

**Lead Officer: Shiona Johnston, Community Health Partnership Facilitator**



**EAST AYRSHIRE COMMUNITY PLAN**  
**IMPROVING HEALTH AND WELLBEING**  
**ACTION PLAN 2011 – 2015**

**(COMMUNITY HEALTH PARTNERSHIP ACTION PLAN 2011-15)**

14 March 2011

## INTRODUCTION

Community Planning is about working in partnership and sharing resources to deliver quality services which improve the quality of life of and make a difference to individuals and communities in East Ayrshire. The Community Plan is the overarching strategic planning document for the delivery of public services in East Ayrshire over the 12 years from 2003 to 2015 and sets out the overall vision for the local area, as follows:

*'East Ayrshire will be a place with strong, vibrant communities where everyone has a good quality of life and access to opportunities, choices and high quality services which are sustainable, accessible and meet people's needs'.*

Community Planning Partners work in partnership with the community, the voluntary sector and all relevant partners to plan and deliver local services and the Community Plan Guiding Principles, reviewed and amended as part of the Four-yearly Review 2010/11, underpin all of our activity and ensure that we work in a way which:

- promotes equality of opportunity, social justice and social inclusion;
- ensures effective community engagement in the planning and development of local services;
- ensures quality and accessibility;
- builds sustainability into what we do;
- delivers continuous improvement and best value while improving efficiency and productivity; and
- promotes early intervention in the delivery of services.

The key focus of the Community Plan is on the delivery of tangible actions, which make a difference in the communities across East Ayrshire. Action is delivered through the four Community Plan Action Plans and the service/implementation plans of all the Partner agencies. The Plan identifies a number of challenges facing East Ayrshire that Partners have agreed to address via the four priority themes of:

- Promoting Lifelong Learning
- Delivering Community Regeneration
- Improving Community Safety
- Improving Health and Wellbeing.

This document is the Improving Health and Wellbeing Action Plan 2011-2015, which acts as the driver for partnership working in relation to improving physical and mental health, wellbeing and care, and reducing health inequalities. It also acts as the Community Health Partnership Action Plan 2011-15 for East Ayrshire.

## IMPROVING HEALTH AND WELLBEING ACTION PLAN

The development of the Action Plans for the period 2011-2015 has seen a move to outcome based planning and we have been ambitious in developing the key actions to achieve our identified Local Outcomes. However, the current financial climate and the one-year budget settlement (2011/12) make robust forward planning difficult. Consequently, although the Action Plan has projected outputs for the four year period from 2011-2015, it will be flexible and dynamic document, which will evolve and grow, reflecting the reality of our local circumstances as we go forward.

### Strategy / Policy Context

The Local Government in Scotland Act 2003 continues to provide a strong and supportive legislative framework for Community Planning and necessitates an ongoing commitment from Partners to meet its statutory requirements. In addition, there are key national and local drivers, which continue to inform the activity within the Action Plan, including those detailed below.

Local / Regional Drivers	National Drivers
<ul style="list-style-type: none"><li>• East Ayrshire Children and Young People's Service Plan 2008-2011</li><li>• Integrated Resource Framework Action Plan</li><li>• Corporate Parenting Action Plan</li><li>• Early Years Framework for Parenting and Family Support</li><li>• Child Health Strategy for Ayrshire and Arran</li><li>• Your Health We're in it together- Primary Care Strategy for Ayrshire and Arran</li><li>• Towards a Mentally Flourishing Ayrshire and Arran</li></ul>	<ul style="list-style-type: none"><li>• The Early Years Framework (Scottish Government) 2008</li><li>• Equally Well</li><li>• Changing Lives – Report of the 21<sup>st</sup> Century Social Work Review</li><li>• Road To Recovery</li><li>• Reshaping Care for Older People</li><li>• National Dementia Strategy</li><li>• National strategies on Falls, Long Term Conditions, Rehabilitation and Enablement</li><li>• Getting it Right for Every Child (Scottish Government) 2007</li><li>• Looked After Children and Young People: We Can and Must Do Better (Scottish Government ) 2007</li><li>• Joining the dots – A better start for Scotland's children (2011)</li></ul>

## **STRATEGIC PRIORITIES, LOCAL OUTCOMES AND ACTIONS**

The Local Outcomes and Actions contained in the Action Plan have been informed by wide ranging consultation and engagement with communities, partners and key stakeholders, undertaken during the Four-yearly Review in 2010/11.

### **STRATEGIC PRIORITY**

- Improving physical and mental health, wellbeing and care, and reducing health inequalities.

### **LOCAL OUTCOMES**

- Active, healthy lifestyles and positive behaviour change promoted
- Alcohol and drug related harm reduced
- Impact of multiple deprivation and poverty on the health and wellbeing of the most vulnerable individuals and communities addressed
- Older people, vulnerable adults and their carers supported, included and empowered to live the healthiest life possible
- Children and young people, including those in early years and their carers, assisted to be active, healthy, nurtured and included.

### **PERFORMANCE MONITORING**

Community Planning Partners will continue to review and report on performance on an annual basis. We have set challenging Local Outcomes against which to measure progress. There are robust systems in place through the Single Outcome Agreement to allow us to measure our performance towards achieving them and, most importantly, to let the people of East Ayrshire judge how well we are doing, both year on year and over the life of the Community Plan.

**LOCAL OUTCOME 1**
**ACTIVE, HEALTHY LIFESTYLES AND POSITIVE BEHAVIOUR CHANGE PROMOTED**
**Links to SOA**

- National Outcome 5
- National Outcome 6

**Our children have the best start in life and are ready to succeed.  
We live longer, healthier lives.**

Indicator/s (Frequency/Type/Source)		Baseline at 2006/07	Baseline at 2009/10	'Progress' Target/s to 2013/14	'End' Target/s Direction of travel
1.	Life expectancy at birth - males/females Annual/NHS Ayrshire and Arran (General Register Office for Scotland – Life Expectancy for Administrative Area within Scotland)	74.5 years males 78.2 years females (2004-2006)	74.6 years males 78.5 years females (2006-2008)	<b>Increase</b> in life expectancy	<b>Increase</b> in life expectancy
2.	Deaths per 100,000 population from coronary heart disease (CHD) (under 75 years) Annual/NHS Ayrshire and Arran (ISD Scotland)	89.9 per 100,000 population (2006) Revised baseline provided based on codes used for CHD	64.9 per 100,000 population (2008) Revised baseline provided based on codes used for CHD	<b>Reduction</b> in mortality rate for coronary heart disease	<b>Reduction</b> in coronary heart disease
3.	Deaths per 100,000 population from all cancers (under 75 years) Annual/NHS Ayrshire and Arran (Scottish National Statistics)	171.8 per 100,000 population (2006)	181.2 per 100,000 population (2008)	<b>Reduction</b> in mortality rate for cancers	<b>Reduction</b> in cancers
4.	Smoking prevalence Every 2 years/Scottish Public Health Observatory (ScotPho) – East Ayrshire CHP Health and Wellbeing Profiles	N/A	25% (2007/08)	<b>Reduction</b> in smoking	<b>Reduction</b> in smoking
5.	Teenage pregnancies (under 16 years) Every 2 years/NHS Ayrshire and Arran (ISD Scotland)	4.1 per 1,000 females aged 13-15 years (2003-05)	11.2 per 1,000 females aged 13-15 years (2006-2008)	<b>Reduction</b> in teenage pregnancy rates (under 18s) by 2014	<b>Reduction</b> in teenage pregnancy rates (under 18s)

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Provide a range of activities and interventions to support and encourage active, healthy lifestyles and positive behaviour change	<b>Adults - Activity</b>		
		<ul style="list-style-type: none"> <li>• Programme of physical activity programmes including exercise classes and health walks with an annual attendance of 15,000 delivered</li> </ul>	2011-15	Improving Health Group - CHP Lead Officer Public Health (EAC-Leisure Services)
		<ul style="list-style-type: none"> <li>• Activity on Prescription initiative developed and implemented – 500 members per year</li> </ul>	2011-15	
		<b>Adults – Healthy Lifestyles</b>		
		<ul style="list-style-type: none"> <li>• 2,000 attendances at outreach services per year, including the Community Health Improvement Partnership (CHIP) Van, events and community group visits</li> </ul>	2011-15	
		<b>Adults – Health Behaviour Change</b>		
<ul style="list-style-type: none"> <li>• Intensive individual and group support provided to 100 people referred via health and social care professionals</li> <li>• Play, sport and health related activities delivered in support of 6 national campaigns per year to promote positive health behaviour change amongst adults</li> </ul>	2011-15	Improving Health Group - CHP Lead Officer Public Health (EAC-Leisure Services)		
<b>Commonwealth 2014 Legacy</b>				
<ul style="list-style-type: none"> <li>• Range of Active Nation themed activities delivered to support legacy with 20,000 attendances per year</li> </ul>	2014/15			
<ul style="list-style-type: none"> <li>• Signage and way markers developed for East Ayrshire Community Hospital (EACH)</li> </ul>	2012/13			

