



Integration Joint Board Meeting

NORTH AYRSHIRE
Health and Social Care
Partnership

Thursday, 11 May 2023 at 10:00

**Council Chambers, Cunninghame House, Irvine /
Hybrid via Microsoft Teams**

Meeting Arrangements - Hybrid Meetings

This meeting will be held on a predominantly physical basis but with provision, by prior notification, for remote attendance by Elected Members in accordance with the provisions of the Local Government (Scotland) Act 2003. Where possible, the meeting will be live-streamed and available to view at <https://north-ayrshire.public-i.tv/core/portal/home>.

1 Apologies

Invite intimation of apologies for absence.

2 Declarations of Interest

Members are requested to give notice of any declarations of interest in respect of items of business on the Agenda.

3 Minutes/Action Note

The accuracy of the Minutes of the meeting held on 16 March 2023 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

4 IJB Membership Update

Submit report by Caroline Cameron, Director (NAHSCP) on the recent appointments and changes to the IJB membership (copy enclosed).

5 Director's Report

Submit report by Caroline Cameron, Director (NAHSCP) on developments within the North Ayrshire Health and Social Care Partnership (copy enclosed).

6 Community Alarm/Telecare Service Transition from Analogue to Digital

Submit report by Kerry Logan, Senior Manager, on the North Ayrshire programme of work for Community Alarm and Telecare Service transition from Analogue to Digital Service (copy enclosed).

- 7 Suicide Prevention: Strategy, Learning and Development**
Submit report by Thelma Bowers, Head of Service on suicide prevention work within North Ayrshire (copy enclosed).
- 8 Equality Mainstreaming and Outcomes Report 2021-22**
Submit report by Scott Bryan, Interim Programme Manager, Strategic Planning (copy enclosed).
- 9 Whistleblowing Update**
Submit report for information in relation to whistleblowing concerns raised in Quarter 3 (October – 31 December 2022) (copy enclosed).
- 10 Urgent Items**
Any other items which the Chair considers to be urgent.

Webcasting

Please note: this meeting may be filmed/recorded/live-streamed to the Council's internet site and available to view at <https://north-ayrshire.public-i.tv/core/portal/home>, where it will be capable of repeated viewing. At the start of the meeting, the Provost/Chair will confirm if all or part of the meeting is being filmed/recorded/live-streamed.

You should be aware that the Council is a Data Controller under the Data Protection Act 2018. Data collected during the webcast will be retained in accordance with the Council's published policy, including, but not limited to, for the purpose of keeping historical records and making those records available via the Council's internet site.

Generally, the press and public seating areas will not be filmed. However, by entering the Council Chambers, using the press or public seating area or (by invitation) participating remotely in this meeting, you are consenting to being filmed and consenting to the use and storage of those images and sound recordings and any information pertaining to you contained in them for webcasting or training purposes and for the purpose of keeping historical records and making those records available to the public. If you do not wish to participate in a recording, you should leave the meeting. This will constitute your revocation of consent.

If you have any queries regarding this and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial damage or distress to any individual, please contact dataprotectionofficer@north-ayrshire.gov.uk.

IJB

Voting Members

Margaret Johnson (Chair)	North Ayrshire Council
Joyce White (Vice- Chair)	NHS Ayrshire & Arran
Cllr Timothy Billing	North Ayrshire Council
Adrian Carragher	NHS Ayrshire & Arran
Cllr Anthea Dickson	North Ayrshire Council
Christie Fisher	NHS Ayrshire & Arran
Marc Mazzucco	NHS Ayrshire & Arran
Cllr Louise McPhater	North Ayrshire Council

Professional Advisors

Caroline Cameron	Director
Paul Doak	Head of Service/Section 95 Officer
Iain Jamieson	Clinical Director
Scott Hunter	Chief Social Work Officer – North Ayrshire
Darren Fullarton	Associate Nurse Director/IJB Lead Nurse
Victor Chong	Medical Representative
Dr Louise Wilson	GP Representative

Stakeholder Representatives

Terri Collins	Staff Representative – NHS Ayrshire and Arran
Louise McDaid	Staff Representative – North Ayrshire/Chair, North Coast Locality Forum
Pamela Jardine	Carers Representative
Clive Shephard	Service User Representative
Vacancy	Independent Sector Representative
Vicki Yuill	Third Sector Representative
Vacancy	IJB Kilwinning Locality Forum (Chair)
Vacancy	IJB Garnock Valley Locality Forum (Chair)
Vacancy	IJB Irvine Locality Forum (Chair)



North Ayrshire Health and Social Care Partnership

**Minute of Integration Joint Board meeting held on
Thursday 16 March 2023 at 10.00 a.m.**

**involving participation by remote electronic means and physical attendance
within the Council Chambers, Irvine.**

Present (Physical Participation)

Voting Members

Bob Martin, NHS Ayrshire and Arran (Chair)
Councillor Margaret Johnson, North Ayrshire Council (Vice Chair)
Councillor Timothy Billings, North Ayrshire Council
Councillor Anthea Dickson, North Ayrshire Council

Professional Advisers

Caroline Cameron, Director of Health and Social Care Partnership
Paul Doak, Head of Service (HSCP Finance and Transformation)/Section 95 Officer
Scott Hunter, Chief Social Work Officer

Stakeholder Representatives

Louise McDaid, Staff Representative (North Ayrshire Council)/Chair, North Coast
Locality Forum
Pamela Jardine, Carers Representative
Vicki Yuill, Third Sector Representative
Louise Gibson, IJB Irvine Locality Forum (Chair)

Present (Remote Participation)

Voting Members

Adrian Carragher, NHS Ayrshire and Arran
Christie Fisher, NHS Ayrshire and Arran
Marc Mazzucco, NHS Ayrshire and Arran

In Attendance (Physical Participation)

Alison Sutherland, Head of Service (Children, Families and Criminal Justice)
Thelma Bowers, Head of Service (Mental Health), HSCP
David Thomson, Head of Service (Health and Community Care)
Eleanor Currie, Manager, HSCP
Michelle Sutherland, Partnership Facilitator, HSCP
Kerry Logan, Senior Manager (Health and Community Care)
Ruth Wilson, Team Manager (Democratic Services)
Karen Andrews, Team Manager
Hayley Clancy, Committee Services Officer
Shannon Wilson, Committee Services Officer
Diane McCaw, Committee Services Officer

In Attendance (Remote Participation)

Apologies

Iain Jamieson, Clinical Director

1. Apologies for Absence and Chair's Remarks

Apologies for absence were noted.

The Chair thanked both Louise Gibson and Janet Davies for their contributions to the Partnership, and wished Louise all the best in her future career and Janet best wishes for her retirement.

2. Declarations of Interest

There were no declarations of interest in terms of Standing Order 7.2 and Section 5.14 of the Code of Conduct for Members of Devolved Public Bodies.

3.1 Matters Arising from the Action Note

Updates in terms of the Action Note were detailed as follows:-

- **2022-23 – Month 7 Financial Performance** – Report on Dental Services – date to be confirmed.
- **The Promise in North Ayrshire Update on Progress** – further progress report and action plan to be remitted to IJB following The Promise Conference in November 2022 – planned for May 2023.
- **Director's Report** – Suicides, drugs and alcohol related deaths – report to be presented to IJB in May 2023 specifically on suicide prevention strategy. Other elements covered in previous updates to IJB.
- **Analogue to Digital** – Update to be provided to IJB on 11 May 2023.

Noted.

4. Director's Report

Submitted report by Caroline Cameron, Director (NAHSCP) on developments within the North Ayrshire Health and Social Care Partnership.

The report provided an update on the following areas:-

- National Developments that included the Care Inspectorate webinar to be held on Tuesday 21 March on Use of Technology to Support People Experiencing Care, the United Nations Convention on the Rights of the Child (UNCRC), and Raising awareness on connection with Spotting Signs of Neglect and Self-neglect in Adults;
- Ayrshire wide developments that included a skills and knowledge development event to support people who use cocaine, the Falls Link Worker Programme, and Pan Ayrshire work on Directions, with an update report scheduled for June 2023; and
- North Ayrshire Developments that included the Income Advisor Project, the North Ayrshire Alcohol and Drug Partnership Development Day to be held on Wednesday 29 March in Saltcoats Town Hall, North Ayrshire Council having

been recognised as a Carer Positive 'Exemplary' employer in Scotland, planning for the return of the Partnership Awards Ceremony to be held on Tuesday 20 June 2023 in the Volunteer Rooms, Irvine, the successful securing of staff accommodation on Arran, the use of the Care Opinion independent website, Care at Home Recruitment events taking place throughout March, the forthcoming change from Analogue to Digital, the creation of the Castlview Hub, and the positive Care Inspectorate Inspection Report for the Anum Cara Respite Service.

Councillor Billings joined the meeting at this point.

Members asked questions and were provided with further information in relation to:-

- evaluation and monitoring regarding the Falls Link Worker Programme;
- the standardised approach to Directions across the three Partnerships;
- the positive Anam Cara Respite Service report from the Care Inspectorate;
- the date clash for the Health and Social Care Partnership and Community Justice Ayrshire awards;
- the success and cost effectiveness of recruitment advertising methods;
- recruitment event attendance levels, where the Senior Manager undertook to provide attendance figures to the Board;
- the move from analogue to digital, including robust plans for when digital devices are installed; and
- the provision of advice to North Ayrshire Council Elected Members regarding spotting signs of neglect and self-neglect in adults.

Noted.

5. Financial Monitoring Report – Month 10

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the IJB's financial performance, including an update on the estimated financial impact of the Covid-19 response. Appendix A to the report provided the financial overview of the partnership position, with the full Transformation Plan for 2022/23 provided in Appendix B. Appendix C provided an overview of those service changes with financial savings attached to them and the current BRAG status around the deliverability of each saving. Appendix D outlined the movement in the overall budget position for the Partnership following the initial approved budget with Appendix E showing the IJB reserves position in detail.

Members asked questions and were provided with further information in relation to:-

- the overspend on employee costs as a result of vacancy and long term sickness cover; and
- the Dean Funding Pay Award, where further information will be provided to the Board.

The Board agreed to (a) note (i) the overall integrated financial performance report for the financial year 2022-23 and the current overall projected year-end underspend of £1.181m, (ii) the progress with delivery of agreed savings, (iii) the remaining financial risks for 2022-23, including the impact of remaining Covid-19 estimates and costs; and (b) approve the budget reductions which were detailed at paragraph 2.11 of the report.

6. Budget 2023/2024

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the financial position of the partnership for 2023/2024, including the proposed delegated funding, service budget pressures, plans developed to set a balanced budget and the associated risks. A summary of the 2022/23 budget and net budget increase was detailed at Appendix A. Appendix B provided details of the service costs and demand pressures. Savings in relation to NAC and NHS commissioned services were outlined at Appendix C and Appendix D provided the NHS baseline uplift for 2023/24 on a managed basis. The budget and finance settlement funding letter detailing the requirements in relation to the level of funding to be delegated to IJBs in 2023/24 was detailed at Appendix E to the report.

