



# Draft Strategic Plan 2025

DRAFT REFRESH OF 'CARING TOGETHER 2022-2030'

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## ABOUT US

### Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 (integration legislation) introduced health and social care partnerships which would be responsible for delivering integrated health and social care in order to reduce organisational barriers to joint working for people in receipt of care. There are 31 Health and Social Care Partnerships (HSCPs) across Scotland, with each delivering some services in their area, delegated by the Local Authority and the regional Health Board in accordance with the local Integration Scheme.

The Strategic Plan is a requirement of the legislation, for the purpose of setting out the arrangements for carrying out the integration functions for the area and setting out how the HSCP will contribute to the national health and wellbeing outcomes.

#### Integration Delivery Principles: Services Should -

- Be integrated from the point of view of service-users
- Take account of the particular needs of different service-users
- Take account of the particular needs of service-users in different parts of the area in which the service is being provided
- Take account of the particular characteristics and circumstances of different service-users
- Respect the rights of service-users
- Take account of the dignity of service-users
- Take account of the participation by service-users in the community in which service-users live
- Protect and improve the safety of service-users
- Improve the quality of the service
- Be planned and led locally in a way which is engaged with the community
- Best anticipate needs and prevents them arising, and
- Make the best use of the available facilities, people and other resources.

### North Ayrshire Health and Social Care Partnership

North Ayrshire Health and Social Care Partnership (HSCP) provides integrated health and care services to residents of North Ayrshire, as outlined in the [Integration scheme](#).

#### North Ayrshire Services

- Adult Community Mental Health: community teams, suicide prevention
- Adult Social Work: hospital and community, sensory impairment, adult protection
- Alcohol and Drugs Services: North Ayrshire Alcohol and Drugs Partnership, Drug and Alcohol Recovery Service
- Allied Health Professionals: physiotherapy, occupational therapy, podiatry, speech and language, dietetics, enhanced intermediate care
- Care at Home: home support, telecare, reablement
- Carer's Support Services
- Children's Health: health visiting, school nursing

- Children's Mental Health: Child and Adolescent Mental Health (CAMHS) north locality team, neurodiverse CAMHS
- Children's social work: locality social work, child protection, care experience, children's residences
- Clinical Nursing services
- Community Link Workers
- Criminal Justice services
- Learning Disability Services: day services, residential care, and respite

## Lead Partnership Services

North Ayrshire HSCP has lead partnership responsibility for delivering specialist and in-patient Mental Health Services and some children's health services on behalf of NHS Ayrshire and Arran on a Pan-Ayrshire basis, meaning they are for residents of North, East and South Ayrshire.

- Adult Mental Health Unscheduled care: emergency mental health services, assessment hub, liaison teams
- Alcohol and Drugs: Alcohol and Drug residential service, prevention and service support
- Children's Health: immunisations and infant feeding services
- Children's Mental Health: Community Eating Disorder Service (CEDS), Child and Adolescent Mental Health (CAMHS) urgent assessment and intensive treatment
- Inpatient Mental Health: Woodland View community hospital wards, Warrix Avenue community rehabilitation centre, elderly acute at Ailsa Hospital, Acord day community forensics
- Perinatal Mental Health Service
- Psychological services

## North Ayrshire Integration Joint Board

The Integration Joint Board (IJB) is the constituted legal governing body of North Ayrshire Health and Social Care Partnership and is the decision-making board of the Health and Social Care Partnership. It is responsible for the strategic direction, effectiveness, and efficiency of the Partnership by making decisions in relation to services, strategic planning, and finances.

The membership of the IJB is outlined within the Public Bodies (Joint Working) (Scotland) Act 2014, and consists of:

- North Ayrshire Council Elected members (voting members)
- NHS Ayrshire and Arran Non-Executive Members (voting members)
- Professional Advisers – NAHSCP Staff
- Service user, carer, and partner representatives

Meetings are public and recorded, and papers can be found [online](#).

## Strategic Planning Group

The Strategic Planning Group is also required by integration legislation for the purpose of supporting the development of the Strategic Plan on behalf of the IJB, providing oversight of the implementation of the plan, and providing advice and support on the Strategic Direction of the HSCP to the IJB. The group consists of senior managers, partners, and professional leads, and meets quarterly to monitor progress of the plan's development and delivery.

# Draft Strategic Plan

## Vision

*“People who live in North Ayrshire are able to have a safe, healthy and active life”*

## Values

*Care*

*Empathy*

*Respect*

## Strategic Priorities

Supporting the  
Improvement of  
**Population  
Health**

Addressing the  
Changing Needs  
of an **Ageing  
Population**

Tackling the Root  
Causes of **Health  
Inequality**

## Priorities for Service Delivery



Prevention



Community  
Based Services



Life Stages



Whole Person  
Approach



Accessibility and  
Communication



Evidence and  
Performance

## Enabling Workstreams

Workforce

Digital

Participation

Transformation

## THE PLAN

### How the plan was developed

This Draft Strategic Plan refreshes the current Strategic Plan: *Caring Together 2022-2030*. Although it was due to be in place for an 8-year period, the IJB is required to review it every 3 years. In December 2024 the plan was reviewed against updated Strategic Planning Statutory Guidance, to assess how well it had achieved its objectives, met performance targets, and if there was evidence of improved outcomes.

Following this evaluation, the Strategic Planning Group decided that a refreshed plan was required in order to reflect the current circumstances under which the HSCP is operating, which were considered to be significantly different to when *Caring Together* was developed.

*Caring Together* was developed in 2021, during pandemic restrictions, and when priorities were focussed on recovery from the impacts of the Covid-19 pandemic. Activity to refresh the Strategic Plan commenced in January 2025.

### Strategic Needs Assessment

A review of national and local data was carried out in order to assess the performance of our services, local outcomes, and the current and future health and care needs of the North Ayrshire population.

The needs assessment researched demographics and population changes, general health, mental health, substance use, disability, hospital care, community care, pregnancy and children, justice, economy and inequality. The Strategic Needs Assessment was carried out between January and August 2025, and the full document and a summary are available on the HSCP website (to be actioned).

### Engagement

Engagement is carried out on a regular basis in the Health and Social Care Partnership, whether for specific purposes such as consultation on a decision or service, or through ongoing engagement, such as Locality Planning or What Matters to You. The Health and Social Care Partnership aims to continually build on our knowledge and understanding of the experience of service users by ensuring their feedback is used to continuously improve services and functions, so their views count for more than a single engagement exercise.

At the end of 2024, an exercise was carried out which collated the results of all pieces of engagement across the HSCP from January 2023 to December 2024. A total of 47 engagement pieces were collated which includes events, forums, online surveys, 1-1 interviews, panels and workshops. Approximately 2,887 people were reached over the 2 years spread over these engagement pieces.

For the Strategic Plan, a meta-analysis was carried out, analysing what was learned across these engagement exercises, summarising these into key themes and analysing by service. It was felt we could learn more from feedback by looking at everything people contributed over this time, than we could from carrying out a single engagement exercise for the purpose of developing the plan.

A report of engagement is available on the HSCP website, and engagement will continue to be collated and analysed on an annual basis so we can continue to build our understanding of service user experiences.

## Policy Review

A review of national and local policies was carried out to ensure the Strategic Plan was consistent with these and maintained the 'golden thread' from Government policy to local action. The review identified any national outcomes and prescribed services and goals, and existing identified local priorities.

The policies were summarised by theme, including service delivery, health literacy and digital, children and families, older people and long-term conditions, carers, disability, mental health, substance use, justice, workforce and local outcomes.

The Scottish Government published 2 new national policy frameworks in June 2025: [the Health and Social Care Service Renewal Framework 2025-2035](#) and [Scotland's Population Health Framework 2025-2035](#), which outlined its vision for delivering health and care services and influenced the final proposed local priorities. A total of 66 policies were reviewed through this process; the full list is available in appendix 3.

## Service Challenges and Feedback

Throughout May and June 2025, services across the HSCP were asked to provide their opinions about the challenges they are seeing regarding delivering services, or particular issues they were seeing from service users that they viewed as a priority. They were also asked to provide areas of opportunity they saw from their services, either for service efficiency, joined up working, or new services from which they expected to see improved outcomes. Feedback came from a range of services across the HSCP which provided good insights from a cross section of the organisation.

## Analysis

An analysis exercise was carried out in summer 2025 to reach the draft priorities using information collated from the strategic needs assessment, engagement analysis, policy review, service feedback and service performance information. It summarised the key themes under a range of headings, which allowed common themes to be identified for across the whole HSCP and regarding specific services.

The final priorities and short- and medium-term activity were developed using this analysis, which will also inform the Delivery Plan to be developed later this year.

## Vision and Values

The Current Vision for North Ayrshire Health and Social Care Partnership is:

*“People who live in North Ayrshire are able to have a safe, healthy and active life”*

This vision is set out in the Integration Scheme and has been the vision of the Health and Social Care Partnership across each iteration of the Strategic Plan.