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
		<ul style="list-style-type: none"> <li>• Grounds of EACH developed as part of Greening the NHS Estate</li> </ul>	2014/15	
b.	Integrate maternal, infant and early years nutrition training (including breastfeeding, formula feeding and weaning) into inter-agency training programmes for early years staff and other child care providers	<b>Healthy Eating</b> <ul style="list-style-type: none"> <li>• 2 staff training sessions on maternal and infant nutrition delivered per year</li> </ul>	2011-15	Improving Health Group - CHP Lead Officer Public Health (NHS Public Health)
c.	Implement the 'Breastfeed Happily Here' scheme	<ul style="list-style-type: none"> <li>• 'Breastfeed Happily Here' scheme fully implemented in all NHS and Local Authority establishments</li> </ul>	2012/13	
d.	Work with relevant partners to develop an inter-agency obesity strategy for Ayrshire	<ul style="list-style-type: none"> <li>• Strategy and action plan developed and implemented</li> </ul>	2013-15	

**WORKSTREAM 1.2**
**Oral health.**

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Deliver training for 'Search for a Smile', pilot its implementation and, pending results, rollout to all primary and special needs schools	<ul style="list-style-type: none"> <li>• 48 teaching staff (total) trained on basic oral health promotion and use of new educational resource</li> <li>• 'Search for a Smile' programme rolled out</li> </ul>	2011-15	Improving Health Group - CHP Lead Officer Public Health (NHS Oral Health)
b.	Roll out community development oral health pilot project (North West Kilmarnock) to Dalmellington and Doon Valley	<ul style="list-style-type: none"> <li>• Steering group established</li> </ul>	2011/12	
		<ul style="list-style-type: none"> <li>• Training delivered to 15 local childcare services, including nurseries, primaries, youth projects and community groups</li> </ul>	2012/13	
		<ul style="list-style-type: none"> <li>• Dental information stations established across 5 early years establishments and 1 community</li> </ul>	2012/13	

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
		pharmacy		Improving Health Group - CHP Lead Officer Public Health (NHS Oral Health)
c.	Establish oral health in the workplace programme in NHS Ayrshire and Arran	<ul style="list-style-type: none"> <li>• Mapping exercise of vending machines in hospital bases completed</li> </ul>	2011/12	
		<ul style="list-style-type: none"> <li>• Branding and promotional materials developed to raise awareness of the oral health in the workplace programme</li> </ul>	2012/13	
		<ul style="list-style-type: none"> <li>• Mouthwash pilot programme established in 2 hospital settings</li> </ul>	2011/12	
		<ul style="list-style-type: none"> <li>• 8 hospital volunteers based across 2 settings trained in basic oral health promotion/key messages</li> </ul>	2011/12	
		<ul style="list-style-type: none"> <li>• Oral health product sales established in Women's Royal Voluntary Service in 2 hospital bases</li> </ul>	2012/13	
		<ul style="list-style-type: none"> <li>• 8 open days delivered across 3 dental access centres to raise awareness among NHS staff</li> </ul>	2012/13	
		<ul style="list-style-type: none"> <li>• Oral health promotion e-learning course developed for NHS staff</li> </ul>	2012/13	
d.	Evaluate 'Open Wide' pilot and implement findings, as appropriate	<ul style="list-style-type: none"> <li>• Evaluation report completed</li> </ul>	2011/12	Improving Health Group - CHP Lead Officer Public Health (NHS Oral Health)
e.	Participate with Change Fund Team to develop oral health section of training package for Learning Disabled care agencies in East Ayrshire	<ul style="list-style-type: none"> <li>• Training package ready to be delivered to services supporting people with learning disabilities in East Ayrshire</li> </ul>	2012/13	
f.	Plan for roll out of Caring for Smiles Training to care homes for older people in	<ul style="list-style-type: none"> <li>• 'Caring for Smiles' training rolled out to care homes for older people in East Ayrshire</li> </ul>	2013/14	

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
	East Ayrshire			
g.	Participate with National Oral Health Improvement Group for prisons, and prisoners with HMP Kilmarnock to develop training package for prisoners	<ul style="list-style-type: none"> <li>• Training package piloted and evaluated</li> <li>• Prison staff trained</li> </ul>	2012/13	
h.	Provide access to dental services (through the Dental Teach and Treat at NW Kilmarnock Area Centre) to include older people, people with learning disabilities, people experiencing homelessness and prisoners on release	<ul style="list-style-type: none"> <li>• Total number of patients treated increased</li> <li>• Number of new patients treated increased</li> </ul>	2011-15	

**WORKSTREAM 1.3**
**Tobacco.**

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Deliver Smoking Cessation Service throughout East Ayrshire	<ul style="list-style-type: none"> <li>• 7.5% (1,883) of smokers quit within 4 weeks (60% from the 40% most deprived areas) as a result of the following: <ul style="list-style-type: none"> <li>– Specialist services delivered via groups and ‘one to one’ interventions</li> <li>– Pharmacy services delivered</li> <li>– Services delivered to most disadvantaged and vulnerable groups</li> </ul> </li> </ul> <p>(Baseline: 25% (25,112) of East Ayrshire population are smokers)</p>	2014/15  2012/13	Improving Health Group - CHP Lead Officer Public Health (NHS Freshairshire)
b.	Increase referrals to Specialist Smoking Cessation Service	<ul style="list-style-type: none"> <li>• Referrals to specialist service increased by 25% per year (baseline 400 at 2010)</li> </ul>	2014/15	

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
		<ul style="list-style-type: none"> <li>60% of referrals from areas of high smoking prevalence</li> </ul>		Improving Health Group - CHP Lead Officer Public Health (NHS Freshairshire)
c.	Deliver Brief Interventions training programmes for service providers	<ul style="list-style-type: none"> <li>Generic Training delivered monthly – 40 courses delivered across Ayrshire and Arran</li> <li>20 Mental Health staff trained to provide ongoing smoking cessation support</li> <li>20 other specialist staff trained to provide ongoing smoking cessation support</li> <li>All community midwives offered training in brief interventions - 80% of midwives trained in brief interventions</li> </ul>	2014/15	
d.	Increase capacity for smoking cessation through volunteering	<ul style="list-style-type: none"> <li>3 volunteers recruited and trained per year</li> <li>10 events supported by volunteers per year</li> </ul>	2011-15	

**WORKSTREAM 1.4**
**Sexual Health.**

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Increase the awareness and knowledge of the factors which affect sexual health and wellbeing	<ul style="list-style-type: none"> <li>Research project to establish attitudes, beliefs and knowledge within Kilmarnock college completed</li> <li>Targeted activity rolled out, as appropriate</li> </ul>	2011/12  2012-15	Improving Health Group - CHP Lead Officer Public Health (NHS Health Promotion)

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
b.	Deliver sexual health initiatives in partnership	<ul style="list-style-type: none"> <li>Interventions developed in response to research findings</li> <li>10% increase per year in sign up points for 'C' Card scheme (Baseline October 2010 – 21 sign up facilitators in East Ayrshire)</li> <li>10% increase per year in the use of the Sexual Health Ayrshire (SHAYR) (Baseline at April 2010 – 15,700 hits)</li> </ul>	<p>2014/15</p> <p>2014/15</p> <p>2014/15</p>	<p>Improving Health Group - CHP Lead Officer Public Health (NHS Health Promotion)</p>

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## LOCAL OUTCOME 2

## ALCOHOL AND DRUG RELATED HARM REDUCED

### Links to SOA

- National Outcome 6
- National Outcome 7
- National Outcome 8
- National Outcome 9
- National Outcome 11

**We live longer, healthier lives.**

**We have tackled the significant inequalities in Scottish society.**

**We have improved the life chances for children, young people and families at risk.**

**We live our lives safe from crime, disorder and danger.**

**We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.**

	Indicator/s (Frequency/Type/Source)	Baseline at 2006/07	Baseline at 2009/10	'Progress' Target/s to 2013/14	'End' Target/s Direction of travel
1.	Patients hospitalised with alcohol conditions Every 2 years/Scottish Public Health Observatory (ScotPho) – East Ayrshire CHP Health and Wellbeing Profiles	1,106.3 per 100,000 population (1997-99 to 2004-06)	1,538 per 100,000 population (1997-99 to 2007-09)	<b>Reduction</b> in patients hospitalised with alcohol conditions	<b>Reduction</b> in patients hospitalised with alcohol conditions
2.	Deaths per 100,000 population from alcohol related diseases Annual/NHS Ayrshire and Arran (Scottish National Statistics Office)	28.5 per 100,000 population (2006)	25.0 per 100,000 population (2008)	<b>Reduction</b> in deaths from alcohol related diseases	<b>Reduction</b> in alcohol related diseases
3.	Patients hospitalised with drug related conditions Every 2 years/Scottish Public Health Observatory (ScotPho) – East Ayrshire CHP Health and Wellbeing Profiles	153.3 per 100,000 population (2004-2006)	173.0 per 100,000 population (2007-2009)	<b>Reduction</b> in patients hospitalised with drug related conditions	<b>Reduction</b> in patients hospitalised with drug related conditions