The Board received professional advice from the Chief Social Work Officer who advised that he was satisfied that arrangements were in place, or in development, to ensure the safe provision of social work services in the forthcoming year.

Members asked questions and were provided with further information in relation to:-

- the use of reserves and unallocated general fund balance to support the budget position throughout the year;
- the likelihood of achieving the delivery of savings;
- there being no current detail on any potential residential care review;
- any potential risk to care services on Arran;
- the removal of covid recovery funding from the budget;
- monitoring absences and risks in terms of covid, with the IJB receiving sight of the ongoing position in this regard; and
- the obligation to advise the public of ongoing pressures to systems.

Elaine Young left the meeting at this point.

The Board agreed to (a) approve the budget for 2023-24 for North Ayrshire Health and Social Care Partnership inclusive of all pressures, savings and reserves, noting that the funding position was subject to confirmation by NHS Ayrshire and Arran; and (b) note the risks associated with this budget.

7. Medium Term Financial Outlook 2023-2026

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the Medium-Term Financial Outlook for the period to 31 March 2026. Detailed information on the Medium-Term Financial Outlook 2023-2026 was set out at the Appendix to the report.

The Board agreed to note the Medium-Term Financial Outlook and the potential financial position in years 2 and 3.

8. Strategic Risk Register

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the updated IJB Strategic Risk Register. Appendix A detailed the current Strategic Risk Register and an extract of the approved risk management strategy was attached at Appendix B to the report.

Members asked questions and were provided with further information in relation to the potential to elevate the financial sustainability risk score in the future.

The Board agreed to approve the updated IJB Strategic Risk Register.

9. HSCP Equality Outcomes Plan (2022-2025)

Submitted report by Caroline Cameron, Director (NAHSCP) on the development of a focussed set of equality outcomes which more closely reflect primary service user groups. The full Equality Outcomes Plan 2022-2025 was detailed at the Appendix to the report.

Members asked questions and were provided with further information in relation to:-

- Care Experience being considered a Protected Characteristic in North Ayrshire; and
- methods to ensure the inclusion of all characteristics within the equality outcomes.

The Board agreed to approve publication and implementation of the Equality Outcomes Plan 2022-2025.

10. Primary Care General Medical Services Update

Submitted report by Vicki Campbell, Head of Primary and Urgent Care Services providing an update on the provision of General Medical Services across Ayrshire and Arran. The report set out how General Practice is continuing to operate in the current challenging environment, and on how it will evolve and develop through the implementation of the Primary Care Improvement Plan.

Members asked questions and were provided with further information in relation to:-

- the provision of a more concise activity report being provided to IJB on a regular basis;
- timescales for any roll out of digital services offered to GP practices, including those in the Garnock Valley; and
- work to create a capital planning priorities list.

The Board agreed to (a) note (i) the current position of Primary Care General Medical Services, and (ii) the progress of implementation of the new GMS Contract through the Primary Care Improvement Plan; (b) support the current projected balance of the Primary Care Improvement Fund for 2022/23; and (c) approve the transfer of funds from the Primary Care Improvement Fund and General Medical Services to the NHS Ayrshire & Arran Public Health Department for the delivery of vaccinations as set out in Section 3.5 of the report.

11. Primary Urgent Care Update

Submitted report by Vicki Campbell, Head of Primary and Urgent Care Services providing an update on the provision of primary urgent care services through the Ayrshire Urgent Care Service (AUCS) and an update on the new pathways delivered through the service as a result of the introduction of the national Redesign of Urgent Care (RUC) Programme.

Members asked questions and were provided with further information in relation to:-

- the potential for providing a flowchart detailing how a patient would move through the system; and
- the benefit of communicating to the public the work which is carried out in the background.

The Board agreed to note (i) the progress of the Urgent Care agenda across Ayrshire and Arran; (ii) the new pathways introduced through the RUC Programme; and (iii) the increased activity within AUCS and proposal being progressed to sustain the successful person-centred delivery model and patient pathways.

12. Whistleblowing Update

Submitted report by Karen Callaghan, Corporate Governance Co-ordinator, in relation to whistleblowing concerns raised in Quarter 2 (July-30 September 2022).

Noted.

13. Urgent Items

The Chair agreed to consider the following item as urgent to allow the Board to receive up-to-date information.

13.1 Implementation of the National CAMHS and Neurodevelopmental Specifications

Submitted report by Caroline Cameron, Director (NAHSCP) providing an update on the implementation of the National CAMHS Specification and on work with partner services in the development of Neurodevelopmental Services for children and young people where there is no co-occurring mental health presentation. The Specification complements, and sits within, the Getting It Right for Every Child approach and aims to ensure that children and families receive the support and access to services which meet their needs at the earliest opportunity.

Members asked questions and were provided with further information in relation to:-

- reports continuing to be presented to the IJB Performance and Audit Committee reflecting the trajectories, demand and management of the service;
- the requirement for communication to give confidence in terms of criteria and reporting;
- the history in terms of referrals to the CAMHS service;
- the presentation of a similar report to the South and East Ayrshire IJBs; and
- a further update being provided to the IJB, potentially prior to the summer recess period.

The Chair advised the Board that once Members had digested the information contained within the report, they should contact Thelma Bowers, Head of Service, Stuart McKenzie, Senior Manager for CAMHS or Dr. Helen Smith, NHS Ayrshire and Arran direct with any outstanding questions not dealt with at the meeting.

The Board agreed to note (a) the successful implementation in Ayrshire and Arran to meet the National CAMHS Specification, noting the ongoing demands and risks placed on the services in terms of accepting referrals for young people that do not meet the national criteria and specification; and (b) that work with partners will be taken forward through the 3 NSCHs in Ayrshire and Arran to progress whole system

plan(s) to meet the National Neurodevelopment Specification, while referrals not meeting the CAMHS specification will cease to be accepted by CAMHS from 1 August 2023.

In terms of Standing Order 6.8. the Chair agreed that the meeting be adjourned at 12.25 p.m. for a comfort break. The meeting reconvened at 12.35 p.m. with the same Members and Officers present and in attendance.

14. Exclusion of the Public – Paras 6, 9 and 10

The Committee resolved in terms of Section 50(A)4 of the Local Government (Scotland) Act 1973, to exclude from the Meeting the press and the public for the following item of business on the grounds indicated in terms of Paragraphs 6, 9 and 10 of Part 1 of Schedule 7A of the Act.

15. Care at Home Review

Submitted report by Kerry Logan, Senior Manager on the Care at Home Review.

The IJB, while noting the concerns raised by Councillor Billings in terms of the recommendation, agreed to the proposal for Option 2 as outlined in the report.

16. Valedictory

The Board was advised that Robert Martin would be retiring from his role on the NHS Board and expressed its thanks and appreciation for his outstanding contribution to the work of the Partnership, from his involvement during the Shadow year to present. Individual Board Members addressed the meeting and wished him well with his retirement.

The meeting ended at 1.20 p.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 16 March 2023

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	2022-23 – Month 7 Financial Performance	15/12/22	Noted that a report on dental services would come to a future meeting of the Board for Members' consideration.	Planned for 24 th August 2023	Michelle Sutherland (via East HSCP)
2.	The Promise in North Ayrshire: Update on Progress	25/8/22	The Board agreed to note (b) that a further progress report and action plan will be remitted to IJB following The Promise Conference to be held in November 2022.	Planned for June 2023	Alison Sutherland
3.	Director's Report	25/8/22	A future report to be provided to the IJB on suicides, drug and alcohol related deaths.	Report to be presented to the IJB in May 2023 specifically on suicide prevention strategy. Other elements covered in previous updates to IJB. Action now closed.	Thelma Bowers
4.	Analogue to Digital	16/6/22	Further update on progress to be brought back to IJB.	On agenda IJB meeting 11 May. Action now closed.	Kerry Logan

5.	Implementation of the National CAMHS and Neurodevelopmental Specifications	16/3/23	Further update being provided to the IJB, potentially prior to the summer recess period.	Date tbc	Caroline Cameron / Thelma Bowers
----	--	---------	--	----------	-------------------------------------

DRAFT

Integration Joint Board 11th May 2023

Subject :	IJB Membership Update
Purpose :	This report is for awareness to update IJB members on the recent appointments and changes to IJB membership.
Recommendation :	IJB members are asked to note and approve the recent appointments and resignations from IJB and changes to membership.

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
PAC	Performance and Audit Committee

1.	EXECUTIVE SUMMARY
1.1	The report provides an update on recent membership changes to the Integration Joint Board and sub-committees, remaining vacancies and recent changes in relation to professional advisors. An updated membership list is attached at Appendix 1.
2.	BACKGROUND
2.1	Following the departure of Bob Martin, NHS Ayrshire and Arran Non-Executive Board Member and North Ayrshire IJB Chair, the roles of Chair and Vice Chair have rotated with North Ayrshire Council's Cabinet Member for Health and Social Care, Councillor Margaret Johnson assuming the Chair from 1 st April 2023.
2.2	Consequently, the roles for Chair and Vice Chair for the Performance and Audit Committee are due to rotate which means Marc Mazzucco will be appointed as Chair and Councillor Timothy Billings as Vice Chair of PAC. Expressions of interest have also been sought from IJB members to fill the two vacancies on that Committee. The Terms of Reference for PAC state that membership should consist of not less than six members of the IJB (excluding Professional Advisors).

2.3	<p>Leslie Bowie, as Chair of NHS Ayrshire and Arran advised on 23rd March 2023 that the Cabinet Secretary for Health and Social Care approved the appointment of Mrs Joyce White, OBE as a Member of the NHS Ayrshire and Arran Board with effect from 1st April 2023.</p> <p>The Integration Joint Board is asked to note the appointment of Joyce White as the new Non-Executive NHS Ayrshire and Arran member of the IJB, as nominated by the Health Board. Joyce joined the NHS Board on 1st April 2023 and the IJB on 1st May 2023.</p> <p>Subsequently, the IJB is also asked to approve the appointment of Joyce White as Vice Chair of the IJB and Chair of the Strategic Planning Group.</p>
2.4	<p>Discussions are underway within the partnership and Chair/Vice Chair in relation to the current vacancies on the IJB. These relate to the Independent Sector representative vacancy and vacant Chairs across the HSCP Locality Partnership Forums.</p>
2.5	<p>Due to recent retiral and secondment, the partnership is also undertaking a recruitment exercise to recruit a Head of Service (Health & Community Care) and Head of Service (Children, Families and Justice). Interviews for these posts are scheduled for June 2023.</p> <p>Sharon Hackney has been appointed as Lead Allied Health Professional for North Ayrshire and will commence on 12th June 2023.</p>
3.	<p>PROPOSALS</p> <p>IJB members are asked to note and endorse the following :-</p>
3.1	<p><u>Integration Joint Board</u></p>
	<ul style="list-style-type: none"> • Rotation of Chair to North Ayrshire Council's Cabinet Member for Health and Social Care, Councillor Margaret Johnson; • Appointment of Joyce White as Non-Executive Member and Vice Chair of IJB, and subsequent Chair of SPG; • Independent Sector and Locality Partnership Forum Chair Vacancies; • Recent changes relating to recruitment to professional advisor roles.