The Current Values of the Health and Social Care Partnership are:

- Care
- Empathy
- Respect

These values were developed for the current Strategic Plan, published in 2022.

This Strategic Plan reflects a renewed approach in the way we deliver services, by having both Strategic Priorities, reflecting our work to future-proof our services, and Service Delivery Priorities, reflecting our intention to make best use of our resources and increase transparency.

Following approval of this approach, a 6-week period of consultation will be organised, seeking the views of staff, service users, service providers, third sector partners, and members of the community. The consultation will ask about the approach and activity outlined within the plan, as well as whether the current vision and values reflect what people want to see from the Health and Social Care Partnership.

The Vision and Values will be outlined in the Final Strategic Plan which will be presented to the Integration Joint Board in December 2025.



# Priorities

The Health and Social Care Partnership is facing a challenging position, where our funding and resources are not keeping up with the demand for services. Over the last few years, difficult decisions have been made that have led to reduction in some services to balance the budget. Unfortunately, our current service model is unsustainable, and the new priorities reflect a move towards health improvement and long-term planning to meet the changing needs of the population within more efficient systems.

This plan outlines two different sets of priorities:

- **Strategic Priorities:** These are the overall goals of the Integration Joint Board to reduce the demand on services and better address some of the causes of poor health. Strategies will be aligned to these goals and decision making will consider these priorities and impacts when implementing change.
- **Service Delivery Priorities:** These reflect how services will be designed and delivered to address the health and care needs of the population. Service Planning will be aligned to these principles and reflect a change from prioritising the highest need to managing conditions at the earliest possible occurrence.

## Strategic Priorities

The three new Strategic Priorities are all interlinked and intended to reduce the pressures on the HSCP by anticipating future demand and aiming to improve outcomes at a population level. The Health and Social Care Partnership will align its strategies, plans, and change projects to these priorities and will aim to carry out research into these priorities and create recommendations for future service delivery.

The Strategic Priorities are:

Supporting the  
Improvement of  
**Population Health**

Addressing the  
Changing Needs of  
an **Ageing  
Population**

Tackling the Root  
Causes of **Health  
Inequality**

By focussing on these priorities at a strategic, organisational level, the HSCP aims to research and identify what changes to service delivery could lead to improved health and care outcomes.

## SP1: Supporting the Improvement of Population Health

The Scottish Government published a new Population Health Framework for 2025-2035 outlining a broad range of actions which aims to tackle the drivers of ill health. It states that up to 80% of what affects health happens outside of the health and care system, and the framework sets out how national and local government will work with partners and community organisations to improve population health. The framework outlines that in Public Health approaches there are three recognised types of prevention:

- **Primary Prevention:** Investing in actions at a population level that reduce risks, or addressing the cause of a problem to prevent health problems from occurring.

- Secondary Prevention: Actions focussed on early detection to support early treatment and reducing the level of harm.
- Tertiary Prevention: Minimising the negative consequences of a health issue or condition through careful management.

Primary prevention has been found to be 3 to 4 times more cost-effective than investing in treatment with every £1 invested in health protection worth £34.

The health of the North Ayrshire population is poorer than nationally, and it frequently ranks near the bottom for health and care outcomes. It has the 6<sup>th</sup> lowest life expectancy compared to other local authority areas and current figures are 79.3 for females and 74.9 for males, both lower than Scotland and have reduced over the last 5 years. Healthy life expectancy is even lower-ranking, and deaths for those aged 15-44 is particularly high and is rising in the long term.

North Ayrshire has seen a rise in the occurrence of long-term conditions in the population, higher rates of cancer and heart disease than nationally, and behaviours which can impact population health are more negative. For example, there is lower uptake for bowel screening and a decline in uptake for cervical screening. Smoking prevalence, although declining, remains high with 19% of the population smoking, the second highest local authority area, and the prevalence of vaping has increased from 9% to 12% in the space of 1 year. Smoking is a major public health issue in Scotland and a leading cause of preventable ill health, premature death and disability.

Alcohol consumption has been identified as a risk factor for over 200 diseases, injuries, and health conditions and is linked to wider social and economic losses. In Scotland, male hazardous drinking is twice as high as female at 30% and 15% respectively, and in North Ayrshire male hazardous drinking is 41% compared to 14% for females. Drug use continues to be a local and national concern, with high rates of hospital admissions and drug related deaths in North Ayrshire.

There are high rates of smoking during pregnancy, with 21.5% of mothers reportedly smoking during pregnancy—markedly higher than the Scottish average of 12.9%, and the highest of all local authority areas, which ranges from 3.8% to North Ayrshire's 21.5%. This disparity reflects broader socioeconomic challenges and is a known risk factor for poor birth outcomes. Childhood immunisation uptake, although still strong, has been steadily declining over the last decade with the 6-in-1 vaccine going from 98.8% to 96.7%. Although this doesn't seem significant, it is a higher decline than nationally, and it is a downward trend that could have implications for future immunity and disease outbreak control. Similarly for the MMR vaccine the rate has fallen from 96.2% to 93.1% over a 10-year period. MMR coverage below 95% threatens herd immunity levels – especially important for preventing measles outbreaks, and only 11 council areas in Scotland have rates above 95% currently.

Encouraging a reduction in behaviours such as smoking, alcohol and drug consumption, and increasing healthy and preventative behaviours such as healthy eating and physical activity, social activities to improve mental wellbeing, maintaining active brain health, immunisations, screening and health checks can support a healthy population and reduce the need for interaction with health and social care services.

A strategic approach to supporting the improvement of population health will consider:

- Maternal and infant health, including breastfeeding rates, child healthy weight, and immunisations.
- Population mental health and wellbeing outcomes.
- Healthy activity – including promoting a healthy diet and physical activity
- Harmful activity – including harmful social media use, gambling, tobacco products and substance use
- Brain health

## SP2: Addressing the Changing Needs of an Ageing Population

The total population of North Ayrshire is currently in decline and is forecast to continue to decline. Between 2013 and 2023 the population declined by 2.6% and is due to decline a further 8.4% by 2043, from a current population of 133,570 to 122,334. The most significant reduction has been the 0–4 age group, which declined by 23.8%, suggesting a reduction in births or possible out-migration of young families from the area.

Currently, 24.2% of North Ayrshire's population is aged 65 and over, compared to 20.3% of Scotland's. In the last 10 years (2013-2023) the over 65 population has increased by 16.05% while the under 65 population decreased by 7.37%, which has meant a growing demand for care services. By 2043, despite the projected overall decline in the population, the 75+ population is due to increase by 40.7%. This represents a significant demographic shift and equates to 17,147 fewer people in North Ayrshire under the age of 75, and 6,132 more people aged 75 and older.

In addition to an increase in the older population, healthy life expectancy, which is the amount of time a person can expect to live in good health, is low in North Ayrshire. Male healthy life expectancy is the 4<sup>th</sup> lowest in Scotland at 56.5 years and female healthy life expectancy is the lowest in Scotland at 52.1 years. Considering women have a higher life expectancy and there are more older women living in North Ayrshire than older men, this means that women will live more of their lives in poorer health than men.

Long term health concerns are also increasing, with the percentage of people reporting a long-term illness, disease or condition increasing from 21% in 2011 to 24.8% in 2022. The top five physical long-term conditions are asthma, arthritis, cancer, heart disease and diabetes and all are more prevalent in North Ayrshire than Scotland. For those over 65, prevalence of cancer is 20.4%, arthritis is 19.3%, heart disease is 18.8% and diabetes is 12%. These figures indicate that the growing older population in North Ayrshire is contributing to higher prevalence of conditions which could impact ability to maintain independence in older people.

Compared to other Council areas, North Ayrshire has the 5<sup>th</sup> highest percentage of carers relative to the population which could be due to the higher older population creating more need for care. Carers are more likely to be older and female, and the amount of unpaid care they provide is increasing over time and increases with age. Between the 2011 and 2022 censuses, reported unpaid care in North Ayrshire increased by 23.9%, and local insights suggest a growing reliance on unpaid care, likely due to the ageing population and increasing healthcare pressures. This increasing reliance on unpaid carers could have a long-term effect on the health of the carers themselves, who over time are reporting less positive experience in their caring role.

The ageing population is having an increasing effect on the demand placed on health and care services, and the increasingly precarious funding situation is compounding challenges to

service delivery. Waiting lists for care at home services remain high, delayed discharges and unplanned bed days continue to increase, care home spaces for older people have reduced by more than 20% over the last decade, and perceptions of care services continue to decline. The ability to continue to deliver services in the future will be contingent on the HSCP's ability to adapt to these changing demographics, prioritising service redesign over minor budget cuts.

A strategic approach to addressing the changing needs of an ageing population will consider:

- Frailty prevention, mobility and balance in older people.
- Unpaid care, enabling carers, and recognising their contribution to care in the community.
- The impact of an ageing population on service support, such as ageing unpaid carers, foster carers, and ageing staff.
- Housing aids and adaptations, and care home needs.
- Care delivered closer to home.
- Future proofing care services through resourcing and training.
- Increasing complexity in mental health care and support needs for older adults, including neurological conditions.