**WORKSTREAM 2.1****Recognise and build on the skills of all stakeholders within the Alcohol and Drug Partnership (ADP).**

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Develop the involvement and contribution of the wider partnership	<ul style="list-style-type: none"> <li>2 Alcohol and Drug Partnership (ADP) consultation and engagement events delivered per year</li> </ul>	2011-15	CHP Lead Officers for ADP (ADP Advisory Group)
b.	Increase the knowledge base of the alcohol and drug agenda with the Alcohol and Drugs Partnership stakeholders	<ul style="list-style-type: none"> <li>2 information sessions delivered per year within East Ayrshire for local stakeholders</li> </ul>	2011-15	

**WORKSTREAM 2.2****Education: Preventing alcohol and drug use in young people.**

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Implement Substance Misuse Education aligned to Curriculum for Excellence in all educational establishments	<ul style="list-style-type: none"> <li>Substance Misuse Education embedded into school curriculum and written into school improvement plans - implemented in all secondary schools</li> </ul>	2012/13	CHP Lead Officers for ADP
b.	Utilise key professional expertise to reinforce lessons on substance misuse	<ul style="list-style-type: none"> <li>Teachers' plans developed with external agencies to support the delivery of lessons on substance misuse</li> <li>At least 2 experts invited by each secondary school per year to support lessons</li> </ul>	2011-15	
c.	Provide ongoing Continuing Professional Development for staff on basic alcohol and drug awareness	<ul style="list-style-type: none"> <li>All professionals working with young people to participate in basic alcohol/drug awareness sessions - 9 sessions delivered: one per learning community</li> </ul>	2012/13	

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
d.	Raise awareness of alcohol/drug services available to support young people	<ul style="list-style-type: none"> <li>Information on alcohol and drug services included in existing media available to all schools/educational establishments</li> </ul>	2012/13	
e.	Offer workshops to parents/carers to raise awareness of basic alcohol/drugs	<ul style="list-style-type: none"> <li>1 workshop offered to parents/carers in every learning community</li> </ul>	2012/13	

### WORKSTREAM 2.3

**Prevention Community Focused: Positive attitudes positive choices.**

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Deliver Alcohol Brief Interventions (ABI)	<ul style="list-style-type: none"> <li>ABIs delivered within primary care settings to meet HEAT H4 target across NHS Ayrshire and Arran</li> </ul>	2011-15	CHP Lead Officers for ADP
b.	Promote positive recovery stories in local media	<ul style="list-style-type: none"> <li>3 positive recovery stories in local media per year</li> </ul>	2011-15	CHP Lead Officers for ADP (ADP Advisory Group)
c.	Increase opportunities for diversion activities for young people	<ul style="list-style-type: none"> <li>25,000 attendances by children and young people at positive sport/leisure opportunities per year</li> </ul>	2011-15	CHP Lead Officers for ADP
d.	Deliver whole population alcohol awareness	<ul style="list-style-type: none"> <li>1 national campaign supported locally per year</li> </ul>	2011-15	CHP Lead Officers for ADP (ADP Advisory Group)
e.	Deliver alcohol and drug awareness information and ABIs within communities through the CHIP Team as part of the wider health improvement programme	<ul style="list-style-type: none"> <li>50 alcohol and drug awareness and information sessions delivered within communities per year</li> <li>200 screening and ABIs delivered in a community setting per year</li> </ul>	2011-15	CHP Lead Officers for ADP (ADP Committee)

**WORKSTREAM 2.4****Prevention Early Intervention: Children and Families Affected by Parental Substance Misuse.**

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Identify children and young people affected by parental substance misuse at an early age	<ul style="list-style-type: none"> <li>Multi-agency training provided to all partnership staff</li> </ul>	2011-15	CHP Lead Officers for ADP (Child Protection Committee/ADP)
b.	Strengthen the focus of adult substance misuse professionals on the impact on children	<ul style="list-style-type: none"> <li>Assessment tools revised to include consideration of impact on children and families</li> </ul>	2011/12	CHP Lead Officers for ADP (ADP Advisory Group)
c.	Review different models of available family therapy	<ul style="list-style-type: none"> <li>Model adopted to reduce the risks and impact of drug and alcohol misuse on users' children and family members</li> </ul>	2012/13	CHP Lead Officers for ADP (ADP Advisory Group)
d.	Provide age appropriate alcohol and drug services and support for children and young people	<ul style="list-style-type: none"> <li>Life opportunities improved through supporting the social, educational and economic potential of children through reduction of impact of parental substance misuse</li> </ul>	2011-15	CHP Lead Officers for ADP
e.	Deliver Alcohol Brief Interventions in maternity services	<ul style="list-style-type: none"> <li>All women presenting to maternity services screened for alcohol related problems</li> </ul>	2011-15	CHP Lead Officers for ADP
f.	Provide overdose awareness and training sessions for families and concerned significant others	<ul style="list-style-type: none"> <li>20 individuals trained per year</li> </ul>	2011-15	CHP Lead Officers for ADP (ADP Advisory Group/Delivery Group)

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Recognise and develop peer mentors, family support groups and networks	<ul style="list-style-type: none"> <li>• Network of recovery 'champions' created</li> </ul>	2011/15	CHP Lead Officers for ADP (ADP Service Delivery Group)
b.	Develop a Recovery Oriented System of Care suitable for East Ayrshire's needs	<ul style="list-style-type: none"> <li>• Process developed for the implementation of a Recovery Orientated System of Care model</li> <li>• Range of alcohol and drug services established which comply with the national HEAT A11 target</li> <li>• Feasibility plan for co-located drug and alcohol services produced by ADP</li> <li>• 200 service users consulted on services that they use through the use of service user evaluation including accessibility of services</li> </ul>	2011/12	CHP Lead Officers for ADP
c.	Undertake a training needs analysis in line with the requirement of the Recovery Orientated System of care	<ul style="list-style-type: none"> <li>• Workforce development strategy for a wide range of staff based on the Recovery Orientated System of Care developed and implemented</li> </ul>	2011/12	CHP Lead Officers for ADP (ADP Advisory Group)
d.	Provide easy access to and information about a wide variety of support and recovery options for people with alcohol and/or drug problems	<ul style="list-style-type: none"> <li>• Local directory of support and recovery treatment options produced and routinely updated</li> </ul>	2012-15	CHP Lead Officers for ADP (ADP Advisory Group)
e.	Implement a single shared assessment tool of recovery capital	<ul style="list-style-type: none"> <li>• Single shared assessment tool of recovery capital agreed and in use by all agencies signed up to an information sharing protocol</li> </ul>	2013/14	CHP Lead Officers for ADP (ADP Service Delivery Group)

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
f.	Link universal services into the formal alcohol and drug treatment community	<ul style="list-style-type: none"> <li>Access and utilisation of community leisure/further education opportunities increased (0 baseline)</li> </ul>	2013/14	
g.	Examine the prison healthcare reform recommendations	<ul style="list-style-type: none"> <li>All prisoners offered the option of take-home naloxone on release from the prison estate (naloxone - drug used to counter the effects of opioid overdose)</li> </ul>	2012/13	CHP Lead Officers for ADP NHS Ayrshire and Arran
h.	Develop and implement a take-home naloxone programme for people who use opiates to help prevent drug related deaths	<ul style="list-style-type: none"> <li>500 take-home naloxone kits distributed (25% of current estimated prevalence rate 2009) (Funding currently available to March 2012)</li> </ul>	2014/15	CHP Lead Officers for ADP (ADP Advisory group)

## WORKSTREAM 2.6

Protection: Reducing consumption and law enforcement.

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Tackle alcohol and drug related crime	<p><b>Alcohol</b></p> <ul style="list-style-type: none"> <li>Monitored licensed premises visited, including to ensure compliance with bottle marking scheme</li> <li>Reports submitted to Licensing Board</li> <li>Intelligence led youth alcohol action plans implemented during school holiday periods</li> <li>1 Test Purchase operation implemented per month to ensure compliance with licensing age restrictions</li> <li>Stop searches of young people for alcohol implemented</li> </ul>	2011 - 2015	CHP Lead Officers for ADP (Strathclyde Police)

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
		<b>Drugs</b> <ul style="list-style-type: none"> <li>• Community intelligence developed to: <ul style="list-style-type: none"> <li>– identify those concerned in the supply of controlled drugs</li> <li>– target offenders</li> </ul> </li> <li>• Target packages to deal with drug suppliers increased</li> <li>• Disclosures in relation to drugs supply made to East Ayrshire Council increased to allow action to be taken by the Council, as appropriate</li> </ul>		CHP Lead Officers for ADP (Strathclyde Police)
b.	Further implement the Public Reassurance Model within part of Ward 2 focusing on four priority concerns <ul style="list-style-type: none"> <li>– Drunk and Disorderly Behaviour</li> <li>– Drug Dealing and Misuse</li> <li>– Violent crime</li> <li>– Housebreaking and other forms of theft</li> </ul>	<ul style="list-style-type: none"> <li>• Public Reassurance pilot within Ward 2, North West Kilmarnock reviewed and evaluated</li> <li>• Model of 'best practice' for Public Reassurance identified and rolled out to other communities, as appropriate</li> </ul>	2011 - 2015	Strathclyde Police

**For Community Planning purposes this section will be reported through the Improving Community Safety Action Plan.**

### LOCAL OUTCOME 3

### IMPACT OF MULTIPLE DEPRIVATION AND POVERTY ON THE HEALTH AND WELLBEING OF THE MOST VULNERABLE INDIVIDUALS AND COMMUNITIES ADDRESSED

#### Links to SOA

- National Outcome 7

We have tackled the significant inequalities in Scottish Society.