3.2	<u>Performance and Audit Committee</u>
	<ul style="list-style-type: none"> • Rotation of Chair and Vice Chair in tandem with IJB rotation; • Appointment of Marc Mazzucco as Chair, Performance and Audit Committee; • Expressions of Interest sought from IJB Members to join Performance and Audit Committee
3.3	<u>NAHSCP Senior Management/IJB Professional Advisors</u>
	<ul style="list-style-type: none"> • Recruitment exercise underway to appoint Head of Service (Health and Community Care) and Head of Service (Children, Families and Justice); • Note the recent appointment of Sharon Hackney as AHP Lead for North Ayrshire, commencing on 12th June 2023.
4.	IMPLICATIONS
4.1	<u>Financial</u> None.
4.2	<u>Human Resources</u> None.
4.3	<u>Legal</u> None
4.4	<u>Equality/Socio-Economic</u> None
4.5	<u>Risk</u> None.
4.6	<u>Community Wealth Building</u> None.
4.7	<u>Key Priorities</u> None.
5.	CONSULTATION
	Consultation has taken place with the Chief Executives of NAC and NHS, and the IJB Monitoring Officer in relation to the above appointments.

Caroline Cameron Director
(Karen Andrews, Team Manager (Governance) (kandrews@north-ayrshire.gov.uk))

North Ayrshire Integration Joint Board

Voting Members

Councillor Margaret Johnson (Chair), North Ayrshire Council
Joyce White (Vice Chair), NHS Ayrshire and Arran

Councillor Timothy Billings, North Ayrshire Council
Councillor Anthea Dickson, North Ayrshire Council
Councillor Louise McPhater, North Ayrshire Council

Adrian Carragher, NHS Ayrshire & Arran
Marc Mazzucco, NHS Ayrshire & Arran
Christie Fisher, NHS Ayrshire & Arran

Professional Advisers

Caroline Cameron, Director/Chief Officer
Paul Doak, Section 95 Officer
Aileen Craig, IJB Monitoring Officer
Iain Jamieson, Clinical Director
Scott Hunter, Chief Social Work Officer
Thelma Bowers, Mental Health Adviser
Dr Victor Chong, Acute Services Representative
Sharon Hackney, Lead Allied Health Professional (**wef 12 June 2023**)
Darren Fullarton, Associate Nurse Director/Lead Nurse
Dr Louise Wilson, GP Representative
Vacancy, Psychology Lead

Stakeholder Representative

Terri Collins Staff Representative, NHS Ayrshire & Arran
Louise McDaid, Staff Representative, NAC/Chair, North Coast Locality Forum
Pamela Jardine, Carers Representative
Clive Shepherd, Service User Representative (Depute)
Vacancy, Independent Sector Representative
Vicki Yuill, Third Sector Representative/Chair Arran Locality Forum
Vacancy, IJB Kilwinning Locality Forum (Chair)
Vacancy, IJB Three Towns, Locality Forum (Chair)
Vacancy, IJB Garnock Valley Locality Forum (Chair)
Vacancy, IJB Irvine Locality forum (Chair)

Integration Joint Board 11th May 2023

Subject : **Director's Report**

Purpose : This report is for **awareness** to advise members of North Ayrshire Integration Joint Board (IJB) of developments within North Ayrshire Health and Social Care Partnership (NAHSCP)


Recommendation : IJB members are asked to note progress made to date.

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
IJB	Integration Joint Board
HSCP	Health and Social Care Partnership

1.	EXECUTIVE SUMMARY
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within North Ayrshire Health and Social Care Partnership (NAHSCP), nationally, locally and Ayrshire wide.
2.	BACKGROUND
2.1	This report provides IJB with up to date information on recent activity across the HSCP since the last IJB. The report will also provide COVID related information by exception.

3.	CURRENT POSITION
	<u>National Developments</u>
3.1	<u>Accounts Commission – IJB Financial Analysis 2021/22</u>
	<p>The Accounts Commission published their report on IJB workforce pressures and financial challenges on 6 April 2023. The report highlighted that Scotland's Integration Joint Boards (IJBs) face considerable financial challenges and immense pressures on their workforce. IJBs have reached the point where significant transformation will be needed to ensure the long-term capacity, financial sustainability and quality of services individuals receive.</p> <p>Most IJBs underspent on providing services in 2021/22. This was largely because of difficulties in recruiting staff, which led to unplanned vacancies, and pandemic-related reductions in service provision. The reductions in service provision were likely to have contributed to an increase in unmet health and social care needs.</p> <p>In 2021/22 IJBs returned significant surpluses, with reserves doubling to over £1.3 billion. This was mainly due to additional funding received late in the year for specific policy commitments, including Covid-19.</p> <p>Across Scotland, IJBs have a combined projected funding gap of £124 million for 2022/23. To be financially sustainable in the longer-term, IJBs must reduce their reliance on reserves. All IJBs must put in place detailed plans that clearly show how they will achieve the needed ongoing savings on a recurring basis and support urgently needed service transformation.</p> <p>The Accounts Commission report will be considered further in more detail at the IJB's Performance and Audit Committee in June.</p>
3.2	<u>Disabled Children and Young People Thematic Review</u>
	<p>The Care Inspectorate advised on 6th April 2023 their intention to undertake a thematic review of the experiences of disabled children and young people over the period of year, commencing in May 2023 and concluding in May 2024.</p> <p>The aim of the review is to take account of what matters to disabled children and provide a national overview of social work's contribution to how well disabled children and young people's needs are assessed, planned for and met. The Care Inspectorate will seek a key point of contact from each area for the review and also ask for notes of interest in being one of the four areas in which they will undertake more detailed work.</p>

3.3	<u>HMICS – Policing Mental Health in Scotland – A Thematic Review</u>
	HMICS made contact in January 2023 to raise awareness of the thematic review in relation to the above. In order to gain a local perspective, HMICS noted their intention to review Police Scotland’s provision of mental health related policing services in Tayside, Edinburgh and Ayrshire territorial policing divisions. To assist with this review, a team from HMICS met with HSCP representatives early April, to understand the local partnership and multi-agency working arrangements in Ayrshire. The report outlining findings will be published later in the year.
3.4	<u>National Outcomes Review</u>
	<p>The Scottish Government are undertaking a review of the National Outcomes. The National Outcomes describe what it means to improve wellbeing across 11 aspects of life in Scotland, much has changed since the current version of the National Performance Framework (NPF) was published in 2018.</p> <p>From 14 March - 5 June, anyone in Scotland can have their say on the goals that will guide government, charities and businesses in our country for the next five years. Have your say - National Outcomes review 2023 (mailchi.mp)</p>
3.5	<u>National Care Service Bill – Extension</u>
	<p>Scottish Ministers confirmed on 17th April 2023 that they intend to ask for a further extension to the Scottish Parliament’s consideration of the National Care Service Bill (Stage 1) until after summer, having previously been paused until 28th June 2023. The letter from the Minister for Social Care, Mental Wellbeing and Sport to the Health, Social Care and Sport Committee is available on the Scottish Parliament website.</p> <p>There will now be a formal process to be undertaken within the Scottish Parliament to consider the request. At this stage the timescales for progressing the Bill are unclear.</p>
	<u>Ayrshire Wide Developments</u>
3.6	<u>Baby Friendly Initiative (BFI) Gold Accreditation</u>
	 <p>NHS Ayrshire & Arran and the three Ayrshire Health and Social Care Partnerships have been awarded UNICEF’s top accolade for providing high quality care to families to support continued breastfeeding.</p> <p>The Baby Friendly Initiative (BFI) Gold accreditation certificate was presented to representatives from across the four organisations on Wednesday 22 March at an event held at Fullarton Connexions in Irvine.</p>

The prestigious award was achieved in November last year following an assessment of Ayrshire's Health Visiting and Family Nurse Partnership Teams, as well as the Community Infant Feeding Team.

BFI standards provide a framework to ensure that infant feeding care delivered to families is evidence-based, consistent, and supports staff to deliver a service that provides the best possible care for new families. Breastfeeding promotes optimum growth and development for babies, providing nutrition, comfort and protection from infection, and as such is promoted and supported across Ayrshire and Arran.

However, the award also recognises the care provided to families who are formula feeding and encourages responsive feeding as a way of establishing close, loving relationships with the baby.

Having first been awarded Baby Friendly accreditation in 2012, followed by subsequent re-accreditation in 2014, 2017 and 2020, the Gold Award builds on this accomplishment with a particular focus on achieving sustainability.




North Ayrshire Developments

3.7 Staff Partnership Awards

Nominations for the North Ayrshire Partnership Awards are now closed. The winners will be announced at the Celebration of Care event, which will be held at the Volunteer Rooms in Irvine on **Tuesday 20 June 2023**. These awards are to celebrate Partnership staff, teams and individuals (employees and volunteers from NAC, NHS, Third and Independent Sector) who work in health and social care in North Ayrshire. We also want to shine a spotlight on the crucial work or people in our communities who support and help others to improve their health or well-being.



3.8	<u>First Smart Hub</u>
	<p>The transformation from analogue to digital Community Alarm and Telecare equipment is now getting under way. Mr Clough of Skelmorlie was delighted to be the first client to have his brand-new digital hub installed on 29th March 2023. A fuller update on the programme of work is on the IJB agenda for consideration.</p> 
3.9	<u>North Ayrshire Care at Home Service – Carewatch (Ayrshire) Update</u>
	<p>North Ayrshire Health and Social Care Partnership has recently completed a transfer from an external care provider, Carewatch (Ayrshire), of all Care at Home delivery to its inhouse Care at Home service. For some time prior to Carewatch's decision to exit from the contract, the Partnership had been meeting with Carewatch regularly regarding concerns around the quality, sustainability, and consistency of care provision in North Ayrshire.</p> <p>Prior to Carewatch's decision to exit the Care at Home Framework contract the HSCP commissioned approximately 1,600 weekly hours of care for 150 service users across North Ayrshire from Carewatch. This care was delivered across all our mainland localities with the majority of supported service users residing in the Three Towns, Irvine and Kilwinning areas.</p>
	<p>The Partnership, Carewatch and other key partners have worked together over recent months to successfully manage the safe transition of care and associated staff from Carewatch to the HSCP's inhouse Care at Home service. Our priority, as always in these circumstances, was to ensure the care needs of service users continued to be met and to support the employment and security of the care workforce.</p> <p>Whilst not without its challenges, the transfer has been very smooth and any disruption kept to a minimum. The transfer commenced on a phased basis on 29 March 2023 and concluded with the final transfer taking place on Wednesday 05 April 2023 with a total of 78 staff transferring employment from Carewatch to the HSCP.</p>
3.10	<u>Financial Inclusion Strategy</u>
	<p>North Ayrshire Council is enhancing it's support to people feeling the strain from the Cost-of-Living Crisis. As part of this a programme of work is underway to ensure Financial Inclusion Services are aligned to meet the needs and increasing demand for support from our citizens. Recognising the impact of financial hardship on individuals health and wellbeing outcomes, the HSCP are leading the review and we have appointed Sheena Campbell as the Senior Manager to take this forward.</p> <p>North Ayrshire Council's Cabinet endorsed the new North Ayrshire Financial Inclusion Strategy 2023-18 on 21st March 2023. This highlights new ways of reaching and</p>