### SP3: Tackling the Root Causes of Health and Care Inequality

Health and care inequalities are caused by different social, economic, and environmental factors which are thought to contribute to around 50% of the unfair differences in health (Public Health Scotland). One of the most influential determinants in poorer health and care outcomes is poverty. People living in the most deprived areas across Scotland tend to have poorer mental and physical health outcomes, and greater instances of care experience and interactions with social work. Other health determinants could include barriers to accessing services, including rural and remote places, systemic barriers, including language, race, gender and disability, and behavioural factors, including participation in healthy activity and ill-health prevention.

North Ayrshire has generally poorer health and care outcomes than nationally. There are high levels of deprivation with a total of 28% of all data zones in the area within the 15% most deprived in Scotland, most concentrated in Irvine and Three Towns. Around 40.5% of the North Ayrshire population lives within one of the 20% most deprived areas in Scotland, and only half of North Ayrshire residents consider themselves to be managing financially.

The percentage of children in poverty after housing costs was rising steadily in the 9-year period between 2014/15 and 2022/23, from 24.8% to 29.2%. In the most recent year the rate has dropped back down to 24.3%, however this reflects a drop across the country as the child poverty rate in 27 local authorities reduced. Despite the national reduction, the poverty gap has widened between the highest and lowest rates of child poverty across the local authorities. North Ayrshire consistently has one of the highest rates of children on the Child Protection register, with higher concentrations tending to be from the areas of deprivation, and services are seeing an increase of families who lack the resources to assist them to have positive family relationships and lack basic amenities to maintain their home and participate socially.

The link between child protection and social work demand and deprivation is a complex one and is not the only factor, but North Ayrshire sees high rates of child poverty, deprivation, child protection, and care experienced young people. There is a significant issue in relation to over-occupancy of internal children's houses, external placements, and a national and local crisis in the recruitment and retention of foster carers.

North Ayrshire's economic inactivity rate is 10 percentage points above the national average, driven largely by long-term sickness and family care responsibilities. 23% of the working age population is economically inactive, with 42.2% of that due to long-term sickness and 21.2% due to family or home care responsibilities, both higher than nationally, and fewer are students. Nearly 1 in 4 economically inactive people in North Ayrshire want to work, which could highlight a latent workforce that could be activated with the right support, such as health or childcare. Welfare rights and debt advice by the financial inclusion service has increased, with twice as many self-referrals to the service in 2023-24 than the previous year.

Poverty can also increase the risk of mental health issues both in terms of causing a pressure point and being a consequence of poorer mental health. Financial and employment insecurity and family breakdowns can add stressors into people's lives having a complicated impact on mental wellbeing. The same can be said for substance use, with individuals in the most deprived areas over 3.5 times more likely to be admitted for alcohol-related conditions, and drug-related hospital admissions 10 times higher in the 20% most deprived areas than the 40% least deprived areas.

People with No Recourse for Public Funds have the right to access healthcare, however their status can impact their ability to access other publicly funded services and their ability to work which could cause greater inequalities affecting their health and care needs. Additionally, social care services have a duty to safeguard the welfare of children and vulnerable people, and North Ayrshire has high instances of Unaccompanied Asylum Seeking Children who often require care placements. These situations can be unpredictable and result in high costs that are difficult for which to plan.

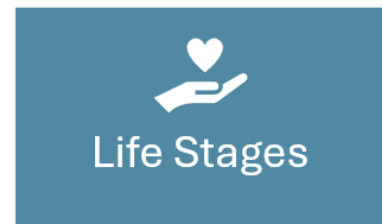
A strategic approach to tackling the root causes of health and care inequality will consider:

- The Collaboration for Health Equity Scotland programme, of which North Ayrshire is a pilot area and is working as part of a national programme to develop recommendations to improve outcomes.
- Local impacts of poverty on health and care outcomes.
- The link between poverty, care experience, and child protection.
- Vulnerable adults and wraparound support.
- The experience of refugees, unaccompanied asylum seeking children, and those with no recourse to public funds.
- Local initiatives to support families to access basic amenities.

## Service Delivery Priorities

These priorities reflect what we have learned from data, service user engagement, national policy, and the perspectives of services about strengths and challenges in our health and care services. Decision making about new services or the change of existing services will consider these principles, and a Delivery Plan will be developed which will show how our services will implement these priorities and actions.

The Service Delivery Priorities are:



## SDP1: Prevention

The Scottish Government recently published a new Health and Social Care Framework for 2025-2035 and prevention is the cornerstone of the approach to improving the health of the population and the system around it. In North Ayrshire there has been a rise in the occurrence of long-term conditions in the population, higher rates of cancer and heart disease than nationally, higher unscheduled bed days and delayed discharges, and a higher proportion of unpaid carers which potentially means a higher proportion of people needing care.

For children and young people, services are seeing increasing developmental concerns, increasing health concerns in primary school aged children, higher instances of neurodevelopmental differences, and increasing reports of mental health conditions. People report difficulty accessing some social work services, with some residents feeling they need to reach a crisis point to receive adequate support. Some feel as though there is an insufficient social work resource to meet the needs of the population, and services themselves report rising caseloads and insufficient support staff to support the social work teams.

The mental health of the population also appears to be in decline, with self-reported perceptions of wellbeing reducing and self-reported mental health problems increasing, increased prescribed drugs for treating mental health conditions, and increasing suicide rates. Engagement suggests that accessing referrals to support can be challenging, with long waiting times and delays to accessing support, and limited availability of community-based support. Additionally, children and young people's mental health services are frequently raised during engagement as insufficient, particularly in relation to neurodevelopmental difference, either due to waiting lists or lack of psychological support available once support is accessed.

Primary care barriers are raised frequently with the GP considered the first point of contact for addressing an issue, but it is often also the first point of delaying treatment, as people find it challenging to access appointments.

This strategic plan has set out a strategic aim to improve population health, which is the first stage of prevention. For delivering our services, we will focus on secondary prevention, so services will be designed around early detection of a problem and reducing the level of harm. For the long-term sustainability of our services, the HSCP cannot afford to prioritise the worst-cases to make the budget balance and instead must prioritise identifying an issue as early as possible to prevent deterioration.

### *Short term activity*

- Continue to invest in early intervention support services so that families are supported to stay together and children are less likely to progress into further care experience or require further social work intervention
- Ensure children's social work teams have sufficient resources to provide practical and emotional support to children and their families, to prevent the need for further intense intervention and prevent negative or risk-taking behaviour from escalating.
- Prioritise early-intervention mental health services to minimise mental health conditions advancing further without treatment.
- Continue to work with schools and youth groups regarding alcohol and drug use, providing education and support for young people to minimise the risk of problematic substance use.

- Review and promote the availability of self-management tools and the benefits of preventative care to minimise deterioration of conditions.

#### *Medium term activity*

- Ensure clear structures in child social development and support pathways for children and young people that take account of their individual needs, allowing them to reach their full potential.
- Optimise the use of diversion and intervention at the earliest opportunity in justice services.
- Review available early intervention mental health support in the community to ensure people access the right services to meet their needs
- Consider the capacity of the Allied Health Professions, to ensure they are appropriately resourced to be able to prioritise preventative care.
- Consider current methods of early-intervention and monitoring conditions and look for areas of innovation to make improvements in delivering care.

#### *Long-term outcomes*

*Fewer children are engaged with social services, and those that are, are supported at the earliest opportunity and provided with emotional and wellbeing support.*

*People in North Ayrshire access care and support at the earliest opportunity, and conditions are managed early and effectively.*



## SDP2: Community Based Services

There has been an ongoing national drive to shift the balance of care out of hospitals and into the community and evidence of the benefit is already visible locally, with reducing admissions in the older population and lower inpatient numbers in mental health services. Providing care in the community has many benefits, including supporting a preventative approach by managing conditions earlier, improving independence and quality of life by keeping people supported in their community, and reducing costly hospital treatment.

The care at home service, community nursing, and allied health professionals provide care in the community that allows people to remain at home for longer even with the increasingly complex needs being seen across the community. The Scottish Government has vowed to support the shift from hospital to communities by supporting local systems to improve community capacity, increasing responsive community home care support, optimising community rehabilitation and reablement services, expanding Hospital at Home, and increasing step down facilities that provide rehabilitation and prolonged periods of assessment. It also aims to improve access to GPs and other primary and community care clinicians.

Children and young people's services are hosted within the community as much as possible, with health visitors offering support and guidance for families in their own homes and communities, and school nursing and immunisations available in the community. Locality social work teams are based within their communities to provide support in or near home, and child protection and care experience teams aim to keep children within their own communities as much as possible. There has also been a shift towards community-based justice solutions, with an increase in community sentencing and reduction in custodies.

The shift to community-based services comes with its own challenges, particularly in terms of resources. Teams across the HSCP report increasing complexity in cases, increasing caseloads, vital services at capacity, high waiting lists, and in some cases this is reflected in declining performance.