	Indicator/s (Frequency/Type/Source)	Baseline at 2006/07	Baseline at 2009/10	'Progress' Target/s to 2013/14	'End' Target/s Direction of travel
1.	Number of claimants in receipt of out of work benefits as percentage of working age population Quarterly/Department for Work and Pensions / Nomis	20.7% (February 2007)	22.2% (February 2010)	<b>Reduction</b> in the number of people claiming out of work benefits by 2014	<b>Reduction</b> in the number of people claiming out of work benefits
2.	Percentage of children living in households that are dependent on out of work benefits or child tax credit Annual/HM Revenue and Customs/Scottish Government	19.1%	13.2% (2008)	<b>Reduction</b> in the percentage of children living in workless households by 2014	<b>Reduction</b> in the percentage of children living in workless household
3.	Total number of Credit Union members Annual/East Ayrshire Credit Unions	909 (October 2006)	2,210 (March 2010)	<b>Increase</b> Credit Union membership by 15% on an annual basis	<b>Increase</b> Credit Union membership
4.	Percentage of tenants in severe rent arrears Monthly/East Ayrshire Council	1.3%	1.1%	<b>Maintain</b> baseline levels and SPI quartile 1 performance	<b>Maintain</b> baseline levels and SPI quartile 1 performance

**WORKSTREAM 3.1****Income Maximisation and Benefit Take Up.**

<b>Actions</b>		<b>Projected Outputs (Linked to Local Outcome)</b>	<b>Timescale</b>	<b>CHP Lead Officer Action Owner</b>
a.	Provide benefit checks for all new carers who register with the Carers Centre	<ul style="list-style-type: none"> <li>250 benefits checks completed per year for new carers</li> </ul>	2011-15	CHP Lead Officer for Financial Inclusion (EA Carers Centre)
b.	Provide support and assistance in the form of benefits advice, income maximisation and energy efficiency to: young carers; those not in education, employment or training; and those who are in the process of setting up their own tenancy	<ul style="list-style-type: none"> <li>100 young people provided with support and assistance per year</li> </ul>	2011-15	
c.	Support and improve the systems that are in place to maximise income from benefit and debt counselling and money advice	<ul style="list-style-type: none"> <li>500 people aged over 60 benefiting from benefits advice per year</li> </ul>	2011-15	CHP Lead Officer for Financial Inclusion (DWP Pension Service)
d.	Further develop Joint Team partnership working arrangements for provision of benefit checks and income maximisation services	<ul style="list-style-type: none"> <li>1,000 people assisted per year, with 650 benefiting financially and 100 being referred on for additional services</li> </ul>	2011-15	
e.	Promote and raise awareness of basic benefits and local sources of appropriate information, advice and assistance	<ul style="list-style-type: none"> <li>12 promotional events delivered per year</li> </ul>	2011-15	CHP Lead Officer for Financial Inclusion (Benefit Take Up Group)
f.	Provide benefit checks and income maximisation, including better off calculations for those seeking employment - Citizens Advice Bureau (CAB)	<ul style="list-style-type: none"> <li>Income maximisation with a value in excess of £3.5m achieved per year for service users</li> </ul>	2011-15	CHP Lead Officer for Financial Inclusion (CAB)

**WORKSTREAM 3.2**
**Tackling the causes of poverty and building financial capability.**

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Support the roll out of 'Money Made Clear' information within the local community	<ul style="list-style-type: none"> <li>'Money Made Clear' information available and accessible within local communities</li> </ul>	2011/12	CHP Lead Officer for Financial Inclusion
b.	Tackle worklessness for households or individuals within NW Kilmarnock  (Subject to confirmation of funding)	<ul style="list-style-type: none"> <li>500 people in NW Kilmarnock engaged with per year</li> <li>160 people in NW Kilmarnock placed in employment per year</li> </ul>	2011-14	CHP Lead Officer for Financial Inclusion (Jobcentre Plus)
c.	Provide advice, support and assistance to help people deal with debts, manage their money more effectively and make maximum use of the income available to them	<ul style="list-style-type: none"> <li>375 new money advice cases taken on per year</li> </ul>	2011-15	CHP Lead Officer for Financial Inclusion (CAB)
d.	Target local Credit Union activity at increasing membership and working further toward operational sustainability	<ul style="list-style-type: none"> <li>15% annual growth in new members benefiting from Credit Union membership, against a baseline of 1,640 active adult members in April 2010</li> </ul>	2011-15	CHP Lead Officer for Financial Inclusion (Credit Unions)
e.	Provide information on Credit Union financial products and services	<ul style="list-style-type: none"> <li>200 members used easy saving facilities per year</li> <li>80 members benefited from obtaining low cost loans per year</li> <li>12% annual growth in new junior savers, against a baseline of 597 junior savers in April 2010</li> <li>1 major marketing campaign implemented per year</li> </ul>	2011-15	

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
		<ul style="list-style-type: none"> <li>4 community events implemented per year</li> </ul>		
f.	Provide appropriate information, advice and assistance to individuals and families in order to prevent fuel poverty	<ul style="list-style-type: none"> <li>12 Energy Advice Surgeries provided per year in housing offices, local offices or libraries</li> <li>12 talks/events delivered per year to raise public awareness of energy issues, with follow up individual advice or home visits as required</li> </ul>	2011-15	CHP Lead Officer for Financial Inclusion (EA Energy Advice Unit)

### WORKSTREAM 3.3

### Improving the health and wellbeing of vulnerable groups.

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Work in partnership to address the health needs of vulnerable client groups and facilitate integration into mainstream services	<ul style="list-style-type: none"> <li>Integrated care pathways for homelessness developed and updated (mental health, addictions, sexual health, primary care, podiatry, dental services)</li> <li>Outreach services provided within homeless hostels and Allies - 76 per year</li> <li>Befriending service for homeless clients provided – 20 per year</li> <li>All homeless clients received hygiene packs</li> <li>3 Health Events delivered in prison per year</li> </ul>	<p>2013/14</p> <p>2011-15</p> <p>2011-15</p> <p>2011-15</p>	<p>Improving Health Group - CHP Lead Officer Public Health</p> <p>Improving Health Group - CHP Lead Officer Public Health (NHS Health Promotion)</p>

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
b.	Provide anticipatory care interventions for the most vulnerable groups	<ul style="list-style-type: none"> <li>• 'Keepwell' health checks delivered for:               <ul style="list-style-type: none"> <li>– 0 – 20% most deprived communities</li> <li>– Patients aged 40 - 64 years</li> <li>– People with a learning disability</li> <li>– homeless population aged 35 – 64 yrs</li> </ul> </li> </ul>	2012/13	Improving Health Group - CHP Lead Officer Public Health (NHS Keep Well)

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## LOCAL OUTCOME 4

**OLDER PEOPLE, VULNERABLE ADULTS AND THEIR CARERS SUPPORTED, INCLUDED AND EMPOWERED TO LIVE THE HEALTHIEST LIFE POSSIBLE**

### Links to SOA

- National Outcome 6
- National Outcome 11

**We live longer, healthier lives.**

**We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.**

Indicator/s (Frequency/Type/Source)		Baseline at 2006/07	Baseline at 2009/10	'Progress' Target/s to 2013/14	'End' Target/s Direction of travel
1.	Patients hospitalised with Chronic Obstructive Pulmonary Disease (COPD) Every 2 years/Scottish Public Health Observatory (ScotPho) – East Ayrshire CHP Health and Wellbeing Profiles	N/A	231.5 per 100,000 population (1997-99 to 2007-09)	<b>Reduction</b> in patients hospitalised with COPD by 2014	<b>Reduction</b> in patients hospitalised with COPD
2.	Patients hospitalised with asthma Every 2 years/Scottish Public Health Observatory (ScotPho) - East Ayrshire CHP Health and Wellbeing Profiles	N/A	1,056.5 per 100,000 population (1997-99 to 2007- 09)	<b>Reduction</b> in patients hospitalised with asthma by 2014	<b>Reduction</b> in patients hospitalised with asthma
3.	Deaths from suicide Every 2 years/Scottish Public Health Observatory (ScotPho) - East Ayrshire CHP Health and Wellbeing Profiles	11.2 per 100,000 population (2002-2006)	13.0 per 100,000 population (2005-2009)	<b>Reduction</b> in suicide rates by 2014	<b>Reduction</b> in suicide rates
4.	Patients prescribed drugs for anxiety/depression psychosis Every 2 years/ Scottish Public Health Observatory (ScotPho) –East Ayrshire CHP Health and Wellbeing Profiles	7.8% (2006)	10.2% (2009)	<b>Reduction</b> in patients prescribed drugs for anxiety/depression psychosis by 2014	<b>Reduction</b> in patients prescribed drugs for anxiety/depression psychosis
5.	Number of patients diagnosed with dementia Annual/NHS Ayrshire and Arran (ISD Scotland)	660 (March 2007)	766 (2008/09)	<b>Increase</b> in the number of patients diagnosed with dementia by 2014	<b>Increase</b> in the number of patients diagnosed with dementia