	<p>helping those struggling financially to ensure support is available as widely as possible.</p> <p>Financial inclusion means that everyone, regardless of their background or income, have access to advice, information and support in order to help effectively manage their finances, and avoid health and wellbeing issues linked to debt.</p> <p>Part of the strategy is to combine the powers of the Financial Inclusion services across the Council by joining up services such as Money Matters and the Welfare Reform and Advice Team, and further to incorporate and embed the holistic approach through existing teams and the Better Off North Ayrshire approach. Furthermore from July a third sector provider will be commissioned to provide independent debt advice to all North Ayrshire residents, noting there is a current gap in support.</p> <p>Over the next year, a full consultation process will be undertaken with the public and key stakeholders along with a detailed analysis of local financial inclusion services. Through this process, the strategy will be reviewed and refreshed for 2024-28 and a longer-term delivery plan put in place encompassing wider financial inclusion services.</p> <p>A key outcome of the strategy will be the creation of a Financial Inclusion Partnership in North Ayrshire. The Partnership will be inclusive with representation from a range of key stakeholders such as fuel poverty advice services, employability, education and housing services, housing associations, community link workers, the Food Bank and Alcohol and Drugs Partnership.</p> <p>It is hoped that the creation of a partnership will foster collaboration and enable a joint approach, making the best use of all available resources, to provide the greatest benefits to individuals, families and communities in relation to entitlements, managing money, debt, financial literacy, digital inclusion, affordable lending, fuel poverty, health and more.</p>
	<u>COVID Update</u>
	No updates.
4.	IMPLICATIONS
4.1	<u>Financial</u> None
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> None
4.4	<u>Equality/Socio-Economic</u> None
4.5	<u>Risk</u> None
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> None

5.	CONSULTATION
	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of Consultation.

Caroline Cameron, Director
[Carolinecameron@north-ayrshire.gov.uk/01294 317723]

Appendices
Nil

Integration Joint Board 11 May 2023

Subject :	Community Alarm/Telecare Service transition from Analogue to Digital
Purpose :	To provide an update to the Integration Joint Board on the North Ayrshire programme of work for Community Alarm and Telecare Service transition from Analogue to Digital Service
Recommendation :	The Integration Joint Board is asked to: (i) Note the content of the report; (ii) Consider the information and proposals/implications detailed therein.

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
ARC	Alarm Receiving Centre
PSTN	Public Switched Telephone Network
ISO	International Organization for Standardization
TSA	Tec Services Association

1.	EXECUTIVE SUMMARY
1.1	This report provides an update on how the North Ayrshire Health and Social Care Partnership will support North Ayrshire service users through the national telecommunication providers Analogue to Digital switchover.
1.2	Community Alarm and Telecare users in North Ayrshire currently access this critical Community Care service via technology that is supported by traditional analogue phone lines and voice band data. The current range of Community Alarm and Telecare equipment utilised in North Ayrshire is designed to send calls over the Public Switched Telephone Network (PSTN) and is not designed to be compatible with digital network(s) and digital communication protocols.
1.3	As early as 2023 it may no longer be possible for telecommunication customers to purchase an analogue phone service from many of the main telecommunication providers and all telecommunication providers expect to have fully transitioned their analogue telephone networks to a digital equivalent by 2025. Therefore, to access Community Alarm and Telecare services, service users will require to have a digital

	line installed in their home and access to technology which is compatible with digital lines and digital communication protocols. The Partnership will also require to ensure call monitoring arrangements for Telecare and Community Alarm activations are compatible with digital lines and digital communication protocols.
1.4	The HSCP has established an Analogue to Digital Transition project board, which is supported by attendance from across North Ayrshire Council and the Partnership. The Project Board provides governance for the implementation of the project plan and monitors the team's progress. The project plan lays out the actions that will require to be taken to support the transition and progress updates and escalations are provided on a regular basis to the Partnership's Transformation Board. The project plan has included the development of a robust communication strategy and risk register.
1.5	It is recognised that there are multiple complexities associated with the Analogue to Digital project, some of which are not within our control, however the HSCP is confident that we have robust plans in place to deliver a successful transition. There is regular engagement with agencies nationally, including the Scottish Government's Digital Office, who have confidence in the North HSCP's plans and in the project team for a safe and effective Analogue to Digital transition. Recent benchmarking places the North HSCP in a favourable position in terms of progress when compared to other Local Authority areas.
2.	BACKGROUND
2.1	<p>North Ayrshire Health and Social Care Partnership currently delivers a Community Alarm and Telecare service to approximately 4,500 individuals across North Ayrshire both on the mainland and on the islands of Cumbrae and Arran. Service Users who access the Community Alarm and Telecare system have technology installed by HSCP staff, which is connected through their analogue phone lines, allowing them to access and request help and support via a Call Monitoring and Alarm Receiving Centre. The Call Monitoring and Alarm Receiving Centre will direct calls it receives from alarm activations to a variety of sources including HSCP social care staff, medical services, emergency services, family and next of kin.</p> <p>Service users who reside in North Ayrshire Council sheltered housing units have access to the Community Alarm and Telecare service via the complex's Call Warden System.</p> <p>Users of the Community Alarm/Telecare service in North Ayrshire generate in excess of 20,000 calls per month via Community Alarm/Telecare equipment, with the HSCP's dedicated team responding to over 5,000 activations on a monthly basis which require a physical response to provide assistance to people in their homes. The HSCP has a team of Care at Home Assistants who provide a response service to calls and alarm activations across 24 hours per day, 7 days per week.</p>

2.2	<p>Community Alarm and Telecare users have a main Community Alarm unit installed in their homes. This alarm can support additional technology which is installed and connected to the main alarm device, in order to support and monitor service users and to assist them remain as independent as possible in their own homes. Examples of additional technology includes items such as smoke detectors, flood detectors, falls detectors, property exit sensors and epilepsy sensors.</p> <p>Currently, the Partnership predominantly uses Tunstall branded Community Alarm and Telecare equipment purchased via the Scotland Excel Framework. Tunstall are an ISO accredited technology provider and one of the largest providers of Telecare in the United Kingdom. Tunstall's Community Alarms and Telecare equipment is compatible with the call handling software which is utilised by Hanover Scotland who provide call monitoring and alarm activation services on behalf of the North HSCP.</p>
2.3	<p>Community Alarm and Telecare technology is vital in supporting individuals in North Ayrshire to continue to live safely and independently in their own homes, with access to care and support when required, and is utilised by adults across all age groups. There are many benefits to Community Alarm/Telecare technology as detailed below:</p> <ul style="list-style-type: none"> • Provides access to multiple items of advanced technology to support safety and independent living • Reduces pressure on traditional health and social care services • Provides reassurance and peace of mind to individuals and their families that when an emergency response is required that this can be readily called upon • Preventing hospital admission and supporting hospital discharge • Reducing the need for people to leave their own homes and move into long term care settings <p>The safe roll out of Digital infrastructure is key to ensuring there is minimal disruption to the invaluable service provided as outlined above.</p>
2.4	<p>The Partnership has a contractual arrangement in place with Hanover Scotland who operate Call Monitoring and Alarm Receiving Centre(s) in Glasgow and Edinburgh. Hanover Scotland provide call handling arrangements for all Community Alarm and Telecare activations in North Ayrshire. The current contractual arrangement is in place until May 2024.</p>
2.5	<p><u>Current Situation</u></p> <p>The HSCP has traditionally purchased Tunstall analogue Lifeline Vi units for installations on analogue lines. As a result of the transition, these units will now only provide a maximum of two years of use and are no longer deemed value for money. It is the advice from the Scottish Government's Digital Office that Telecare service providers should no longer purchase analogue technology. The HSCP has adequate stock of analogue alarm units for use in the interim period and has ceased purchase of analogue Community Alarm and Telecare equipment. The HSCP requires to</p>

	<p>purchase equipment to both continue to provide Community Alarm and Telecare services in the interim period, whereby service users will continue to utilise their existing analogue phone lines until these are replaced, and to be able to provide Community Alarm and Telecare services where analogue lines have been replaced with digital lines. This will include in total the replacement of around 3,500 dispersed analogue alarm units.</p> <p>A project delivery team has been successfully recruited to support the physical roll out of a safe analogue to digital transition. The project team consists of a Technology Enabled Care Lead, who brings to the HSCP valuable experience and technical expertise in the TEC industry, and 4 Technicians.</p> <p>The HSCP has established an Analogue to Digital Transition project board, which is supported by attendance from across North Ayrshire Council and the Partnership including colleagues from IT, PMI, Community Care Services, Corporate Procurement, Finance and the NHS's Digital Services team. The Project Board provides governance for the implementation of the project plan and monitors the team's progress. The project plan lays out the actions that will require to be taken to support the transition and progress updates are provided on a regular basis to the Partnership's Transformation Board. The project plan has included the development of a robust communication strategy and risk register.</p> <p>Whilst the procurement exercise for the purchase of replacement alarm units is in progress, it is vital that the HSCP has arrangements in place on an interim basis for critical alarm users who may have already transitioned to a digital line. The majority of alarm users in North Ayrshire continue to access their Community Alarm and Telecare service via analogue lines and new referrals for Community Alarm installations continue to be received, therefore the landscape around this is constantly changing and solutions for ongoing service delivery is assessed and reviewed via the Analogue to Digital Project Board.</p> <p>The HSCP has invested in a stock of GSM alarm units, which operate via a sim card and a stock of 'hybrid' smart hub units which are both analogue and digital compatible. These hybrid units have a lengthy lead time for delivery, however the HSCP has already received a small stock and is expecting further delivery. As a result the first digital enabled alarm was successfully installed in the home of a service user in the North Coast Locality last month.</p>
2.6	<p>As part of planning for the business case moving forward the project team has required to consider three main elements:</p> <ol style="list-style-type: none"> 1. The communication route(s) to the Alarm Receiving Centre 2. Compatibility with the Alarm Receiving Centre 3. Compatibility with additional technology which is already installed 'peripherals' such as pendants, fall detectors, smoke detectors, etc.