### *Short term activity*

- Consider resources around community teams, monitoring caseloads and performance to consider where resources are strained and may need to be reviewed.
- Develop a strategy to outline the goals for health and community care services to keep people in their homes and independent for longer.
- Ensure a robust care service around hospital admission and discharge, increasing care in the community with an aim of minimising time spent in hospital.
- Provide support in the community for unpaid carers, identifying people providing care in and ensuring their health and care needs are supported.
- Continue to develop a range of innovative unpaid work projects and services that have tangible benefits for our communities whilst providing service users with opportunities to desist from further offending, provide payback and learn new skills.

### *Medium Term Activity*

- Develop locality plans that consider the health and care needs of each locality ensuring local needs are met.
- Review community outreach and investigate further options for community based clinics or information sessions.

- Review community-based mental health support available for low and mid-level mental need for both adults and young people.
- Continue to review models of care for young people to shift the balance of care from external residential resources to family-based care.
- Review provision on Arran related to social care and nursing to ensure care needs are met equally in Arran as they are on the mainland.

#### *Long term outcomes*

*People can remain independent for longer, and more care is delivered in the community and out of hospitals.*

*Children and young people with care experience are cared for closer to home.*

## SDP3: Life Stages

A life stage approach is about being mindful of the different major stages throughout life and ensuring that healthy activity, prevention and risk factors are planned for in terms of care, from prenatal to end of life. For the Health and Social Care Partnership, this means ensuring seamless pathways and transitions through services to ensure different stages of life are considered, and service experience does not change as people transfer between services in the care they receive. This includes a focus on early years to give children the best start in life and ensure they have the building blocks of good health and social skills, in order to improve outcomes from the start, and identifying and addressing the risk factors at key life stages.

Common themes we have heard from service users include communication issues regarding unclear care pathways and difficulty navigating systems. Feedback suggests that some people feel as though there isn't a cohesive enough approach regarding transitions between services, such as from adult to children's services or from hospital to home, which can lead to drop-off from services and care needs not being met.

Instances of neurodevelopmental differences are increasing, with many services raising associated challenges, including children's social work, mental health, and justice services. Engagement suggests there is limited support for children coping academically but struggling socially, and for children in the low or middle range of severity. Untreated issues earlier in life can lead to problems in other aspects of life such as education or employment, healthy relationships and social skills.

Similarly for children and young people with experience of care, the longer they are in care the greater the risk of negative outcomes in other areas of life.

Engagement also raised issues that some people experienced with their loved ones when accessing end of life care. People shared stories about a lack of awareness of having access to pain medication for their loved one, lack of out of hours services meaning a bed not being made available for their home in their last days, and end of life wishes not being carried out.

### *Short term activity*

- Ensure the health visiting service has the skills and resources to fully promote the developmental needs of pre-school children and their families.
- Ensure adequate support for people with neurodevelopmental differences, prioritising the critical points where people are more likely to experience disadvantage as a result of a difference, such as education, justice and employment.
- Ensure systems are in place to identify and support older people who live with frailty
- Review current palliative and end of life care arrangements with an aim to make improvements across the system.

### *Medium Term Activity*

- Embed the principles of Getting it Right for Everyone (GIRFE) with a multi-agency approach to health and social care support and services from young adulthood to end of life care.
- Review care and treatment pathways where possible to ensure they are streamlined and well-communicated.

- Ensure smooth transitions between services to ensure consistent service delivery from the point of view of the service user.
- Investigate service gaps in relation to service-users that experience multiple health and care requirements, and work to address barriers to service access and ensure seamless care.
- Ensure young people leaving care have well-planned throughcare and aftercare arrangements to support them to live independently into adulthood.

#### *Long term Outcomes*

*North Ayrshire residents have the building blocks for good health and care throughout their life course, from pre-birth to older age.*

*Health and care services are planned through different stages of life to ensure internal structures have no impact on the care received.*

## SDP4: Whole Person approach

A whole person approach considers not just the condition that is being treated, or the support they are accessing; it ensures that other aspects of a service-users life are considered in their care, whether it is family support, financial health, or wellbeing.

We have heard from communities and service users that community-based and peer support models are invaluable, particularly in mental health and children and families contexts. Third sector and community organisations are consistently highlighted as providing meaningful, trusted support, often bridging the gaps where services are not available, and community centres serve as important access points for services and social support for tackling isolation, promoting health literacy, and connecting people to care.

Cross-agency working and whole family support services are praised, particularly in children's services, and multi-disciplinary teams in adult care are seen as effective in providing joined-up, person-centred support which helps improve care planning and family confidence. Community Link Workers are seen as a great resource, helping people to access extra support in other aspects of their lives, and the attentive follow-ups they provide are appreciated.

For unpaid carers, the locality model offered by the Carer's Gateway Service is highly regarded, and respite offered is seen as a lifeline to allow them to continue their caring role and look after their own health.

There are areas of improvement to be made, with people concerned about continuity of care, particularly within the mental health and community care services. Patients report not being able to see the same professionals, and inconsistent follow ups. Parents report isolation, often feeling alone or unsupported, particularly young or new parents, and working parents struggle to access peer support groups. Some also report a lack of post-natal mental health support, though health visitors are praised for the level of support they offer.

People report a shortage of options for bereavement support, and family support for those affected by substance use or mental illness. There is also a persistent stigma around accessing substance use services and a perception that the ADP is more for drug support than alcohol. Co-occurring mental health and substance use is an area people consider more resource to be required, and parents report a lack of support for coping with their child's neurodivergence, particularly accessing support when they are undiagnosed. Trauma-informed care is mentioned across service-users, with desire for more training to ensure staff can consider personal circumstances when providing services.

### *Short term activity*

- Continue working closely in partnership with the local Third and Community sectors, looking for opportunities to support peer-support groups, family and parental support.
- Consider the existing role of the third and community sectors when considering new services or changes to existing services.
- Continue signposting to community and third sector groups via services and increase the profile of the Community Link Worker service.
- Work to improve stigma in accessing mental health and substance use services

### *Medium Term Activity*

- Prioritise a family-inclusive approach through services, considering the service user, their families and carers.

- Continue to adopt a partnership approach to preventing harm related to domestic violence by working with victims, perpetrators, and families, and aiming to find family-based solutions.
- Consider current and future options to enable independent living the community.
- Prioritise recovery-focussed care for those experiencing mental health concerns, conditions, or crises, and/ or those affected by substance use.
- Review current throughcare services provided by justice services and work with partners to further develop wraparound support for those involved with justice services.
- Embed a trauma-informed approach to service delivery to ensure service users experience compassionate services that consider their experiences and needs.

#### *Long term Outcomes*

*People accessing care and their families can access the support they need in all aspects of life, including financial and emotional.*

*North Ayrshire has a strong and independent Third and Community Sector with whom the Health and Social Care Partnership works to provide joined up care and support to the community.*

## SDP5: Accessibility and communication

Over the last 2 years, the HSCP has carried out formal engagement with around 2,900 people through a variety of engagement exercises, and further informal engagement through conversations with service-users. The two biggest areas of feedback we have received has been regarding access to services, and the need to improve communication. People feel as though they don't know what services are available, or they don't know how to access them.

Access to services remains the most consistent concern, with people citing barriers to timely and equitable access, especially in rural and island communities, long wait times, gaps in post-discharge and transitional support and limited out of hour availability. Diagnostic pathways, especially for neurodiverse individuals and mental health, were often seen as convoluted or inconsistent.

People feel as though there are information and communication gaps, with many reporting confusion navigating services due to eligibility, fragmented information, lack of follow-up, and unclear care pathways. Digital tools are viewed positively when people can access them, such as online prescriptions and wellbeing apps, but there is concern that this could limit equitable access, with older people, carers, and rural residents particularly affected due to digital literacy, connectivity, and inaccessible platforms. People report having to repeatedly share their stories to different practitioners, which can be emotionally draining and inefficient.

Some groups may find accessing information more challenging than others, and improved information accessibility, such as using plain language, visual aids, translations, and audio versions, was viewed as essential to ensure all people, regardless of background or ability, can understand and benefit from available supports.

Children and young people report that they find it difficult to access information regarding health and care information and have suggested more could be done through schools to ensure they are aware of what support they have access to, particularly around mental health support and information.

### *Short term activity*

- Publish information regarding the structure and teams within the HSCP to enhance understanding of team functions and services with the public as well as between services.
- Review information and links available on the HSCP website, ensuring information is up to date and accessible, including language availability and alternative formats.
- Investigate local barriers to accessing health and social care services in North Ayrshire.
- Consider how digital tools can support increased health literacy and support wellbeing outside of direct access to services.

### *Medium Term Activity*

- Embed ways to improve health literacy in policy and practice and design supports and services to better meet people's health literacy levels.
- When reviewing diagnostic, treatment and care pathways, ensure communication and information is clear.
- Deliver actions outlined in the IJB Equality Outcomes for 2025-2029, which aim to improve information and communication for specific protected characteristics.