Indicator/s (Frequency/Type/Source)		Baseline at 2006/07	Baseline at 2009/10	'Progress' Target/s to 2013/14	'End' Target/s Direction of travel
6.	Uptake of carers support plans (assessments) Annual/East Ayrshire Council	N/A	56	<b>Increase</b> by 100% the uptake of carers support plans (assessments) by 2012/13	<b>Increase</b> the uptake of carers support plans (assessments)
7.	Bed days lost to delayed discharge Annual/NHS Ayrshire and Arran (Change Fund Metric)	N/A	To be established following the outcome of the Change Fund bid	<b>Reduction</b> in patients waiting more than 4 weeks for discharge to appropriate setting (national target is 6 weeks)	<b>Reduction</b> in patients waiting more than 4 weeks for discharge to appropriate setting
8.	Percentage of people aged 65+ with intensive needs receiving care at home Annual/East Ayrshire Council (Change Fund Metric)	N/A	To be established following the outcome of the Change Fund bid	<b>Increase</b> in people aged 65+ with intensive needs receiving care at home	<b>Increase</b> in people aged 65+ with intensive needs receiving care at home
9.	Number of bed days utilised for over 75 years population Annual/NHS Ayrshire and Arran (Change Fund Metric)	N/A	To be established following the outcome of the Change Fund bid	<b>Reduction</b> in number of bed days utilised for over 75 years population	<b>Reduction</b> in number of bed days utilised for over 75 years population
10.	Number of emergency admissions of over 75 years population Annual/NHS Ayrshire and Arran (Change Fund Metric)	3,136 (2006/07)	3,385 (2008/09) Provisional data provided	<b>Reduction</b> in number of emergency admissions of over 75 years population	<b>Reduction</b> in number of emergency admissions of over 75 years population
11.	Length of stay for emergency admissions of over 75 years Annual/NHS Ayrshire and Arran (Change Fund Metric)	N/A	To be established following the outcome of the Change Fund bid	<b>Reduction</b> in length of stay for emergency admissions of over 75 years	<b>Reduction</b> in length of stay for emergency admissions of over 75 years

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Continue to develop safe and sustainable community services for people affected by mental health	<ul style="list-style-type: none"> <li>• SPARRA (Scottish Patients at Risk of Admission and Readmission) data utilised to target work allocation across resources - top 20% (5 people) per year to have full needs assessment undertaken if there is not one in place</li> <li>• Reporting process established which produces details of reasons for people exiting services in order to improve evidence base for interventions and means to achieve outcomes</li> </ul>	<p>2011-15</p> <p>2011/12</p>	CHP Lead Officers for Mental Health and Learning Disabilities (MH Sub Group)
b.	Promote and sustain good physical health for people affected by mental illness	<ul style="list-style-type: none"> <li>• Cancer screening included in 15 monthly Quality Outcome Framework at physical health reviews for people with poor mental health</li> <li>• 40 Community Mental Health Team service users per year supported to access screening services</li> <li>• Cancer prevention awareness raising training delivered to Community Mental Health Teams and all front line support staff – 100 staff across EAC, NHS and independent sector</li> </ul>	<p>2012/12</p> <p>2011-15</p> <p>2012/13</p>	CHP Lead Officers for Mental Health and Learning Disabilities (MH Sub Group)
c.	Continue to develop and test the Prescribing Audit Tool (PAT)	<ul style="list-style-type: none"> <li>• All GP practices using EMIS (medical information system):                             <ul style="list-style-type: none"> <li>– have access to PAT reports</li> <li>– work in collaboration with both prescribing advisers and Community Mental Health Teams re targeted service improvements based on prescribing practices and trends</li> </ul> </li> </ul>	2011/12	

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
		<ul style="list-style-type: none"> <li>Appropriate anti-depressant prescribing and access to psychological therapies as an alternative or adjunct therapy ensured</li> </ul>		CHP Lead Officers for Mental Health and Learning Disabilities (MH Sub Group)
d.	Encourage all GP practices to complete PHQ9 assessments for patients presenting with low mood to assist in their treatment options, including referral to specialist services	<ul style="list-style-type: none"> <li>Baseline audit undertaken with guidelines issued to GPs</li> <li>Use of PHQ9 assessments in primary care re-audited (Patient Health Questionnaire 9 – tool for assisting in the diagnosis of depression)</li> </ul>	2011/12	
e.	As an early implementer pilot site, undertake work in relation to the phased development of a model for measuring Demand, Capacity, Activity and Queue relating to psychological therapies	<ul style="list-style-type: none"> <li>Suitable tool developed to support local services in making best use of available resource to match demand</li> </ul>	2011/12	
f.	Shift the balance of care from crisis intervention and response to prevention, enablement and rehabilitation	<ul style="list-style-type: none"> <li>Awareness of self help opportunities raised through publication on Community Planning Partners' websites</li> <li>Range of condition specific multi disciplinary group work opportunities established - 2 support and development groups of service users established per year</li> <li>Uptake of Named Persons and Advanced Statements increased by 10 per year (Baseline - Named Persons: 163, Advanced Statements: 82)</li> </ul>	2012/13  2011-15  2011-15	
g.	Implement "Living and Working in Partnership" East Ayrshire's Partnership in Practice Agreement (PIP)	<ul style="list-style-type: none"> <li>Actions within the PIP Delivery Plan progressed and reported annually</li> </ul>	2011-15	

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
h.	Promote "Better Health and Wellbeing" (included in Partnership in Practice Agreement)	• 'Open Wide Project' rolled out to a further 80% of care staff	2014/15	CHP Lead Officers for Mental Health and Learning Disabilities (MH Sub Group)
		• WRAP (Wellness Recovery Action Planning) training delivered to a further 20 family carers (12 already trained during initial pilot)	2014/15	
		• Learning Disability Sexuality training programme rolled out to ensure 20 care staff, 6 family carers and 20 individuals with learning disabilities are offered training	2013/14	
		• Feasibility of piloting mental wellbeing indicators for people with learning disabilities explored	2012/13	
i.	Work in partnership to implement alternative models of care and support as identified within the Integrated Resource Framework Action Plan (included in Partnership in Practice Agreement)	• Integrated Resource Framework Action Plan developed, agreed and approved	2011/12	
		• Integrated Resource Framework Action Plan implemented	2011-15	
j.	Ensure there is extensive public information available with respect to suicide prevention supports	• Details collated of all existing resources in East Ayrshire to a single location via the Chose Life Sub Group membership	2011/12	CHP Lead Officers for Mental Health and Learning Disabilities (Choose Life Steering Group)
		• Details of all resources included on each Community Planning Partner's websites	2012/13	
		• Robust, very visible materials and events for suicide prevention week delivered annually	2011-15	
k.	Continue to deliver training and education to agency employees and the wider community to assist in early identification of suicide risks	• Applied Suicide Intervention Skills Training (ASIST) provided to 100 people per year	2011-15	

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
	and facilitate access to appropriate supports	<ul style="list-style-type: none"> <li>• Safe talk (suicide alertness training) provided to 100 people per year</li> <li>• 6 people trained as ASIST Trainers</li> </ul>		
l.	Provide children, young people and families with access to a full and accurate diagnosis with associated advice and support on a multi-disciplinary basis with respect to Autistic Spectrum Disorder	<ul style="list-style-type: none"> <li>• Current diagnostic pathways and routes to access support and services across agencies audited</li> <li>• Revised multi-disciplinary pathway drafted for Community Health Partnership consideration</li> </ul>	2011/12  2011/12	CHP Lead Officers for Mental Health and Learning Disabilities ASD Sub Group
m.	Take account of autism in all clinical and social care assessments	<ul style="list-style-type: none"> <li>• Multi-agency autism training strategy developed</li> <li>• Autism awareness training sessions provided to 50 people across agencies per year</li> </ul>	2011/12  2011-15	
n.	Establish single point of contact for people with an autism diagnosis and their carers	<ul style="list-style-type: none"> <li>• Potential evaluated for an autism specific single point of contact within East Ayrshire based on benchmarking other areas which have done this against local service provision</li> </ul>	2012/13	
o.	Ensure transitions from children's to adult services, from establishment and hospital care and from parental home to independence, are well co-ordinated and include all stakeholders	<ul style="list-style-type: none"> <li>• Transitions specific service established</li> <li>• Current good practice available nationally audited</li> <li>• Accessible information developed regarding transitions for all stakeholders</li> <li>• Number of person centred plans undertaken increased by 40 per year (Baseline – 202 in 2010)</li> </ul>	2012/13  2012/13  2012/13  2011-15	CHP Lead Officers for Mental Health and Learning Disabilities MH and LD Partnership