2.7	<p><u>Communication route(s) to the Alarm Receiving Centre</u></p> <p>Traditional analogue units have been very reliable in the last 50 years since the first alarm units were released. This is due to the fact that analogue lines are powered separately from the main grid, and if there was a power cut, the alarm units typically have a battery backup of around 40 hours.</p> <p>By December 2025, everyone in the UK will have been converted to a digital phone line. If a user has a traditional phone, their phone socket will be removed, and their phone will be connected to a digital router instead. That is not to say they will have broadband, the digital routers are designed only to let someone use their phone, not to connect to the internet.</p> <p>Unfortunately, it is anticipated that digital technology will not be as reliable as analogue and most digital routers will fail in the event of a power cut. Some networks can supply a router with a battery backup, but they will only provide one hour of power. Digital alarm units also come with a built-in sim card, although these present their own risks as there will be blackspots, particularly in rural areas. Also, mobile networks experience outages from time to time, and mobile masts can also be affected by power cuts. Digital alarm units have roaming sim cards, however roaming across networks isn't always effective.</p> <p>Due to these issues, it is important to ensure the digital alarm units have both mobile connectivity and are connected via ethernet to the digital router if this is available. Alarm units are programmed to automatically move between the methods of connectivity to ensure risk off loss of connection is minimised.</p> <p>In areas with a poor mobile signal, there will be the opportunity to move the alarm unit to another location within the home to find a better signal, or where this is not successful to connect the alarm to the digital router. The latter will be the only option when there is no mobile signal in the home however may be the requirement more frequently in some of the rural locations in North Ayrshire, such as on the island of Arran. In these instances, risk assessments will require to be in place in the event of power failure.</p>
2.8	<p><u>Compatibility with the Alarm Receiving Centre</u></p> <p>Community Alarms are programmed to send information on alarm activations to a Call Monitoring and Alarm Receiving Centre (ARC) – this allows the ARC to interpret the reason for the call and arrange the most appropriate response. When the alarm units send calls through to the ARC, the alarms speak to the software platform used by the ARC using a communication protocol. Most ARCs can receive calls from all units from the main suppliers.</p>

	<p>Community Alarm and Telecare technology currently utilised within the North Partnership is Tunstall branded, and this equipment communicates with the ARC using an analogue language (communication protocol). Hanover Scotland utilise a Tunstall call handling platform to interpret and receive calls made via Community Alarm and Telecare activations. When a Tunstall alarm unit speaks to a Tunstall software platform within an ARC, a more advanced language can be used which is more reliable (i.e. more likely to get through to the ARC), and the call contains more information. For example, an alarm activation by a property exit sensor could contain information such as the location of the sensor alongside the activation. Most ARCs can receive calls from alarm units from the main Telecare suppliers, ie not just the same brand of equipment as per the software platform, however this may have an impact on the quality of information received. Furthermore, when a Tunstall alarm unit is communicating with an ARC which has a software platform that is not Tunstall, the most basic languages are used, for example if a property exit sensor is activated this may communicate as an activation however contain no detail regarding the location.</p> <p>Similar rules apply to digital communication protocols – and there are currently several digital protocols which can be used by suppliers of Community Alarm and Telecare equipment. Furthermore, as detailed within this report there will be a transition period whereby the North HSCP will be utilising a range of both analogue and digital Community Alarms. Therefore it is vital that any ARC contracted by the Partnership has the functionality to receive and interpret a range of both analogue and digital communications, and consideration should be given to the quality and detail of the information this can generate.</p>
2.9	<p><u>Peripheral Compatibility</u></p> <p>The Partnership utilises a range of Community Alarm and Telecare equipment with the main supplier for this being Tunstall. This includes dispersed alarm units, call warden systems and various peripherals which are items that can be programmed to the main alarm such as smoke detectors.</p> <p>Almost every Telecare manufacturer has their own radio ‘protocol’ (radio signal) and this is not shared with other suppliers. A good comparison is the Apple Watch in that it is only fully compatible with an Apple iPhone.</p> <p>The Partnership has invested and deployed around £800k of Tunstall branded peripherals with the majority of this equipment installed in service user’s homes therefore it is vital that the procurement of digital alarms allows for both compatibility with the ARC and with existing Tunstall technology to avoid a wider replacement programme which would then require the replacement of all alarm peripherals.</p>

2.10

Associated Risks

Ofcom and the Tec Standards Association, (TSA), are working alongside the Technology Enabled Care sector, Regulators and the Scottish Government to understand the challenges presented by this transition and to support Partnerships and Local Authorities through this process. The North HSCP's Project Team have also established good links with the Scottish Government's Digital Office and attend regular progress meetings with colleagues from the Digital Office.

A number of significant risks associated with the transition have been highlighted and continue to be monitored via the Project Board risk register.

- Individual Telecommunications providers will work to different timescales within their own operational and strategic plans. This will have implications for service users within North Ayrshire who receive telecommunication services from a wide range of providers, and many have begun to transition sooner than the 2025 deadline and before replacement digital devices are provided. The Project Team are continuing to discuss with the Digital Office timescales for migration however to date a roadmap for this has not been confirmed.
- The current range of Community Alarm and Telecare equipment utilised in North Ayrshire is designed to send calls over the PSTN. If these devices attempt to connect with the Call Monitoring and Alarm Receiving Centre via a digital network, the call could fail to connect or be lost, with a potential risk to the service user not receiving the requested assistance. The Scottish Government Digital Office advises there is evidence from countries who have already undertaken the transition to digital technology of increased rates of call failure due to the distortion in analogue signalling from analogue telecare equipment as telecommunication providers prepare their networks.
- The Partnership's current Call Monitoring and Alarm Receiving provider, Hanover Scotland, are not yet fully digitally enabled to support receipt of digital Community Alarm and Telecare equipment. However, Hanover are advanced in their testing and have provided regular updates and communications to the HSCP regarding progress. It is anticipated that their Alarm Receiving Centre will be fully digitally enabled in the coming weeks ensuring they can accept the different digital protocols and communication methods coming on to the market, as well as being able to continue to support the existing analogue equipment for as long as necessary. This includes supporting the digital communicators on warden call systems as well as newer fully digital grouped and dispersed alarms.
- Hanover Scotland are the current provider of Call monitoring and Alarm Receiving services for North Ayrshire's Community Alarm and Telecare services. The contract for this has been extended until May 2024 and a procurement process will require to be undertaken for future call handling arrangements. Re-tendering of this contract was delayed due to the Covid Pandemic and uncertainty around the analogue to digital transition. Hanover Scotland have continued to provide safe and robust call handling services for the Partnership throughout this time. There may, however, be a requirement

for a transition to a new Call Monitoring and Alarm Receiving Centre before the analogue to digital transition is complete.

- North Ayrshire Health and Social Care Partnership spent an average of £207k per year in purchasing new Community Alarm/Telecare equipment over the last 3 financial years. Costs of Telecare equipment have risen since the onset of the COVID-19 pandemic and there have been various supply issues in this period, including a global shortage of semiconductors that are installed in Telecare equipment, which has affected the availability of vital equipment, including smoke detectors and fall detectors. Telecare equipment providers have already indicated that the costs for Partnerships to purchase new digital equipment will be significantly higher, and as recently as April 2023 the cost of one of the newly marketed digital alarm units has increased. From the evidence already available the prices of the new equipment are almost double the current costs, with ongoing yearly costs attributed to sim card rental.
- At present much of the HSCP's Community Alarm/Telecare equipment is recycled. For the first 12 months of implementation, it is envisaged that there will be no opportunity to recycle any equipment. This, again, will have a negative budgetary impact for the Partnership and exacerbate market supply challenges.
- The Analogue to Digital switchover is a UK wide programme therefore it is recognised that whilst some areas have already transitioned to digitally enabled equipment, there is significant demand for this technology. This is currently being seen in limited availability for many items of digital equipment, with lead in times of up to 6 months and longer for delivery.
- North Ayrshire's geographical footprint is in many areas rural and isolated with areas where signal strength is poor or indeed non-existent. Therefore, there are risks associated with digital connectivity and availability of digital service. The Project team are currently planning a scoping exercise in some of the Partnership's most rural areas, including on the islands, to consider any potential network issues and allow for advance planning for implementation.
- Cyber security risk – as Telecare Providers source new and more advanced technologies, this is likely to bring an increased cyber security risk.

Whilst these risks are recognised, it is important to also highlight that the Project Team are actively seeking solutions and mitigations. Some examples of the key actions the team are taking are detailed below:

- The HSCP's Communication and Engagement Officer has developed a robust communication strategy as it has been identified early on in the project that communication and engagement are key to the success of the transition. This proactive strategy has included consistent and ongoing messaging, including information leaflets issued to all new Community Alarm users, written communication on a quarterly basis providing Analogue to Digital updates to all existing users, a press release early in 2023 and ongoing use of social media. The team have also attended various forums including the Irvine

	<p>Seniors forum, and information has been shared with various community groups and networks.</p> <ul style="list-style-type: none"> • A programme of routine visits has been underway since late 2022 and these are almost at 50% completion. This includes a home visit by one of our Community Alarm team to gather information on the equipment and telecommunication details of each Community Alarm user in North Ayrshire. This will provide valuable information in informing the direction of the project when this reaches installation stage. This also provides an opportunity for the team to provide advice and guidance on the analogue to digital transition, and compatibility with our technology. • The Project team are currently planning a scoping exercise in some of the Partnership's most rural areas, including on the islands, to consider any potential network issues and allow for advance planning for implementation. • The recruitment of a skilled TEC lead will provide valuable knowledge and experience in informing the project. The TEC lead, alongside other colleagues from the Project Team, meets regularly with key stakeholders including the Scottish Digital Office, Telecare providers and other Local Authority areas. • Despite the market challenges and supply difficulties, the North HSCP has already been able to procure equipment which is digitally enabled and continue to work alongside procurement colleagues to proactively take opportunities to secure kit.
2.11	<p><u>Community Alarm and Telecare Equipment Costs</u></p> <p>As already outlined in this report there will be financial implications for the HSCP with the transition from analogue to digital. The HSCP had a successful bid in early 2022 of a grant for £50,000 from the Scottish Government's TEC Programme to support the transition from analogue to digital. The North HSCP is using this grant to fund a Telecare Lead to project manage the analogue to digital programme. The Scottish Government have already confirmed that there is no further funding available to support Partnerships/Local Authorities with the transition of analogue to digital and that any other financial implications, including the full costs of upgrading Community Alarm and Telecare equipment, have to be met by each individual Partnership/Local Authority area. As such North Ayrshire Council has allocated £996k towards the cost of the analogue to digital transition, therefore the total budget for the project is £1,046k. The Partnership also has an annual recurring budget for the purchase of Telecare equipment of £214k.</p> <p>Testing has been ongoing by many Community Alarm and Telecare providers to determine if analogue telecare equipment can operate over a digital connection. However, it remains the view of the Scottish Digital Office that this should not be considered a viable or long-term solution by service providers unless no alternative digital solution exists. Therefore, it is anticipated that the Partnership will require to replace all of its current analogue equipment with an updated digital version of kit for every single user with a dispersed Community Alarm who is utilising the service at present. That current total projected costs associated with the project are £1,165m inclusive of replacement equipment, initial 2-year sim card costs and the costs</p>