- Review information available in public and community spaces, to ensure equitable access.
- Consider resources in place for supporting refugees' access to health and social care.
- Review available tools and resources available to the community outside of services to ensure people have access to information and support if they are not at a stage of requiring clinical support.

#### *Long term outcomes*

*People in North Ayrshire understand the role of the Health and Social Care Partnership, what services are available, and how to access them.*

*Information provided by the Health and Social Care Partnership is clear, and available in a range of formats to meet the needs of the community.*



## SDP6: Evidence and Performance

The Scottish Government published its first Data Strategy for health and social care, '*Greater access, better insight, improved outcomes: A strategy for data-driven care in the digital age*' in 2023. It aims to make the best use of data in the design and delivery of services by making it more accessible and readily available for service-users, staff, and decisionmakers.

The use of data is widespread across the HSCP, but it is not always joined up, creating duplication between teams and services, and it is not always shared, again creating potential duplication and a lack of transparency in decision making.

Over the next 3 years, in terms of its use of data, the HSCP aims to make improvements regarding:

- Using data to inform decision making
- Using data to evidence performance
- Using data to improve services
- Using data to create insights

To inform this Strategic Plan, the HSCP developed a comprehensive Strategic Needs Assessment to investigate how the demography and population was changing, how health and care needs were changing, and how our services were performing. We aim to continue using data to inform our planning processes and create a clear link from population insights through to service delivery through the use of service planning and evaluation processes.

Another key focus in terms of creating an evidence base, is the use of engagement in the design and delivery of services. North Ayrshire HSCP has a proven track record of using lived experience to support the design of services, but at times services can carry out engagement where the results are used within the service but are not shared more widely which can lead to people being asked the same questions across different services.

To inform this Strategic Plan, the HSCP collated all existing insights we have collected via engagement methods over the previous 2 years and analysed it for themes and prevalent issues. The aim is to continue to build on the knowledge we have collected by continually adding to the centralised engagement record through the engagement carried out across the HSCP. This could include HSCP wide engagement, engagement with specific communities, engagement with specific services users, or engagement with staff. We want to ensure that when people take the time to share their opinions with us, we use it as much as we can to inform the way our services are delivered.

### *Short term activity*

- Develop a revised performance management framework for the HSCP
- Develop a new Participation and Engagement strategy which will outline how and with whom we plan to engage to ensure delivery of the strategic plan and inform future plans and services.
- Increase the transparency of our use of data and share data across services and partners where possible, to reduce duplication and enhance partnership working.
- Look for opportunities to use evidence to streamline referral processes.
- Ensure people can participate in their own care plans and future planning to improve services.

### *Medium Term Activity*

- Continue to engage with services and staff to understand their challenges.
- Promote public engagement processes and online participation to ensure people can provide feedback on the care and support services they receive.
- Develop service plans which will demonstrate how services plan to deliver the strategic plan, improve services, and respond to changing demographics and demand.
- Carry out an audit of performance, data, and service quality reporting carried out across the HSOP and identify any duplication and areas of inefficiency in order to streamline reporting processes and ensure services are focussed on delivering quality services and improving outcomes.
- Move towards outcomes-focussed performance indicators and quality assurance with a view of monitoring the combined impacts of service interventions and community services.
- Involve children, young people and/or families/carers in all decisions/plans that affect them, including the design, planning, delivery and review of services.

### *Long term Outcomes*

*North Ayrshire Health and Social Care Partnership can demonstrate clearly how data and engagement is used to design, deliver, and improve its services.*

*Service users understand how our services operate and how their feedback is being used to influence decision making and planning processes.*

## Enabling Plans

The Enabling Plans are supporting plans that will help with the delivery of the Strategic Plan. They are fundamental to supporting the way the organisation works and require detailed planning and analysis so are delegated into their own plans.

Although these plans are separate to the Strategic Plan, they do reflect the needs of the organisation, and the activity planned and developed through these plans will be reflected in the Strategic Plan Delivery Plan to ensure coordinated delivery.

## Workforce

The last 5 years have presented unique challenges for the health and social care workforce across Scotland and in North Ayrshire. The Covid-19 pandemic created changing priorities, and we are still seeing the impacts with the backlogs created. The demographic shift to an older population has created greater care challenges, and the financial strain created by inflation, austerity and global economic challenges, has meant working in a time where more care is required with less resource with which to provide it.

There are persistent challenges for the health and social care workforce that cause difficulty and risks in delivering services. The social care sector is considered to have a fragile workforce due to factors such as workforce demographics, ageing, burnout and wellbeing, and although the workforce is growing, the vacancy rate is much higher than across the economy as a whole. NHS staff also has high vacancy rates and the number of people leaving the health sector has increased since the pandemic.

This Strategic Plan sets out priorities for service delivery which will impact the resources of teams, as well as strategic priorities which will look across the organisation at the way services are being delivered more broadly. In order to deliver this Strategic Plan, the workforce must also be planned for to ensure that we have the right resources in the right places, and that we are not creating pressures on teams that could lead to burnout, stress, or turnover. We want to ensure our workforce is well trained, adequately resourced, and feel supported to do their jobs well, within the context of the financial and service challenges we face.

North Ayrshire Health and Social Care Partnership published its 2022-2025 Workforce Plan in October 2022, which outlined the 5 priorities for workforce planning:

1. Plan: Understanding our Workforce
2. Attract: Promoting our Organisation
3. Train: Investing in our People
4. Employ: Building our Workforce
5. Nurture: Growing our People

The Scottish Government published a Health and Social Care Service Renewal Framework in June 2025 which outlines a how it plans to deliver the vision for health and social care in Scotland. This addresses that there will be impacts on the workforce, and outlines that it will work with partners to strengthen workforce planning to deliver services that are planned and designed based on population needs.

North Ayrshire Health and Social Care Partnership awaits further guidance around workforce planning in a national context and will work to develop a new Workforce Plan to support delivery of this Strategic Plan in 2026/27.

## Digital

A Digital and Data delivery plan was developed in 2024 to enable more digital use across communities and staff, and address some of the challenges that remain as we work in partnership across different organisations and digital systems. It aims to:

- Enable individuals and groups to access the health and social care services they need by providing digital access to information, opportunities to access self-management resources, and allow access to personal information.
- Create digital care pathways that support early intervention and preventive care through remote monitoring and online assessments, including smart supports, AI, and robotics, and offer digital service options such as telehealth and virtual consultations.
- Streamline administrative processes with the use of digital tools.
- Enhance digital infrastructure to ensure staff across the NHS and Council have the access they need to deliver integrated services and have the foundational technologies to do their jobs well.
- Promote digital skills across staff and communities and encourage the use of digital tools and transformation.
- Work with community partners to improve health literacy and raise awareness of technologies that can support people's health and wellbeing.
- Use data analytics to drive change, improve services, and make informed decisions, including using data to identify and address disparities, inform preventive care strategies and early interventions, and improve outcomes for individuals and communities.

The Digital and Data delivery plan will enable the delivery of the strategic plan by supporting the improvement of digital skills and digital technologies, which will support continued transformation and service efficiency.

## Participation and Engagement

People across North Ayrshire engage with the Health and Social Care Partnership in a range of ways through their interactions with services. It can be through complaints or feedback related to their experiences of services, through surveys and organised engagement sessions for specific purposes, or it could just be in the conversations they have with clinicians or support staff.

The feedback we receive from services users is an integral part of service design and improvement, as a way of understanding what works and what doesn't work, where there are gaps or flaws, or where things could be made more efficient from the point of view of the user.

It is essential that as we engage with our communities and service users, we consider those that may not share their views with as much ease as others, such as those that experience language or accessibility barriers, those that aren't available during the day, and those that we haven't historically sought the views of such as children.

One of our service priorities is to use evidence for decision making, and this includes the lived experience of those accessing services, their families, or their carers, as well as the employees of services. The Health and Social Care Partnership will develop a new Participation and Engagement Strategy to sit alongside this plan, which will outline our approach to engagement at an organisation level, how we will enable people to participate in the design and delivery of services, and how we will use engagement to support the delivery of this Strategic Plan.

## Transformation

Transformation is making best use of available resources to change services to achieve better outcomes and experiences. The Transformation Plan is an ambitious programme of change consisting of a range of improvement and reform projects across all service areas, each aiming to improve the quality of our services and contribute to the long-term sustainability of health and care services in North Ayrshire. It delivers measurable improvement by fundamentally changing how care is delivered, what staff do, and the role of communities and individuals.

The Transformation Programme supports the delivery of the Strategic Plan by reviewing areas where there is the potential for improvements and efficiencies, which help financial sustainability in the long run. This allows services to focus on responding to the current and future health and care needs of the community set out in this plan.

The current Transformation Plan was agreed in March 2024 and is in place until 2027, and projects are designed to consider areas to make savings or reduce overspend without compromising the quality of services, and areas of potential investment to make improvements to the way services are delivered.