**WORKSTREAM 4.2**
**Long Term Conditions (LTC).**

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Reduce admission or readmission to hospital for Long term Conditions using risk prediction tools and developing case/care management approaches through partnership working	• 4 General Practitioner (GP) practices identified within East Ayrshire to develop case/care management approach	2011/12	CHP Lead Officer for Long Term Conditions/ Rehab
		• Within these practices, SPARRA data used as a prediction tool - 100% established	2011/12	
		• Subject to learning from early implementation, risk prediction and case/care management process rolled out to all practices	2012-15	
		• New district nursing arrangements in place, coordinating, leading and supporting case/care management	2012/13	
		• GP communication and engagement arrangements established across all practices	2012/13	
		• Pilot site identified and agreed to introduce 'virtual ward' concept to community services	2011/12	
b.	Develop multi-agency anticipatory care plans for people with Long Term Conditions that are shared between in hours and out-of-hours services	• Electronic Health Notification Forms (eHNF) developed for 100% of SPARRA patients within the 4 identified GP practices (as above)	2012/13	
		• Electronic Health Notification Forms (eHNF) developed for 100% of SPARRA patients within 3 identified care homes	2012/13	
		• Anticipatory Care Plans used for appropriate individuals within 4 identified practices	2012/13	

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
		<ul style="list-style-type: none"> <li>Anticipatory Care Plans used for appropriate individuals within 3 identified care homes</li> <li>Baseline training needs analysis developed for 3 identified care homes</li> </ul>	2012/13	CHP Lead Officer for Long Term Conditions/ Rehab
c.	Implement the Integrated Resource Framework project for people who have Chronic Obstructive Pulmonary Disease (COPD) and have the support of a District Nurse and Home Carer - 10 people who have COPD will have integrated support plans developed to include support of a District Nurse and House Carer	<ul style="list-style-type: none"> <li>Project Initiation Document (PID) in place setting out actions and timescales for the Integrated Resource Framework COPD initiative developed</li> <li>Home care staff training arrangements established</li> <li>Completed implementation report with agreed service changes and budgetary arrangements produced</li> </ul>	2011/12	
			2012/13	

**WORKSTREAM 4.3**
**Rehabilitation and Enablement.**

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Develop an Ayrshire Joint Equipment Service	<ul style="list-style-type: none"> <li>Ayrshire action plan developed by joint equipment group</li> <li>Recommendations in relation to service changes made to Community Health Partnership and Strategic Alliance</li> <li>Agreed actions implemented</li> </ul>	2011/12	CHP Lead Officer for Long Term Conditions/ Rehab
			2011/12	
			2013/14	



Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
		<ul style="list-style-type: none"> <li>Baseline established for the number of individuals who fall and go on to take part in community based exercise programmes</li> <li>Patient pathway established for services to refer individuals who have fallen into community based exercise programmes</li> </ul>	2011/12	CHP Lead Officer for Long Term Conditions/ Rehab
			2011/12	
d.	Develop integrated approach to staff training and development	<ul style="list-style-type: none"> <li>Formal training programme developed for health and social care staff</li> </ul>	2012/13	
e.	Promote and oversee improvements in Occupational Therapy service delivery across and between NHS Ayrshire and Arran and the Ayrshire Councils	<ul style="list-style-type: none"> <li>Future service delivery model developed, implementation plan agreed and progress reported</li> </ul>	2012-15	

**WORKSTREAM 4.4**
**Telehealthcare.**

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Support the self-monitoring of individuals in their own homes, targeting individuals with long term conditions, dementia and learning disabilities	<ul style="list-style-type: none"> <li>20 individuals using Telehealth equipment within own homes</li> <li>Integrated monitoring systems and protocols established with identified GP practices and telemonitoring centre</li> </ul>	2011/12	CHP Lead Officers for Long Term Conditions/ Rehab, MHL D and Older People
			2011/12	
b.	Establish a framework for the assessment, provision and maintenance of telehealthcare equipment	<ul style="list-style-type: none"> <li>Current practice and stock management reviewed</li> </ul>	2011/12	

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
		<ul style="list-style-type: none"> <li>• Protocols, systems and procedures established</li> <li>• Audit of new systems completed and changes implemented</li> <li>• Joint staff training programme delivered</li> </ul>	2011/12  2011/12  2011/12	CHP Lead Officers for Long Term Conditions/ Rehab, MHLD and Older People
c.	Develop performance management systems for telehealthcare	<ul style="list-style-type: none"> <li>• Purchase management system developed</li> <li>• Training programme delivered to staff</li> <li>• Performance monitoring framework established</li> </ul>	2011/12  2011/12  2011/12	
d.	Promote safety and security for individuals who have telehealthcare package	<ul style="list-style-type: none"> <li>• Smoke detectors purchased and installed for all individuals in receipt of telehealthcare</li> <li>• Medication dispensers purchased and provided to identified individuals across East Ayrshire in line with care commission requirements</li> </ul>	2011/12  2011/12	
e.	Identify individuals at risk of falling	<ul style="list-style-type: none"> <li>• Clients using telecare to prevent falls increased by 50% in East Ayrshire (Baseline to be established 2011)</li> <li>• Number of clients with addiction issues using telecare, who fall increased by 50% (Baseline to be established 2011)</li> </ul>	2011-15  2011-15	
f.	Raise awareness of opportunities to utilise telehealthcare equipment	<ul style="list-style-type: none"> <li>• Minimum of 2 public awareness sessions in relation to telehealthcare convened</li> <li>• Minimum of 2 awareness sessions for</li> </ul>	2012/13  2012/13	

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
		Partnership professionals convened		CHP Lead Officers for Long Term Conditions/ Rehab, MHL D and Older People
		<ul style="list-style-type: none"> <li>Demonstration facility established in East Ayrshire</li> </ul>	2013/14	
g.	Enhance support systems and respite for carers through the use of telecare systems	<ul style="list-style-type: none"> <li>Available equipment identified</li> <li>Pilot group of carers identified (through CHP Carers Sub Group Forum)</li> </ul>	2011/12	
		<ul style="list-style-type: none"> <li>Pilot reviewed and rolled out</li> </ul>	2012/13	

#### WORKSTREAM 4.5

#### Older People – Reshaping Care for Older People.

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Support older people to feel safe in their own home (National Community Care Outcomes Framework Theme 1: User Satisfaction)	<ul style="list-style-type: none"> <li>Number of older people accessing telecare equipment increased by 10% year on year</li> </ul>	2011-15	CHP Lead Officers for Older People
b.	Build community capacity through maximising use of supported accommodation units to increase opportunities for social interaction (National Community Care Outcomes Framework Theme 1: User Satisfaction)	<ul style="list-style-type: none"> <li>1 new community/recreational activity for older people established in each of the 5 core units per year</li> <li>Annual programme of leisure and lifestyle activities supported in each of the 5 Supported Housing Complexes</li> <li>Quarterly Continuing Professional Development programme delivered for Home Care Co-ordinators in relation to leisure and lifestyle issues</li> </ul>	2011-15	

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
c.	Build community capacity through undertaking audit of volunteer activity/organisations/community groups which currently offer support to older people (National Community Care Outcomes Framework Theme 1: User Satisfaction)	<ul style="list-style-type: none"> <li>Information of all voluntary/community groups which offer support to older people in East Ayrshire included in existing media</li> <li>A minimum of 10 older adults recruited, trained and supported to become volunteer leisure and lifestyle mentors per year</li> </ul>	2011/12	CHP Lead Officers for Older People
d.	Build networks with and between local community organisations in order to promote the development of community capacity to support older people (National Community Care Outcomes Framework Theme 1: User Satisfaction)	<ul style="list-style-type: none"> <li>Formal network arrangements linked to CHP structure established</li> </ul>	2012/13	
e.	Work with partner agencies to support carers in feeling able to continue their role through promoting uptake of Carers' Support Plans (National Community Care Outcomes Framework Theme 3: Support for Carers)	<ul style="list-style-type: none"> <li>Staff briefing sessions provided on the purpose and benefits of Carers' Support Plans to all relevant staff</li> <li>Carers' Support Plans increased by 100%</li> </ul>	2012/13	
f.	Improve the quality of the single shared assessment process (National Community Care Outcomes Framework Theme 4: Quality of Assessment and Care Planning)	<ul style="list-style-type: none"> <li>Baseline for number of users/carers assessed/supported who were satisfied with Single Shared Assessment process identified – % satisfied year on year increased (% to be determined by baseline)</li> </ul>	2011/12	
			2012/13	
g.	Promote awareness of Direct Payments during assessment process (National Community Care Outcomes Framework Theme 4: Quality of Assessment and Care Planning)	<ul style="list-style-type: none"> <li>Uptake of Direct Payments by older people increased by 50% from baseline (82 in 2009/10)</li> </ul>	2011-15	