	<p>associated with the project team. However as described within this report the costs of digital alarm equipment is subject to change and there have been recent cost increases to digital alarm equipment. Furthermore, a procurement exercise is planned to ensure best value for any expenditure therefore costs would be subject to the outcome of this procurement.</p> <p>There is also currently an average annual spend of approximately £207k on a yearly basis to replace and purchase Community Alarm and Telecare equipment. It is anticipated this ongoing yearly cost will also increase particularly in relation to the cost of digital equipment, compared to analogue alarms which are currently almost double the cost, and ongoing sim card costs per alarm installed which were not required for the analogue alarm units. However, the new digital equipment does provide access to more advanced software solutions for managing and recycling stock, therefore it is anticipated there will be efficiencies linked to stock management and recycling of equipment.</p>
3.	PROPOSALS
3.1	<p>It is important that the IJB note the digital developments above and the proposals detailed below.</p> <ul style="list-style-type: none"> • A procurement exercise will be conducted for the digital technology required to replace the existing analogue equipment installed in service users homes across North Ayrshire, taking into consideration opportunities to access existing Framework agreements that are currently in place. A service specification has been developed by the project team and takes into account business continuity arrangements to ensure any technology procured provides robust back up arrangements in the event of system down time. The Partnership intend to identify provider(s) of Community Alarm and Telecare equipment which is compatible with existing Tunstall peripherals, and Call Monitoring and Alarm Receiving Centre communication protocols. • The HSCP will continue with arrangements to ensure Community Alarm and Telecare services can continue to be delivered in the interim period whilst there is a blend of analogue and digital equipment and communication methods for activations. • A project plan has been developed for the analogue to digital transition. Where possible this will take into account a full survey of the telecommunications position across North Ayrshire – ie which providers are migrating when, when analogue lines will cease to become available, rural signal blackspots etc. The project plan and project board will continue to consider and manage risks associated with the switchover and mitigations to support safe and ongoing use of the Community Alarm and Telecare service. In the continued absence of a national switchover roadmap, in line with advice from the Scottish Digital Office, the replacement programme will commence transition in a planned basis considering risks for priority such as larger populated areas, frequent alarm users and users with the largest number of technology and peripherals.

	<ul style="list-style-type: none"> • A procurement exercise will require to be conducted for a Call Monitoring and Alarm Receiving Centre which is digitally enabled to receive calls from both analogue and digital devices to meet current and future Community Alarm/Telecare requirements. This procurement exercise must take into account business continuity arrangements to ensure any technology procured provides robust back up arrangements in the event of system down time. • The Community Alarm/Telecare service is a generic service and is currently not age or condition restrictive. In consideration of the potential cost implications linked to the digital transition and beyond there may be the requirement for the introduction of a specific eligibility criteria to access the Community Alarm/Telecare service and future cost/charge considerations.
3.2	<u>Anticipated Outcomes</u>
	The anticipated outcomes of this paper are to update the Integration Joint Board on the potential impact of the forthcoming analogue to digital transition. By providing regular updates of the proposals, financial implications and potential risks it is anticipated that the service will be in a stronger position to plan and deliver a safe and effective switchover for Community Alarm/Telecare users in North Ayrshire.
3.3	<u>Measuring Impact</u>
	The ongoing progress and impact of the analogue to digital transition will be measured via the Analogue to Digital Project Board and via the Transformation Board.
4.	IMPLICATIONS
4.1	<u>Financial</u> There will be financial implications linked to the costs associated with the analogue to digital switchover. Details of these costs are provided in section 2.11. The costs are not yet finalised but modelling at this stage suggests that the project is fairly well aligned with existing allocated resources.
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> None
4.4	<u>Equality/Socio-Economic</u> None
4.5	<u>Risk</u> Medium
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> The Partnership are committed to investing in technology solutions to provide Early and Effective Support to people in our communities.

5.	CONSULTATION
	Representatives from Community Care Services have been involved in regular consultation with the TSA, Scottish Government, Telecommunication and Telecare providers. This consultation will continue throughout the transition from analogue to digital and will incorporate consultation with users of Community Alarm/Telecare services in North Ayrshire. In addition, staff from the Community Care Services team are members of the networking groups who meet to discuss this transitional programme of work and the implementation of the analogue to digital strategy.

Kerry Logan, Senior Manager, klogan@north-ayrshire.gov.uk

Integration Joint Board

11 May 2023

Subject:	Suicide Prevention; Strategy, Learning and Development
Purpose:	This report is for: <ul style="list-style-type: none"> • Awareness • Discussion
Recommendation:	IJB are asked to: <ul style="list-style-type: none"> • Support the current plans and direction of travel.

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
NAHSCP	North Ayrshire Health and Social Care Partnership

1.	EXECUTIVE SUMMARY
1.1	<p>The IJB is asked to note the evident challenges in reducing suicide and to acknowledge the extensive range of related work being undertaken across the whole system and health and social care by suicide prevention groups and HSCP clinical and social care teams to evidence an impact on incidents of suicide in North Ayrshire.</p> <p>This paper provides strategic awareness and oversight regarding Suicide Prevention work within North Ayrshire and by North Ayrshire as Lead HSCP for Mental health on a Pan Ayrshire basis.</p>
1.2	<p>The paper aims to provide an update on:</p> <ul style="list-style-type: none"> • The New National Suicide Prevention Strategy; Creating Hope Together; Scotland's Suicide Prevention Strategy 2022-2032. • North Ayrshire and wider Ayrshire and Arran Suicide Prevention Strategy and Planning • Learning achieved through suspected Deaths by Suicide • Development of Training

2.	BACKGROUND
2.1	<p><u>The New National Suicide Prevention Strategy; Creating Hope Together; Scotland's Suicide Prevention Strategy 2022-2032</u></p> <p>In September 2022, The Scottish Government and the Convention of Scottish Local Authorities (COSLA) launched their new joint National Suicide Prevention Strategy; Creating Hope Together; Scotland's Suicide Prevention Strategy 2022-2032 Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032 (www.gov.scot)</p> <p>The vision was “to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.” They identified “to achieve this, all sectors must come together in partnership, and we must support our communities so they become safe, compassionate, inclusive, and free of stigma.” Therefore, their overall aim “for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope.</p> <p>4 priority areas for achieving the vision and aim were as follows:</p> <ul style="list-style-type: none"> • Build a whole of government and society approach to address the social determinants which have the greatest link to suicide risk. • Strengthen Scotland's awareness and responsiveness to suicide and people who are suicidal. • Promote and provide effective, timely, compassionate support – that promotes wellbeing and recovery. • Embed a coordinated, collaborative and integrated approach. <p>Detailing the first stage of the Scottish Government and COSLA's 10-year suicide prevention strategy, a 3-year national action plan for 2022-2025 was co-produced creating-hope-together-scotland-s-suicide-prevention-action-plan-2022-2025.pdf (www.gov.scot).</p> <p>The actions are designed to support the delivery of 4 longer term outcomes:</p> <ul style="list-style-type: none"> • Outcome 1: The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment. • Outcome 2: Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support. • Outcome 3: Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways. • Outcome 4: Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence. We improve our approach through regular monitoring, evaluation and review.

	<p>And built around 6 action areas:</p> <ul style="list-style-type: none"> • Action area One: Whole of Government and society approach • Action area Two: Access to means • Action area Three: Media reporting • Action area Four: Learning and building capacity • Action area Five: Supporting compassionate responses • Action area Six: Data, evidence and planning
2.2	<p><u>Local Suicide Prevention Strategy, Governance and Plan</u></p> <p>The Local Area Action Plan Guidance published in April 2021 by NSPLG, provided advice to local areas that local action plans should be developed based on local needs and not solely localise the national action plan, leaving local areas to determine their own priorities. North Ayrshire alongside wider Ayrshire and Arran have reviewed and enhanced governance arrangements in relation to oversight for Suicide prevention which is now reported through Chief Officer's Public Protection Groups and is fundamental to CPP, NHS Board and HSCP planning priorities.</p> <p>The governance supporting suicide prevention within North Ayrshire is described below:</p> <p><u><i>Pan Ayrshire Suicide Prevention Group:</i></u></p> <ul style="list-style-type: none"> • In the capacity and strategic role of lead HSCP for mental health, the Head of Service for Mental Health chairs a multi-agency pan Ayrshire suicide prevention group, supported by Public Health. <p><u><i>North Ayrshire Strategic Suicide Prevention Group:</i></u></p> <ul style="list-style-type: none"> • North Ayrshire HSCP has established a long-standing Strategic Suicide Prevention Group, chaired by the Independent Chair of the Child and Adult Protection Committee. This strategic group reports to the Chief Officers Public Protection Group and delivers oversight of the work of the North Ayrshire Young Person's Suicide Taskforce and a suspected Death by suicide review group. <p><u><i>North Ayrshire Young People's Suicide Taskforce:</i></u></p> <ul style="list-style-type: none"> • The North Ayrshire Young Peoples Suicide Taskforce was established in 2018 in response to a number of young teenage deaths locally and provides an immediate multi-agency crisis response if a death of a young person under 18 by suicide occurs in North Ayrshire. <p><u><i>North Ayrshire Adult Suicide Prevention Taskforce:</i></u></p>

- The Adult Suicide Prevention Task Force was established in 2022 with a focus on the review of deaths by probable suicide for all adults in North Ayrshire to ensure review and thematic learning is undertaken as promptly as possible to ensure targeted response and intervention. This is to complement and build upon the existing review pathways through the AERG.

The governance framework is illustrated in Appendix 1.

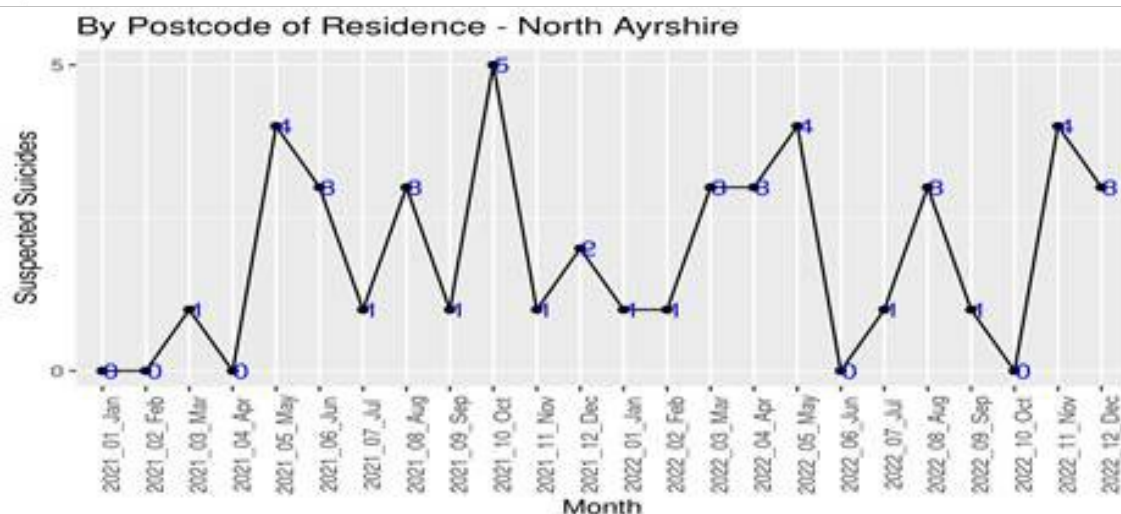
The taskforce approach has 5 key action areas.