Major transformation projects in the plan include:

- Brighter Pathways: the remodelling of children's care options with an overall aim to reduce overspend by providing more local care options and support pathways.
- Woodland View: Reviewing models of care within Woodland View, including reviewing high cost placements, reviewing inpatient care options and reviewing the workforce.
- Coming Home: reviewing complex care within the Learning Disability service.
- Digital: reviewing options for using technology to improve administrative burden, care options, and efficiencies.

The Transformation Programme is monitored via Transformation Board on an ongoing basis, and will be evaluated and reviewed in 2027 in order to develop the next iteration of the plan, in line with the strategic aims set out in this plan.

## Locality Planning

The Public Bodies (Joint Working) (Scotland) Act 2014 is the integration legislation that outlines how a Health and Social Care Partnership must operate. As part of the Strategic Planning requirements, each HSCP must divide the area into a minimum of 2 localities and set out separate arrangements for carrying out integration functions within each locality. The purpose of localities is to enable localised services based on the circumstances and needs of smaller areas to ensure services are set out how they are needed, and to ensure local leadership for service planning, allowing localities to have influence on how resources are spent in their area.

The Community Planning Partnership (CPP) also has a requirement to carry out locality planning, with the purpose of tackling inequalities and empowering community bodies to participate in decision-making. The IJB is a member of the Community Planning Partnership and therefore participates in this function as well, but the Locality Planning outlined in the integration legislation is for the IJB specifically because it is about ensuring services are meeting the health and care needs of smaller communities.

In North Ayrshire, there are 6 Localities for the purpose of Locality Planning, both for Integration and for Community Planning. These localities are:

- Arran
- Garnock Valley
- Irvine
- Kilwinning
- North Coast and Cumbrae
- Three Towns – Ardrossan, Saltcoats, and Stevenson

### Arran

Arran is a small island community and locality arrangements are long established within Arran due to the unique geography and circumstances. These arrangements bring together the Community Planning and Health and Social Care Partnership locality requirements into one Locality Planning Partnership, and the themes that are set out within the Arran Island Plan are the themes used for all locality and island planning processes.

The Locality Priorities for Arran are:

- Economy
- Community
- Environment

Each of these themes has a community-led working group which feeds into a Local Island Plan Delivery Group, which in-turn feeds into the Arran Locality Planning Partnership.

### Mainland & Cumbrae localities

Locality Arrangements for the mainland and Cumbrae localities have evolved over time and are currently under further review. Initially, each area had a Locality Planning Forum where local staff would come together to discuss issues and actions for each community, but due to the Covid-19 pandemic, meetings were no longer able to take place in person, and the HSCP had to deliver services in new ways, which meant they had to focus on ensuring their service-users were supported.

Between 2024 and 2025, the HSCP refocussed locality planning to be more engagement-orientated, to ensure feedback was collected from a wide range of people within each locality.

- April 2024: Engagement events held in each locality with the general public.
- September 2024: Targeted engagement with existing community groups with shared characteristics.
- April 2025: Targeted engagement with children and young people including a survey and participation in the joint youth cabinet.

Locality Planning Review Groups were also set up within each locality in order to review the results of the engagement as well as data from locality profiles, however these were difficult to resource and maintain attendance so have been suspended while the process is under review.

## CPP Locality Partnerships

For the 5 mainland (including Cumbrae) localities, the Community Planning Partnership has Locality Partnerships, which include members from [Community Planning Partners](#) and community representatives. This approach was reviewed in 2025 and a [set of recommendations](#) have been proposed which include opportunities to better support locality planning partnerships, the form and content of meetings, and a renewed focus on locality action plans. The proposed next steps will build upon existing good practice to further strengthen the role of locality planning and the involvement of communities in local democracy. The Community Planning Partnership is currently working on the roll out of these recommendations.

Each Locality Partnership has its own set of locality priorities which the Partnership works together to achieve and reports progress annually.

## Developing Locality Plans

In 2026, following the adoption of the Strategic Plan, the Health and Social Care Partnership will review all available evidence for each locality to develop individual locality plans. These plans will:

- Consider the available locality-level data collected through Public Health Scotland Locality Profiles.
- Consider previous engagement through both locality planning sessions and engagement collated as part of the Strategic Planning Process at a locality level.
- Consider the local priorities of each locality set out through the Community Planning Partnership Locality Planning Partnerships.
- Align with the priorities of this Strategic Plan.
- Consider the existing HSCP service arrangements in each locality.
- Involve staff from locality services within localities.

## DELIVERING THE PLAN

### Finance

The Integration Joint Board has responsibility for delivering services that have been delegated by the Council and the NHS Board in order to carry out integrated functions, and as such, is delegated budgets to deliver these functions. North Ayrshire Council and NHS Ayrshire and Arran provide funding to North Ayrshire Health and Social Care Partnership in order to deliver the health and care services set out in the Integration Scheme.

North Ayrshire Integration Joint Board has a duty to deliver these services while aligning the budget to the Strategic Plan.

#### 2025-2026 Budget

The North Ayrshire Health and Social Care integrated budget for 2025-26 is expected to be £335.731m (including Set Aside budget of £36.058m). This consists of £137.739m from North Ayrshire Council and £197.992m from NHS Ayrshire and Arran (including £36.058 set aside, which is a delegated hospital budget for unplanned care).

Total net budget pressures for health and social care services total £14.943m, which includes pressures from pay deals, demographics, contract inflation, and employers National Insurance, as well as service delivery pressures.

The table below summarises the projected financial position for 2025-2026, which includes the opening position, additional funding and cost pressures, projected planned savings, and the leftover projected position for the end of the year if further savings are not identified.

	<b>NAC £m</b>	<b>NHSAA £m</b>	<b>Total £m</b>
2025/26 Opening Position (overspend from last year)	(1.055)	(0.484)	(1.539)
Funding Increase	7.834	4.040	11.874
Service Pressures	(10.680)	(4.263)	(14.943)
Budget Gap	(2.176)	(0.893)	(3.069)
Projected Savings	2.903	1.116	4.019
(Surplus)/Deficit	1.163	(0.213)	0.950
Leftover surplus/ deficit	0.108	(0.697)	(0.589)

#### Medium Term Financial Outlook

A Medium-Term Financial Outlook identifies what the financial position may look like over a 3-year period. The Medium-Term Financial Outlook has been carried out for 2026-27 and 2027-28,



but this has not been published in full at the present time as the Scottish Government intend to publish their Fiscal Sustainability Delivery later in 2025, alongside a revised Medium Term Financial Strategy. It is also considering options for a Scottish Government Spending Review in 2025, following the conclusion of the UK Government's multi-year Spending Review in late Spring. Following this, a full update report will be brought to IJB covering the period 2026-27 to 2028-29. A summary will be included in the Final Draft of the Strategic Plan later in 2025.

The modelling which has been carried out across best, medium and worst-case scenarios for 2026/27 and 2027/28 is as follows:

POTENTIAL BUDGET GAP	2026-27	2027-28
Based on Best Case Scenario	8.130	0.658
Based on Medium Case Scenario	13.630	5.716
Based on Worst Case Scenario	21.436	14.698

The budget position for 2025/26 has proven to be between the medium and the worst-case scenario which was previously projected for that year, and it would be prudent to assume a similar position for the following years. For 2026/27 this would mean identifying savings between £13.6 and £21.4m. For 2027/28 this would mean identifying savings between £5.7m and £14.7m.

## Financial Risks

There are a number of ongoing financial risk areas that may impact on the 2025-26 budget during the year, these include:

- Growing Demand for Services and High service costs: Increasingly complex needs, ageing population, and overspend on low volume / high-cost services e.g. Children's residential placements, UNPACs, and supplementary staffing across community, mental health and learning disability wards.
- Staffing Costs: increase in Employers National Insurance Contributions, higher than anticipated pay deal (assumed increase of 3%, agreement of 4% for NAC, and 4.25% for NHS for 2025/26)
- Service Delivery Challenges: Staff recruitment and retention challenges across a number of service areas, the expectation that performance will continue to be maintained or improved despite the significant resource challenges.

## Market Facilitation

Under the Public Bodies (Joint Working) (Scotland) Act 2014, Integration Joint Boards are required to produce and publish a Strategic Commissioning Plan otherwise known as a Market Facilitation Plan (MFP). This MFP is aligned directly to this Strategic Plan, which aims to ensure the right social care services are available at the right time and in the right place.

The MFP will be of interest and relevance to a wide range of organisations and individuals, particularly to existing and potential social care providers as it will support them to make strategic decisions about their operations and investments by sharing data and insights into current and future service needs and how this will result in changing landscapes for social care.

There are three main areas of care within North Ayrshire HSCP which require commissioned services: Children and Families, Health and Community Care and Mental Health. The MFP will provide a breakdown of services currently being commissioned, drivers for change, current developments and future commissioning objectives where they are known. It is worth noting that the details may be subject to change based on evolving need, objectives and challenges.