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
h.	Introduce community-based intermediate and re-ablement services across health and social care	<ul style="list-style-type: none"> <li>National target of zero delayed discharges over 6 weeks sustained and local target of 4 weeks developed</li> <li>Older people experiencing repeat admissions to hospital reduced by 5%</li> </ul>	2011/12	CHP Lead Officers for Older People
i.	Provide additional housing suitable for the needs of older people (National Community Care Outcomes Framework Theme 6: Moving Services Closer to Users/Patients)	<ul style="list-style-type: none"> <li>90 x 2 bed amenity bungalows provided through new Council house building programme</li> <li>Further 24 amenity properties programmed over the same period to be built by registered social landlords</li> </ul>	2011-15	

**WORKSTREAM 4.6**
**Older People – Dementia.**

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Implement the National Dementia Strategy (National Community Care Outcomes Framework Theme 6: Moving Services Closer to Users/Patients)	<ul style="list-style-type: none"> <li>East Ayrshire Dementia Strategy Group established</li> </ul>	2011/12	CHP Lead Officers for Older People
		<ul style="list-style-type: none"> <li>East Ayrshire Dementia Action Plan developed and implemented</li> </ul>	2012/13	
		<ul style="list-style-type: none"> <li>Activity to develop community capacity, through the focus of the Provost's Charity 2010/11 on Alzheimer's disease, sustained and developed (measured through the Dementia Action Plan)</li> </ul>	2011-15	

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
b.	Improve the patient journey for people with dementia and their carers (National Community Care Outcomes Framework Theme 2: Faster Access to Services)	<ul style="list-style-type: none"> <li>Integrated care pathway developed for people with dementia</li> </ul>	2011/12	CHP Lead Officers for Older People
c.	Provide public information in respect of dementia (National Community Care Outcomes Framework Theme 3: Support for Carers)	<ul style="list-style-type: none"> <li>Information leaflets and helpline cards on dementia made available in all GP practices, social work offices, hospitals and other public venues and through existing media</li> <li>Helpline cards provided with prescriptions via pharmacies</li> </ul>	2011/12	

## LOCAL OUTCOME 5

**CHILDREN AND YOUNG PEOPLE, INCLUDING THOSE IN EARLY YEARS AND THEIR CARERS, ASSISTED TO BE ACTIVE, HEALTHY, NURTURED AND INCLUDED**

### Links to SOA

- National Outcome 5

**Our Children have the best start in life and are ready to succeed.**

Indicator/s (Frequency/Type/Source)		Baseline at 2006/07	Baseline at 2009/10	'Progress' Target/s to 2013/14	'End' Target/s Direction of travel
1.	Percentage early education and childcare services managers/lead practitioners with or working towards qualifications at SCQF (Scottish Credit Qualifications Framework) Level 9 Annual/Early Education and Childcare Workforce Audit	48% Managers qualified to degree level (2006)	11% Managers/Lead Practitioners hold a qualification at SCQF Level 9  and  89% Managers/Lead Practitioners working towards a qualification at SCQF Level 9	<b>Increase</b> –40% early education and childcare services managers/lead practitioners will have SCQF Level 9 qualifications by 2015	<b>Increase</b> –40% of early education and childcare services managers/lead practitioners will have SCQF Level 9 qualifications by 2015
2.	Number of parents using the Rickter scale to evaluate if they have increased confidence in their relationship with their children Annual/East Ayrshire Council	N/A	To be established	<b>Percentage increase</b> of parents who state they have increased confidence in their relationship with their children	<b>Percentage increase</b> of parents who state they have increased confidence in their relationship with their children
3.	Number of 0-8 year old children involved in nurture approaches Annual/East Ayrshire Council	N/A	27	<b>Increase</b> in the number of children 0-8 years involved in nurture approaches	<b>Increase</b> in the number of children 0-8 years involved in nurture approaches
4.	Percentage of children with dental caries in Primary 1 Every 2 years/NHS Ayrshire and Arran (National Dental Inspection Programme)	54.2% (2006/07)	38.7% (2007/08)	<b>Reduction</b> in the percentage of children with dental caries in Primary 1	<b>Reduction</b> in the percentage of children with dental caries in Primary 1

Indicator/s (Frequency/Type/Source)		Baseline at 2006/07	Baseline at 2009/10	'Progress' Target/s to 2013/14	'End' Target/s Direction of travel
5.	Estimated percentage of obese children in Primary 1 Annual/NHS Ayrshire and Arran (ISD Scotland)	8.7% (2007/08)	7.7% (2008/09)	<b>Reduction</b> in the percentage of obese children in Primary 1	<b>Reduction</b> in the percentage of obese children in Primary 1
6.	Percentage of new-born children exclusively breastfed at 6-8 weeks Annual/NHS Ayrshire and Arran (ISD Scotland)	18.6% (2007)	17.5% (2009) <small>ISD provisional figure</small>	<b>Increase</b> in new-born children exclusively breastfed at 6-8 weeks	<b>Increase</b> in breast feeding rates at 6-8 weeks

## WORKSTREAM 5.1

### Improving the Health and Wellbeing of Children and Young People.

Actions	Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	<p>Provide opportunities to improve the health and wellbeing of children and young people through encouraging them to adopt an active and healthy lifestyle</p> <p><b>Early Years</b></p> <ul style="list-style-type: none"> <li>2,500 preschool children participated in active play in community based settings per year during term time and seasonal periods</li> <li>1 pilot Mind, Exercise, Nutrition, Do it (MEND) programme delivered tackling health inequalities for 10 children aged 2-4 years and their families</li> </ul> <p><b>Primary School Aged Children</b></p> <ul style="list-style-type: none"> <li>3,000 primary school aged children participated in active play activities per year during term time and seasonal periods</li> <li>6,500 children and young people participated in outdoor play opportunities during term time and seasonal periods per year</li> <li>Annual programmes delivered within 43</li> </ul>	<p>2011-15</p> <p>2012/13</p> <p>2011-15</p>	<p>Improving Health Group - CHP Lead Officer Public Health (EAC Leisure)</p>

Actions	Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
	<p>Primary Schools to children aged 5-12 years</p> <ul style="list-style-type: none"> <li>• Minimum of 8 weekly community based programmes delivered to children aged 5-12 years</li> <li>• Percentage of primary school aged children with a SHOUT Card maintained on an annual basis at 94%</li> <li>• 600 children progressed from school to a minimum of 35 community based sports clubs per year</li> </ul> <p><b>Children and Young People with Additional Support Needs (ASN)</b></p> <ul style="list-style-type: none"> <li>• Programmes delivered within 7 ASN establishments to children and young people with additional support needs</li> <li>• Minimum of 4 weekly community based programmes delivered to children and young people with additional support needs</li> </ul> <p><b>Targeted Interventions</b></p> <ul style="list-style-type: none"> <li>• 36 families supported per year to complete the MEND (Mind, Exercise, Nutrition...Do It!) Programme as a means of tackling childhood obesity</li> <li>• Minimum of 6 Jumpstart programmes delivered per year</li> </ul>	<p>2012/13</p> <p>2012/13</p> <p>2012/13</p> <p>2011-15</p> <p>2011-15</p>	<p>Improving Health Group - CHP Lead Officer Public Health (EAC Active Schools)</p> <p>Improving Health Group - CHP Lead Officer Public Health (EAC Leisure)</p> <p>Improving Health Group - CHP Lead Officer</p>

Actions	Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
	<ul style="list-style-type: none"> <li>• Minimum of 6 Jumpstart Choices (whole class approach) programmes delivered per year</li> </ul> <p><b>Secondary School Aged Young People</b></p> <ul style="list-style-type: none"> <li>• 'Free to Dance' programme delivered in partnership with Y dance for 250 pupils per year</li> <li>• Young Ambassadors Programme supported in 9 secondary schools and 18 senior pupils recruited to support and train as Ambassadors per year</li> <li>• 450 volunteers delivered Active Schools activities per year</li> <li>• 220 adult volunteers gained Scottish Governing Body (SGB) awards per year</li> <li>• 30% of total usage in sports halls/facilities comprising children and young people of school age</li> <li>• 90 secondary pupils delivered Active Schools activities per year</li> <li>• 60% of secondary pupil volunteers achieved recognised qualifications per year</li> <li>• 40% retention of volunteers per cluster</li> <li>• 9 Sports Leadership Programmes operated in 9 secondary schools – minimum of 10 pupils</li> </ul>	<p>2011-15</p> <p>2011-15</p> <p>2011-15</p>	<p>Public Health (NHS Ayrshire and Arran Health Promotion)</p> <p>Improving Health Group - CHP Lead Officer Public Health (EAC Active Schools)</p> <p>EAC – Community Recreation</p> <p>Improving Health Group - CHP Lead Officer Public Health (EAC Active Schools)</p>