1. Data - developing a meaningful dataset from which key actions can be agreed and information shared.
2. Training - develop a North Ayrshire strategic approach to Suicide Prevention training for those working with Children and Young People so that workers feel equipped to raise the issue and support young people and their families/friends.
3. Communications and Campaigns – develop inclusive campaigns raising awareness of suicide prevention and in partnership with National Programmes.
4. Support after a Suicide - work alongside the National Bereavement service pilot (Penumbra) based in Ayrshire and Arran, as well as develop local resources e.g., Staff Support Resource
5. Working together – joining up actions and working in alignment to deliver consistent messages across all services and teams and create space for discussion and learning.

2.3 Learning achieved through Suspected Suicide Deaths

The strategic group continues to focus on the critical work of preventing future deaths by learning from those that have already occurred and as highlighted within the national strategy, “every life lost to suicide is an enormous tragedy. And every life lost leaves devastating and long-lasting impacts on families, friends, and communities”. This theme is particularly echoed in the national action plan; “identifying learning from suicide bereavement support services”. Fortunately, as Ayrshire and Arran is one of the two national pilot sites for Bereavement support services updates on not only national learning, but more importantly local learning is routinely shared. Penumbra are a key member of the established North Ayrshire Suspected Death by Suicide Review Group.

The Suspected Death by Suicide Review Group was initially established in January 2022. North Ayrshire has a higher rate of suspected Suicide per head of population than East and South Ayrshire and can exceed (although not always) the Scottish average rate. The suspected deaths by suicide within North Ayrshire released by public health publication are provided for context:



For individuals known to services, an unexpected death is likely to result in a formal investigative process (i.e., for Health - Significant Adverse Event Reviews (SAERs) and/ or Significant Case Reviews (SCRs) – predominantly social care (but could include health). However, for those not known to services in the previous 12 months to their death, no formal scrutiny or review would take place. In recognition that 'every life' matters, it is critical that there is parity of review for those not known to services. A North Ayrshire Suspected Death by Suicide Review Group has therefore been convened aligned with a revised governance framework for suicide prevention as noted in this report.

The Suspected Death by Suicide Review Group, initially reviewed all deaths who were not already subject to formal processes. The reason for this separation was that there were cases that required review from March 2021 and to avoid duplication of review processes that were already in progress.

However, since December 2022, as the group had worked through the reviews and were now meeting to discuss current and recent cases, it was agreed that all deaths were to be included.

This provided several benefits:

- ✓ Full learning is achieved from all deaths, and not confined or differentiated between those in service and not. Providing the full picture of those people known to North Ayrshire.
- ✓ More importantly, if there is a requirement to identify and follow up on support and resources for those affected by suicide, this can be achieved at the time, or as close to the bereavement as possible. This support would be available to staff, close family and friends and others impacted by the death.

- ✓ Learning from the reviews to date has allowed consideration of what training and development is required, but also consideration of where it is required.
- ✓ Learning from the reviews to date has also supported the development of information and resources and contact with services or agencies not previously receiving suicide prevention information.

2.4 Development of Training

Since December 2021, two Safety and Wellbeing Trainers have been funded by Mental Health services providing Suicide Prevention Training on a Pan Ayrshire basis. These roles are both funded via Mental Health innovation funding allocation. One post has been on a permanent basis and the second on a 24-month fixed term basis until December 2023.

From January to July 2022 courses were offered on a short-term basis as the new trainers piloted the workshops. Since July 2022 there has been a training calendar agreed between trainers and suicide prevention leads and offering a mix of face to face and online training. The calendar offers training mostly at Informed Level NES training and safe TALK. -Living works training. But within limited capacity ASIST - Living works training has now also been offered.

In summary, from January to December 2022 the following courses were successfully delivered:

Course	No. Courses MS Teams	No. Courses F2F	No. Courses Total	No. Participants
(NES) Ask Tell Save a Life (Generic)	24	6	30	276
(NES) Ask Tell Save a Life (Children & YP)	5	2	7	71
safe TALK	0	6	6	66
ASIST	0	1	1	11
Total for 2022	29	15	44	424

A training plan for 2023 has already been distributed with the following opportunities available:

Course	No. Courses MST	No. Courses F2F	Total Courses
Ask Tell Save a Life (Supporting Adults)	8	6	14
Ask Tell Save a Life (Supporting Children & YP)	5	3	8
safe TALK	0	6	6
ASIST	0	1	1
Total Jan – April 2023	13	16	29

Locally in North Ayrshire the Choose Life Manager continues to offer training and awareness raising as capacity allows. Currently work is underway to create a Children and Young Peoples Training Strategy in partnership with the Young Peoples Suicide Taskforce. The Choose Life Manager delivers training as requested e.g. through Education, Youth Services, Third sector (CMHWP fund), Foster carers and District Nurses. As well as responding to groups identified through the Suspected Death by Suicide Review Group.

In addition to the above, clinical staff across mental health services have continued to deliver BRITE as part of Mental Health Services, focusing on clinical risk assessment and documentation in response to the current gap in enhanced and specialist level suicide prevention training. Requests for and delivery for BRITE has also been undertaken out with Ayrshire and Arran. With income generation to cover the cost of training and backfill of clinical staffs shifts.

There are a number of infrastructure and resource issues which require consideration to ensure the sustainability of provision moving forward.

3.

PROPOSALS

Creating Hope Together: Suicide prevention in Ayrshire event

In anticipation of, and following publication of the new National Strategy, North HSCP as lead for the Pan Ayrshire suicide prevention group hosted a Pan Ayrshire launch event on the 14th of December 2022 with the purpose being to compose a new local strategy and action plan.

Strategic actions and themes collated from this event are being considered by the North Ayrshire Strategic Suicide Prevention Group to enable a localised multiagency plan to be developed.

The full and extensive report is attached at Appendix 2. The full and extensive summary report will be shared with a future IJB with a North Ayrshire specific and Pan Ayrshire action plan. A short summary of the key themes and findings identified from the event include:

Action Area 1: Whole Government and Society approach –

- Work collaboratively across Ayrshire and Arran to prevent suicide. Ensure all the parts of the Local Government and partner agencies will look at how to help prevent suicide through their work, and when making future decisions impacting the Ayrshire population.
- Ensure the workforce and community have the right skills and understanding of mental health and suicide to recognise risk factors, have caring conversations and provide help for people in distress, linking them to the appropriate support at the right time.

Action area 2: Access to means.

- Early identification of locations of concern and work collaboratively to implement any possible mitigations and prevention activity.

Action area 3: Media reporting

- Consider ways to work with local media, providing education and support to complement and build on work being implemented nationally through the strategy.

Action Area 4: Learning and building capacity.

- Review existing local learning opportunities contributing to preventing suicide across the life course and the stages of intervention, from prevention and early intervention to intervention, recovery and postvention.

Action Area 5: Developing a Compassionate Response

- Continue to develop and build on the roll out of Distress Brief Interventions Programme to ensure it supports people at the earliest opportunity.
- Identify opportunities to promote the Bereavement Support Service and ensure people can access the service at the right time.
- Develop a targeted and planned approach to raising awareness of Time, Space, Compassion approach, linking to other relevant areas of work such as Trauma Informed Practice to support the action area in relation to supporting a compassionate response.

3.1 Recommendations and future Considerations -

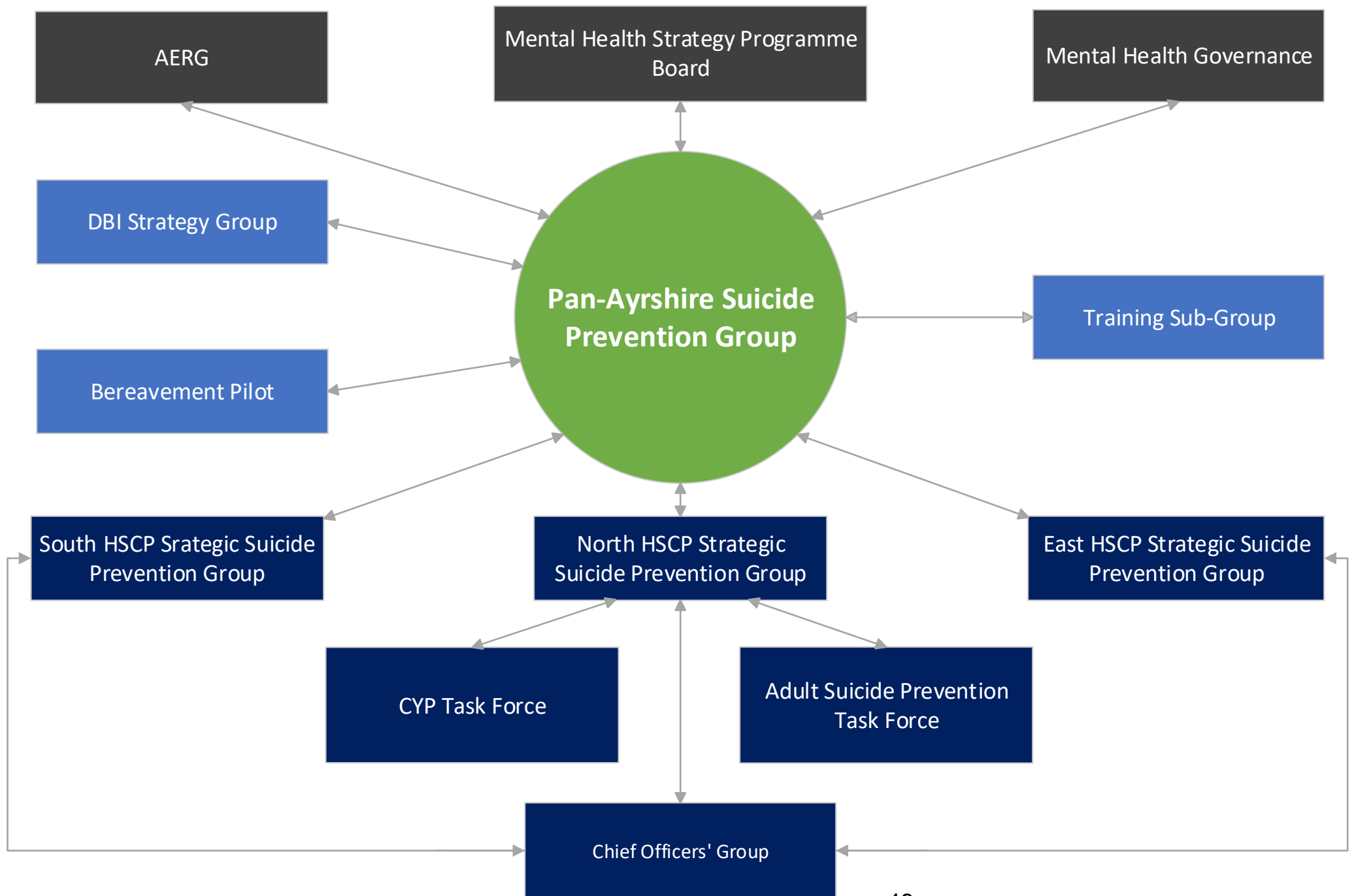
In summary, the new approach to the suicide prevention strategy and plan is fully in alignment with North Ayrshire and wider Ayrshire planning developments and ambitions. It remains concerning that the rates have suicide have not reduced over the last few years and North Ayrshire has a higher rate of suspected Suicide per head of population than East and South Ayrshire currently.