In addition, the MFP will:

- Detail how commissioning will support the IJB to meet its strategic objectives.
- Outline national and local policies which direct our commissioning and procurement practice.
- Outline how the HSCP aims to ensure effective joint working with a wide range of internal and external partners to ensure choice, control and access to good quality care and support services.
- Detail how our contract management approach will contribute towards market development moving forward, leading to positive outcomes for individuals and their carers.
- Outline how the HSCP and others will support provider organisations recognising the real challenges care and support services face.
- Identify areas where services are lacking or where there are unmet needs, allowing for targeted support and development of services in those areas.
- Encourage collaborative working between commissioners, providers, and individuals receiving care, fostering a more integrated and person-centred approach to service delivery.
- Ensure a commitment to providers' views being sought when developing new and innovative services that better meet the evolving needs of individuals and their carers.
- Ensure that social care services remain relevant and effective.

The Market Facilitation Plan will be published in 2025 and will be available on the HSCP Website.

## Delivery and Monitoring

This Strategic Plan is due to be finalised in December 2025 and will be published alongside a suite of complementary documents by January 2026:

- **Participation and Engagement Strategy:** Outlining how we will engage over the duration of the plan to assist plan delivery and ensure continuous feedback from communities.
- **3-year Delivery Plan:** This plan outlines the activity the HSCP plans to achieve over the life of the plan. A delivery plan will outline in more detail how this will be achieved through specific actions, including activity outlined in our enabling plans.
- **Performance Management Framework:** This will be developed to ensure performance management is coordinated across the strategic plan and related plans. This will ensure performance indicators are linked to the strategic plan and show how service delivery contributes towards the national health and wellbeing outcomes.

## Performance

As outlined above, the Delivery Plan and Performance Management Framework will be developed by the end of 2025 which will go into detail about how this plan will be delivered and how performance and outcomes will be monitored.

### *Annual Performance Report*

The IJB is required to produce an [Annual Performance Report](#) each summer setting out an assessment of performance during the previous reporting year. Regulations attached to integration legislation sets out the required content of these plans, which must include:

- An assessment of performance against the National Health and Wellbeing Outcomes (NHWBO), including:
  - A description of how the strategic plan has achieved what it was set out to over that year, including finances set out, in relation to the National Health and Wellbeing Outcomes,
  - Performance against the Key Performance Indicators in relation to the National Health and Wellbeing Outcomes,
  - A comparison of Performance Indicators in that reporting year compared to the previous 5 reporting years.
- An assessment of performance in relation to the Integration Delivery Principles.
- An assessment of performance in relation to the Strategic Plan, and any significant decision made outside of the Strategic Plan.
- Information about financial performance, including total spent on hospital inpatients, other health care services, social care services, unpaid carers, and other care services.
- Information about best value, and how the planning and delivery of services contributed to securing best value.
- An assessment of performance in respect of localities, including engagement in localities, spend in each locality, and comparison of previous years.
- Information about an inspection carried out of services over the year.
- A statement regarding whether the Strategic Plan was reviewed over that year, and whether this led to a revised plan.

The Annual Performance Report for 2024/25 currently reflects the Strategic Priorities outlined in the current Strategic Plan *Caring Together*. This updated plan is due to be adopted for the beginning of 2026, so the Annual Performance Report for 2025/26 will also reflect the priorities of *Caring Together*.

Following the adoption and publication of this Strategic Plan, the Annual Performance Reporting format will be revised to ensure it reflects the updated Priorities of this Strategic Plan, which will be reported in summer 2027, to reflect the previous reporting year of 2026/27.

### *Quarterly Reporting*

In addition to the Annual Performance Report, the Performance and Audit Committee monitors the performance of the HSCP on a quarterly basis. These reports also provide highlights of achievements and challenges over the quarter, as well as providing regular updates on performance indicators across services. The Quarterly Report contains:

- **MSG Performance Indicators:** These are indicators that are reported to the Ministerial Strategic Group for Health and Community Care which outline how the HSCP is progressing against a range of whole system level measures related to unscheduled care and delayed discharges.
- **Service-level Performance Indicators:** These are indicators that monitor performance within the three operational services: Children, Families and Justice, Mental Health and Substance Use, and Health and Community Care.
- **Workforce Data:** Absence rates provided by service and absence reasons across the Partnership.
- **Financial Information:** including budget, spend and variance, by service.

The first Quarterly Report to reflect the new Strategic Plan priorities will be Quarter 1 of 2026/27, reflecting 1<sup>st</sup> April to 30<sup>th</sup> June 2026.

### *National Health and Wellbeing Outcomes*

Regulations to the Integration legislation set out outcomes that all HSCPs across Scotland should aim to contribute to. The Strategic Plan should outline how activity will support their delivery, and the Annual Performance Report should report how this has been achieved each year. The outcomes are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.

8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

The Strategic Plan Delivery Plan, published later in 2025, will outline full details of actions to deliver the priorities set out in this Strategic Plan, including how these will contribute to the National Health and Wellbeing Outcomes.

## WORKING IN PARTNERSHIP

### The Third Sector Interface

Third-sector organisations in North Ayrshire are diverse and play a significant role in supporting the community. They include charities, voluntary groups, social enterprises, and community-based organisations.

In North Ayrshire, the third sector is vibrant and consists of numerous organisations serving the community. The Ayrshire Community Trust (TACT) and Arran Community and Voluntary Service (ArranCVS) work in partnership to form the Third Sector Interface North Ayrshire (TSINA) who assist with support and coordination of the sector.

ArranCVS hold lead responsibility for the integration of third sector services, and staff act as a bridge between statutory services and the third sector, making sure teams and organisations supporting people in the community are connected to the right support at the right time. They link social worker teams, community link workers, health care teams and community partners to the local charities, voluntary groups, and social enterprises they work with to ensure services such as befriending projects and low-level mental health support are easy to access.

Beyond linking services, they have a strategic role in bringing partners together, highlighting gaps or duplication, and helping design more joined-up care. By supporting smaller organisations with funding, governance, training, networking opportunities, and advocacy and by being a source of knowledge on the sector both locally and nationally, they strengthen connections and make it possible for community voices to shape local health and social care.

In practice, this means that issues like loneliness, poverty, or poor health can be tackled through coordinated action between the NHS, the council, the HSCP, and community groups. The TSI makes sure the third sector is not just delivering services but also influencing how care is planned and delivered across North Ayrshire.

Third-sector organisations in North Ayrshire can be grouped into several broad categories:

- **Charities:** Including local and national charities working on issues like poverty, education, health, and social care. e.g. support for food banks, groups offering financial advice, disability support organisations.
- **Voluntary Groups:** Typically smaller, grassroots groups providing support within local communities. e.g. local youth clubs, cultural societies, and neighbourhood associations.
- **Social Enterprises:** Organisations with a trading model where profits are reinvested into social or environmental goals. e.g. community cafes, charity shops, or renewable energy cooperatives.
- **Community Interest Companies (CICs):** Legally designated entities focused on delivering community benefits. e.g. affordable housing initiatives, mental health projects.
- **Advocacy and Campaigning Groups:** Organisations raising awareness and advocating for systemic change. e.g. groups focused on disability rights, or anti-poverty campaigns.
- **Faith-Based Organisations:** Religious institutions and groups offering services like shelter and food provision. e.g. local church-based charities running food banks or holiday meal programs.

- **Sports and Recreation Groups:** Clubs promoting physical activity and well-being, often focusing on youth and community engagement. e.g. local football clubs, dance groups, or outdoor recreation projects.
- **Health and Social Care Providers:** Non-profits focused on healthcare, mental health support, and elder care e.g. groups supporting those with dementia or chronic illnesses.

By working together, North Ayrshire Health and Social Care Partnership, stakeholders and third-sector organisations can strengthen the health and social care landscape in North Ayrshire, ensuring the community receives comprehensive and equitable care.

## Commissioned Services

Health and social care services are responsible for identifying and commissioning care and support services to meet the specific needs of their population in line with the Strategic Plan. This includes ensuring a range of high-quality, accessible, and responsive services are available which promote the independence and well-being of individuals while ensuring best use of resources. Details of the type and level of services currently being commissioned will be noted in the Market Facilitation Plan.

## Housing Services

Housing is a key component of meeting the health and care needs of people in North Ayrshire. There are numerous different service-users that have specific housing needs that impact the way they receive care, for example:

- Older people or people with physical or learning disabilities may require housing adaptations to allow them to remain independent at home.
- Older people or people with physical or learning disabilities may require specialist housing in the community to maintain independence and prevent hospitalisation.
- Older people or people with physical or learning disabilities may require specialist care homes for provide further care if they are unable to remain at home.
- Children and Young People with Care Experience may require support from the Council and Health and Social Care Partnership to meet their housing needs, such as children's homes, foster care, or throughcare support into their own tenancy.

