific issues relating to each area (East, North and South Ayrshire)

Audience ⇨	Decision-making groups	Staff	Stakeholders	Public	Cost	Comment / timing
Possible methods ↓						
Press conferences / media briefings	x	x	✓	✓	Dependent on requirements	
Staff intranet - AthenA (NHS) - Local authority	✓	✓	x	x	N/A	
Public website - NHS A&A - HSCPs - CPP - CARENA	x	✓	✓	✓	N/A	
AthenA banners	✓	✓	x	x	N/A	NHS A&A staff only
Desktop banners	✓	✓	x	x	N/A	NHS A&A staff only
Social media (NHS A&A) - Facebook - Twitter	x	x	✓	✓	N/A	@nhsaaa
Social media (H&SCP) - Facebook - Twitter	x	x	✓	✓	N/A	@SAHSCP, @NAHSCP, @EAHSCP
Targeted social media	x	✓	✓	✓	TBC	
Video blogs	✓	✓	✓	✓	Internally produced: N/A Externally produced: TBC	
Targeted presentation to staff groups	✓	✓	x	x	N/A	
Targeted presentation to public groups and community groups	x	x	✓	✓	N/A	

Audience ⇨	Decision-making groups	Staff	Stakeholders	Public	Cost	Comment / timing
Possible methods ↓						
Targeted presentation to seldom heard groups, for example: <ul style="list-style-type: none"> - Homeless - Race/ethnicity - Disability - Age (older/younger) - Religion/beliefs - Pregnancy/maternity - Involved in criminal justice system - LGBT+ - Travellers 	x	x	x	✓	Dependent on requirements	Supported across NHS A&A and our three HSCPs
Information leaflet / flyer	✓	✓	✓	✓	Dependent on quantity	Supported across NHS A&A and our three HSCPs
Public engagement events / groups <ul style="list-style-type: none"> - Participatory budgeting events - Locality planning forum engagement groups 	x	x	✓	✓	Dependent on requirements	Supported across NHS A&A and our three HSCPs
Service user groups <ul style="list-style-type: none"> - Carer's Reference Group - Champion's Board 	x	x	✓	✓	Dependent on requirements	Supported across NHS A&A and our three HSCPs

Audience ⇨	Decision-making groups	Staff	Stakeholders	Public	Cost	Comment / timing
Possible methods ↓						
<ul style="list-style-type: none"> - Older People's Forums - Youth Forum - Pupil Councils - Mental Health Reference Group - Makin' a Difference group (NA Justice Services) - Learning Disability forum - Mental Health forum - 						
Third / Independent Sector Provider Forums	x	x	✓	✓	Dependent on requirements	
Public Involvement Network	✓	✓	x	x	Dependent on requirements	
Payslips (NHS A&A)	✓	✓	x	x	N/A	Notice required (TBC)
Payslips (H&SCP)	✓	✓	x	x	N/A	
Smart Survey	✓	✓	✓	✓	N/A	
Case studies - written	✓	✓	✓	✓	Dependent on if printed copies are required	Supported across NHS A&A and our three HSCPs
Case studies - video	✓	✓	✓	✓	Internally produced: (DVD and travelling expenses only Externally produced: TBC	Supported across NHS A&A and our three HSCPs

Audience ⇨	Decision-making groups	Staff	Stakeholders	Public	Cost	Comment / timing
Possible methods ↓						
Newspaper advertising Radio advertising	x	x	✓	✓	Dependent on size, media outlet, frequency / length of time	
Bus advertising	x	x	✓	✓	Dependent on size, frequency / length of time	
Billboard advertising	x	x	✓	✓	Dependent on location, length of time	
Display on Town Centre TV (Bridgegate, Irvine)	x	x	x	✓	Dependent on frequency / length of time and production costs	
Mail drop	x	x	x	✓	8-page A5 leaflet (weighing no more than 20g per leaflet) is £11,658 (including VAT)	Notice required (TBC)