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
		<p>completing awards per school per year</p> <ul style="list-style-type: none"> <li>• Delivery of and training for a range of sport and physical activity opportunities co-ordinated for all school age children per year</li> <li>• Participation of girls and young women in physical activity and sport increased by 30% (Baseline participation figures in 2009/10 - 2,157 secondary school aged young women and 2,800 primary school aged girls participated in extracurricular physical activity and sport)</li> <li>• 1,000 children participated in Transitional Festivals/Transition stages per year</li> <li>• 50 parents participated in parent child sessions per year</li> </ul>	2011-15	Improving Health Group - CHP Lead Officer Public Health (EAC Active Schools)
b.	Work in partnership to address the health needs of vulnerable children and young people and facilitate integration into mainstream services	<ul style="list-style-type: none"> <li>• Age appropriate toy packs provided to homeless children and young people</li> </ul>	2011-15	Improving Health Group - CHP Lead Officer Public Health (EA Churches Homelessness Action)
		<ul style="list-style-type: none"> <li>• Uptake of sports and physical activity promoted via weekly Sports Motivation visits to 3 East Ayrshire residential children's houses</li> </ul>	2011-15	Improving Health Group - CHP Lead Officer Public Health (EAC Leisure)
		<ul style="list-style-type: none"> <li>• 1 healthy eating programme delivered per year in 3 East Ayrshire residential Children's houses</li> </ul>	2011-15	

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
		<ul style="list-style-type: none"> <li>Health Promoting Children's Houses based on the National Health Promoting Framework implemented</li> </ul>	2014/15	Improving Health Group - CHP Lead officer Public Health (NHS Health Promotion)
c.	Increase the awareness and knowledge of the factors which affect sexual health and wellbeing	<ul style="list-style-type: none"> <li>Action plan developed to support the implementation of Teenage Pregnancy Guidance by March 2012 and progress reported annually</li> </ul>	2012-15	
d.	Deliver smoking prevention initiatives	<ul style="list-style-type: none"> <li>20 front line children's services providers trained in use of smoke free home and car pack</li> <li>500 sign ups to 'Smoke Free Homes' campaign</li> </ul>	2014/15	
e.	Roll out 'Search for a Smile' to all primary and special needs schools	<ul style="list-style-type: none"> <li>'Search for a Smile' embedded in oral health promotion programmes within the primary school setting (43 mainstream P1 – P7 and 4 additional needs support establishments) - fits within Curriculum for Excellence Framework</li> </ul>	2013/14	Improving Health Group - CHP Lead Officer Public Health (NHS Oral health)
f.	Roll out community development oral health pilot project (North West Kilmarnock) to Dalmellington and Doon Valley, including establishment of: <ul style="list-style-type: none"> <li>Baby bottle swap</li> <li>Dental role play</li> </ul>	<ul style="list-style-type: none"> <li>Baby bottle swap established in 7 early years establishments (including community centres and nurseries)</li> <li>Dental role play established in 5 early years establishments (nursery and primary)</li> </ul>	2012/13  2012/13	
g.	Implement Fluoride Varnish Application Programme in targeted nurseries and primary schools to achieve HEAT H9 target by 2014	<ul style="list-style-type: none"> <li>Children in targeted nursery schools offered fluoride varnish application twice a year to achieve 60% coverage of 3-4 year old child population in each SIMD quintile</li> </ul>	2011-15	Improving Health Group - CHP Lead Officer Public Health (NHS Oral health)

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
h.	Implement nursery and school tooth brushing programme	<ul style="list-style-type: none"> <li>All nursery age children and children in targeted primary schools offered the tooth brushing programme annually</li> </ul>	2011-15	

<b>WORKSTREAM 5.2</b>	<b>Corporate Parenting.</b>
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Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Implement the Corporate Parenting Action Plan which seeks to improve the lives of looked after children	<ul style="list-style-type: none"> <li>50 staff trained annually across agencies as part of the roll out the 'We Can and Must Do Better' Multi-agency Training Programme (Phase 2)</li> <li>Opportunities provided for looked after young people to participate in leadership and community based activities</li> <li>Strategy for supporting young people leaving care developed and implemented</li> <li>Accommodation for looked after children and young people improved through provision of a new children's house in Kilmarnock</li> </ul>	<p>2011/14</p> <p>2011/14</p> <p>2011/14</p> <p>2011/12</p>	CHP Lead Officer for Corporate Parenting

**WORKSTREAM 5.3****Early Years.**

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Improve joint working and communication across agencies and increase capacity of practitioners working within early years	<ul style="list-style-type: none"> <li>• 12 practitioners across early years, social work and health trained as trainers to deliver the Solihull Approach to practitioners</li> <li>• 200 Practitioners across early years, social work and health trained in using the Solihull Approach in their work with parents</li> </ul>	2013/14	CHP Lead Officer for Early Years (Early Years Integrated Framework Sub Group)
b.	Review and monitor the impact of the Solihull Model on the effectiveness of joint working and practice	<ul style="list-style-type: none"> <li>• 200 practitioners across early years, social work and health trained in using the Rickter Scale to assess</li> <li>• Impact of the Solihull Approach in their work with parents evaluated</li> </ul>	2013/14	
c.	Increase positive parenting skills across the East Ayrshire area	<ul style="list-style-type: none"> <li>• 25% of parents self reporting improved mental health and parenting capacity using Rickter Life Style or Parenting Frame of Reference</li> </ul>	2013/14	
d.	Further develop a nurture approach in a child's early years	<ul style="list-style-type: none"> <li>• Nurture approach adopted by: <ul style="list-style-type: none"> <li>– all nursery and family centres</li> <li>– selected primary schools</li> </ul> </li> </ul>	2011-15	

**WORKSTREAM 5.4****Getting It Right For Every Child (GIRFEC).**

<b>Actions</b>		<b>Projected Outputs (Linked to Local Outcome)</b>	<b>Timescale</b>	<b>CHP Lead Officer Action Owner</b>
a.	Monitor the effectiveness of the Integrated Assessment Framework (IAF) in East Ayrshire in relation to setting outcomes for children and young people	<ul style="list-style-type: none"><li>10% of completed Integrated Assessments sampled and reviewed for effectiveness in terms of the achievement of stated outcomes for children and young people per year</li></ul>	2011-15	CHP Lead Officer for GIRFEC (GIRFEC Sub group)

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## IMPROVING HEALTH AND WELLBEING ACTION PLAN 2011-2015

### GLOSSARY OF TERMS

ABI	Alcohol Brief Interventions	CVO	Council of Voluntary Organisations
ACP	Anticipatory Care Planning	DWP	Department for Work and Pensions
ADP	Alcohol and Drug Partnership	EAC	East Ayrshire Council
ASIST	Applied Suicide Intervention Skills Training	EACH	East Ayrshire Community Hospital
BMI	Body Mass Index	eHNF	Electronic Health Notification Forms
CAB	Citizens Advice Bureau	EMIS	Medical information system
CEL	Chief Executive Letter	GIRFEC	Getting it Right for Every Child
COPD	Chronic Obstructive Pulmonary Disease	GP	General Practitioner
CAT	Community Addiction Team	GROS	General Register Office for Scotland
CHP	Community Health Partnership	HEAT targets	Health Efficiency Access and Treatment Targets
CHIP	Community Health Improvement Partnership	IRF	Integrated Resource Framework
CPP	Community Planning Partnership		

ISD	Information Services Division (NHS National Services Division)	SALSUS	Scottish Schools Adolescent Lifestyle and Substance Use Survey
LD	Learning Disabilities	SIMD	Scottish Index of Multiple Deprivation
LTC	Long Term Conditions	SOA	Single Outcome Agreement
MEND	Mind, Education, Nutrition, Do it!	SOLIHULL	A parenting approach
NALOXONE	A drug used to counter the effects of opioid overdose	STORM	Skills Training on Risk Management
NHS A&A	National Health Service Ayrshire and Arran	SHAR	Sexual Health Ayrshire
PHQ9	Patient Health Questionnaire 9 – tool for assisting in the diagnosis of depression	SMHFA	Scottish Mental Health First Aid
PID	Project Initiation Document	SPARRA	Scottish Patients at Risk of Admission or Readmission
PCAT	Primary Care Addiction Team	SWIFT	Social Work Information System
QOF	Quality Outcomes Framework	WRAP	Wellness Recovery Action Planning
RICKTER SCALE	Assessment and Planning Process		
ROSC	Recovery Oriented System of Care		

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For more information on community Planning in East Ayrshire, log on to

[www.eastayrshirecommunityplan.org](http://www.eastayrshirecommunityplan.org)

or contact:

Community Planning and Partnership Unit  
East Ayrshire Council Headquarters  
London Road  
Kilmarnock  
KA3 7BU

Tel: 01563 576000

Email: [communityplanning@east-ayrshire.gov.uk](mailto:communityplanning@east-ayrshire.gov.uk)