North Ayrshire Health and Social Care Partnership is currently working with North Ayrshire Council Housing Services to develop a Housing Contribution Statement to accompany the Strategic Plan, which will set out the shared ambition between the HSCP and Housing service to support everyone living in our area to have healthy and thriving lives. It will outline how the services will work together to support households with more complex needs, whether that be identifying bespoke housing or support solutions or prioritising repairs for vulnerable households.

The Housing Contribution Statement will identify shared outcomes, key areas for improvement and how the HSCP and Housing services will work together over the life of this Strategic Plan to support its priorities.

The Housing Contribution Statement is currently under development and will be appended to the Final Strategic Plan, which will be developed for the end of 2025.

## APPENDICES

### Appendix 1: Lead partnership statement

To be added for the final plan



## Appendix 2: Consultation Statement

### Purpose of Engagement

Engagement is carried out on a regular basis in the Health and Social Care Partnership, whether for specific purposes such as consultation on a decision or service, or through ongoing engagement, such as Locality Planning or What Matters to You. The Health and Social Care Partnership aims to continually build on our knowledge and understanding of the experience of service users by ensuring their feedback is used to continuously improve services and functions, so their views count for more than a single engagement exercise.

For the Strategic Plan, it was decided that rather than do a standalone engagement collecting views for the purpose of developing the plan, we would learn from what people had already told us through their participation over the last couple of years. Service users, community members and staff have taken the time to submit their views on various services, strategies and projects on a continual basis, and we wanted to make sure their voices were heard and reflected in the development of the plan.

### Engagement Approach

Between January 2023 and December 2024, the Health and Social Care Partnership conducted 47 engagement activities, reaching approximately 2,887 individuals. These activities included events, focus groups, surveys, interviews, and workshops, and were carried out for a variety of reasons.

Engagement activities carried out by the HSCP reflect a commitment to inclusive, accessible design, with formats ranging from locality conversations and digital surveys to creative arts-based events, one-to-one interviews, and visual focus groups. Targeted outreach was delivered in partnership with local organisations, ensuring that feedback from seldom-heard voices—including unpaid carers, people in recovery, individuals with learning disabilities or neurodevelopmental differences, Gypsy/Traveller communities, and residents of rural areas like Arran—was captured. These sessions have strengthened the Strategic Plan’s foundation in lived experience and place-based insight.

The feedback gathered has been analysed and summarised into key themes, divided into two categories: overarching issues and service-specific insights. This analysis informed the development of the Draft Strategic Plan and will directly contribute to the development a new Participation and Engagement Strategy, which will accompany the Final Strategic Plan.

The engagement analysis process revealed a shared commitment to improving local systems, alongside deep concerns about access, communication, sustainability, and inclusion. The feedback, collected from individuals with lived experience, carers, staff, and third-sector partners, identified several recurring themes and opportunities for action.

To support inclusion, a range of engagement methods were used, including:

- Local pop-up events, information stalls, and drop-in sessions
- Focus groups with target populations, such as carers, young people, people with disabilities, Gypsy/Traveller communities, and Ukrainian refugees
- Online and paper-based surveys
- Thematic workshops involving staff and provider organisations

- Digital forums and social media campaigns
- Locality-based conversations
- Creative workshop activities

Inclusive formats such as easy read adaptations, visual workshops, and multilingual support were used throughout, alongside digital platforms, printed surveys in community venues, and in-person outreach to improve accessibility and widen participation.

## Who We Engaged

We actively engaged with a broad cross-section of North Ayrshire's population, including:

- People who use health and social care services.
- Unpaid carers and family members.
- Health and social care staff.
- Community planning and locality partnership groups.
- Groups with shared characteristics (e.g. Gypsy/Travellers, unpaid carers, people in recovery, refugees, digitally excluded individuals).
- Third sector and voluntary organisations.
- Children and young people, including those with neurodevelopmental conditions
- People with learning disabilities and their families.
- Community voices from rural and island localities, particularly Arran and Garnock Valley.
- The general public.

Targeted efforts were made to reach underrepresented groups including rural residents, people with neurodevelopmental conditions, minority ethnic communities, and individuals with lived experience of poverty and exclusion.

## Key Themes from the Engagement

Participants shared views on what is working well and what needs to improve. The most commonly raised themes included:

- The need for improved access and shorter waiting times for services.
- Better visibility of information and support for service navigation.
- Greater investment in early intervention and community-based models.
- Enhanced support for carers and improved transitions across life stages.
- More trauma-informed, inclusive, and person-centred approaches.
- Clearer communication and greater accountability in service planning.

A full summary of engagement findings is available in the Engagement Report 2025, which supports this Strategic Plan.

The feedback also forms the foundation of the accompanying Participation and Engagement Strategy, which will outline how we will continue to listen, co-design, and remain accountable to our communities throughout the implementation of the Strategic Plan.

## Draft Consultation

Following approval of this Draft Strategic Plan, it will be subject to 6 weeks of consultation. This will allow staff, service users, partners, communities and community bodies to comment on the

draft and raise any additional concerns or changes they feel should be made. This consultation will be carried out in Autumn and following this the Draft Plan will be edited as necessary to reflect the views that were shared, and a Final Strategic Plan will be presented to IJB in December 2025.

## Appendix 3: Full List of Policies Reviewed

### Service Delivery

- National health and social care delivery plan, 2016
- Scottish Government 2024 vision for Health and Social Care
- NHS Scotland Operational Improvement Plan, 2025
- Delivering Value Based Health & Care A Vision for Scotland, NHS Scotland 2022
- Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014
- National Healthcare Standards
- Health and Social Care Standards: my support, my life, 2017
- Scotland's public health priorities, 2018
- Primary care: national monitoring and evaluation strategy 2019-2028
- Social care - self-directed support: framework of standards - May 2024
- Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland, 2012
- National clinical strategy, 2016
- NHS Ayrshire and Arran Delivery Plan 2023-2026
- Physical Activity for Health Scotland's National Framework, 2024
- Population Health Framework 2025-2035
- Health and Social Care Service Renewal Framework, 2025-2035
- Scotland's Public Service Reform Strategy: Delivering for Scotland 2025-2028
- Future trends for Scotland, 2025

### Health Literacy and Digital

- Making it easier: a health literacy action plan 2017-2025
- A changing nation: how Scotland will thrive in a digital world 2021
- Enabling, Connecting and Empowering: Care in the Digital Age, 2021
- Greater access, better insight, improved outcomes: a strategy for data-driven care in the digital age, 2023
- NAHSCP Digital and Data Plan, 2025

### Children and families

- GIRFEC
- The Promise – Plan 24-30
- National Health Visiting Action Plan 2025-2035
- Scotland's 5 Year Vaccination and Immunisation Strategy and Delivery Plan, 2025
- North Ayrshire Child Poverty Strategy 2023-2026
- North Ayrshire Children's Services Plan, 2023-2026
- NAHSCP Corporate Parenting plan, 2023-2026

### Older People/ Long Term Conditions

- Age, Home and Community: next phase 2018
- Palliative and End-of-Life Care by Integration Authorities: advice note, 2018
- New dementia strategy for Scotland: Everyone's Story 2023

- My Health, My Care, My Home - healthcare framework for adults living in care homes, 2022
- Social isolation and loneliness: Recovering our Connections 2023 to 2026

## Carers

- National carer's strategy December 2022
- NAHSCP Building Caring Communities: 2023 – 2025

## Disability

- Learning/intellectual disability and autism: transformation plan 2021
- NAHSCP Learning Disability Learning plan 2025
- See hear strategy, 2014

## Mental health

- Mental Health and Wellbeing Strategy, June 2023
- Mental health and wellbeing strategy delivery plan 2023
- Core mental health standards 2023
- Psychological therapies and interventions specification, 2023
- Child And Adolescent Mental Health Services: national service specification, 2020
- Self harm strategy and action plan 2023 to 2027
- Creating Hope Together: suicide prevention strategy 2022 to 2032

## Substance Use

- Rights, respect and recovery: alcohol and drug treatment strategy 2018
- Alcohol Framework 2018
- National Mission on Drug Deaths Plan 2022-2026
- Drug Deaths Taskforce response: cross government approach, 2023
- Medication Assisted Treatment (MAT) Standards, 2022

## Justice

- The Vision for Justice in Scotland 2022
- National Strategy for Community Justice 2022
- Community Justice Ayrshire Partnership Outcomes Improvement Plan, 2024-2029

## Workforce

- Health and Social Care: National Workforce strategy, 2022
- NAHSCP Workforce plan 2022-2025
- NAHSCP Be the Best You Can Be, Learning and Development Plan 2023

## Local Outcomes

- North Ayrshire Partnership Plan 2022-2030
- NAC Council Plan 2023-2028
- NAC Community Wealth Building Strategy 2024-2027
- NAC Local Housing Strategy 2023-2025
- NAHSCP Financial inclusion strategy 2023-2028

- NAHSCP Empowering Inclusion Independent Advocacy Strategic Plan 2022 to 2026
- NAHSCP Transformation Plan 2024-2027
- NAHSCP Equality outcomes 2025-2029

## Appendix 4: Governance

To be added for final plan