	<p>There has been additional investment from North Ayrshire as the Lead HSCP for Mental Health in whole system prevention training capacity which will complement the national developments linked to the Mental health recovery and renewal plan.</p> <p>The learning gleaned from reviews in addition to analysis of local demographics will enable targeted approaches to training, a comprehensive training needs analysis, better reach to communities with new pro-active engagement supported and in alignment with a new Suicide Prevention Action Plan.</p> <p>Ayrshire and Arran are also a key pilot site for the delivery of the national Bereavement service. In addition, North Ayrshire as the Lead HSCP for Mental Health has commissioned a Pan Ayrshire Distress Brief Intervention Service as a key local action plan priority in response to 'Every Life Matters'.</p> <p>The new strategy and action plan will provide a framework of prevention assurance to complement national mental health and wellbeing investment in addition to renewal and recovery investment for Mental health locally including funding allocated to communities and Education targeted on early intervention and prevention for adults and young people.</p>
3.2	<u>Anticipated Outcomes</u>
	<p>Reduce the number of suicide deaths whilst tackling the inequalities which contribute to suicide. To drive change, all sectors and partners need to work and learn together across the whole system to fully impact the social determinants which contribute to suicide. The Creating Hope Together Ayrshire Event is a starting point to develop an ambitious plan with commitment from a wide range of partners in the strategic priority of suicide prevention.</p>
3.3	<u>Measuring Impact</u>
	<ul style="list-style-type: none"> - Continue to develop and evolve the Death by Suicide review process and share learning across the three local authority areas. - Develop a life course approach to Mental Health and Suicide Prevention considering key areas for intervention. - Investigate approaches to improve communication and ways of working and learning together to better support those accessing services e.g Human Learning Systems - Identify ways to have more people with lived experience involved with suicide prevention across Ayrshire and Arran and ensure they continue to be placed at the heart of any work on taken forward locally. - Use local data, research, and intelligence to influence and design the Ayrshire response to preventing suicide.

4.	IMPLICATIONS
4.1	<p><u>Financial</u></p> <p>The dedicated training support described is supported by non-recurring funding, funding sources are being considered to support the sustainability of provision and to embed the training into practice and to provide additional training opportunities/capacity.</p>
4.2	<p><u>Human Resources</u></p> <p>n/a</p>
4.3	<p><u>Legal</u></p> <p>n/a</p>
4.4	<p><u>Equality/Socio-Economic</u></p> <p>Our response to suicide prevention to reduce the number of suicide deaths will require a whole system approach to tackling the inequalities which contribute to suicide.</p>
4.5	<p><u>Risk</u></p> <p>Sustainability of national Scottish Government funding for mental health and wellbeing for children and adults. Inability to support financial or through resource will limit ability to support suicide prevention and address the social determinants of mental health and wellbeing.</p>
4.6	<p><u>Community Wealth Building</u></p> <p>Wider community benefits; targeted groups, Third and independent sector, H&SCP staff and NHS.</p>
4.7	<p><u>Key Priorities</u></p> <p>Suicide Prevention is a key and critical HSCP and whole system strategic priority.</p>
5.	CONSULTATION
5.1	<p>Whole system engagement was facilitated at the Pan Ayrshire launch event on the 14th December 2022.</p> <p>This paper aims to provide a strategic awareness and oversight as to the work around Suicide Prevention in and led by North Ayrshire.</p> <p>Over the past years, North Ayrshire has made great strides in learning from any suicide events, however, the prevention and early intervention work remains a critical factor in delivery of outcomes to prevent suicide.</p>

Thelma Bowers, Head of Service, Mental Health
thelmabowers@north-ayrshire.gov.uk
01294 317849

Governance for Suicide Prevention



CREATING HOPE TOGETHER: SUICIDE PREVENTION IN AYRSHIRE

14th December 2023

EVENT REPORT



Creating Hope Together: Suicide Prevention in Ayrshire

Event Report

Summary

Following the publication of Creating Hope Together, the new [Suicide Prevention Strategy and Action Plan for Scotland](#), the Pan Ayrshire Suicide Prevention Group held an event on the 14th December 2022 to seek views to inform the next Action Plan.

The aim of the event was to set out the current national and local context for suicide prevention, as well as providing an opportunity for a wide range of partners to come together to start developing a whole systems approach to preventing suicide, across the life stages for Ayrshire and Arran.

Thelma Bowers, Head of Mental Health Services chaired the event. Speakers included Shirley Windsor, Organisational Lead- Suicide Prevention, Public Health Scotland and Haylis Smith, Policy Manager, COSLA, who introduced [Creating Hope Together: Scotland's Suicide Prevention Strategy and Action Plan](#), outlining the development journey and highlighting the areas of focus. This was followed by three presentations, each highlighting some of the key activity and recent developments being implemented through the local Ayrshire Suicide Prevention plans. Information stalls offered additional information about the excellent work taking place across Ayrshire and Arran, contributing to this agenda. The Third Sector Interface for each local authority area showcased some grassroots work, many of which received monies through the Community Mental Health and Wellbeing Fund and local Suicide Prevention Resources and Training information was also available.

The North Ayrshire Recovery College brought some vitality to the event through an energetic performance by Drum for Ur Life. Attendees were also encouraged to participate and enjoy the benefits of drumming with Jeanette Allan, Service Manager- RAMH North Ayrshire Wellbeing and Recovery College directing the room, leaving everyone feeling invigorated.

The remainder of the event was dedicated to facilitated group discussions. The first session aimed to highlight that preventing suicide is everyone's business, across partner organisations, services and communities, with action required at various stages from the promotion of wellbeing (primary prevention) through early intervention, intervention, postvention and recovery. Attendees were also tasked with identifying key areas for action that would contribute to the new Pan Ayrshire action plan by considering local need and opportunities for collaborative work, in line with the four outcome areas outlined in the National Strategy. Some themes emerging from the discussions included recognising the importance of:

- Preventative action, through promoting wellbeing and addressing the social determinants of mental health and root causes of suicide.
- All sectors and communities working together, understanding the role everyone can play in preventing suicide and recognising that it is everyone business.
- Breaking down stigma and barriers to discussing suicide.
- Better communication and information sharing to ensure awareness of services, roles and third sector/community supports across Ayrshire.

The outputs from the event have been collated in this report with recommended actions for further consideration (See Appendix 1- Summary of all actions for further consideration), to form the basis of further discussion to create the next iteration of the Pan Ayrshire Suicide Prevention Action Plan. It is hoped that further local conversations will take place to align the local plans and target action to local need in order to prevent suicide across Ayrshire and Arran.

Introduction

The Scottish Government and COSLA published a new 10-year strategy, in September 2022, to tackle the factors and inequalities that can lead to suicide, [Creating Hope Together: Scotland's Suicide Prevention Strategy](#) and [Action Plan](#).

The Pan-Ayrshire Suicide Prevention Group held a partnership engagement event in December 2023 to gather views and experiences in order to help shape and inform a new Pan-Ayrshire Suicide Prevention Action Plan, following the launch of the National Strategy. This report will provide an outline of the event content, an overview of themes raised during the discussions and some considerations for local action. It was hoped that this event would start discussions relating to action required across Ayrshire to prevent suicide, with subsequent engagement with relevant stakeholders to further develop suicide prevention work.

Purpose of event

The aim of this event was to set out the current national and local context for suicide prevention, as well as providing an opportunity for a wide range of partners to come together to start developing a whole systems approach to preventing suicide, across the life stages for Ayrshire and Arran.

Suicide prevention is everybody's business. The event aimed to engage wider partners who are able to contribute to preventing suicide but may not traditionally recognise their role in this agenda. To drive change, all sectors need to work and learn together. It is hoped that the Creating Hope Together Ayrshire Event was a starting point to develop an ambitious plan with commitment from a wide range of partners.

Attendees

In total there were 70 participants, made up of (broadly speaking) a range of partners from NHS Ayrshire & Arran, Health and Social Care Partnerships (East, North and South), Third Sector organisations, Police Scotland and Scottish Fire and Rescue Service.



Speakers

The event comprised of a range of presentations sharing National and Local updates relating to Suicide Prevention as well as facilitated discussion groups with Thelma Bowers, Head of Mental Health Services acting as Chair.

Public Health Scotland and COSLA opened the event with a presentation to introduce [Creating Hope Together: Scotland's Suicide Prevention Strategy](#) and [Action Plan](#), followed by three presentations, each highlighting some of the key activity and recent developments being implemented through the local Ayrshire Suicide Prevention plans in East, North and South Ayrshire.

Information stalls offered additional information about the excellent work taking place across Ayrshire and Arran, contributing to suicide prevention agenda. The Third Sector Interface for each local authority area showcased examples of grassroots work, many of which received monies through the Community Mental Health and Wellbeing Fund, and local Suicide Prevention Resources and Training information was also available.

The North Ayrshire Recovery College brought some vitality to the event through an energetic performance by Drum for Ur Life. Attendees were also encouraged to participate and enjoy the benefits of drumming with Jeanette Allan, Service Manager- RAMH North Ayrshire Wellbeing and Recovery College directing the room, leaving everyone feeling invigorated.

Setting the National Context

Shirley Windsor, Organisational Lead- Suicide Prevention, Public Health Scotland and Haylis Smith, Policy Manager, COSLA, provided the National context at the start the event, introducing [Creating Hope Together: Scotland's Suicide Prevention Strategy](#) and [Action Plan](#). Their presentation outlined the development journey of the strategy which included comprehensive engagement with individuals, groups and communities including those at risk groups to ensure a wide range of views; analysing data and evidence and identifying gaps; discussions across government and targeted engagement; followed by a consultation of the draft strategy with the final Strategy and Action Plan being launched in September 2022.

Shirley and Haylis also provided an overview of the Strategy Vision and Outcome Areas (outlined below), the national delivery structure and next steps for the National team. Although the Creating Hope Together Strategy provides a national direction for Suicide Prevention in Scotland, the presenters highlighted that a Pan-Ayrshire action plan should also reflect the local needs.

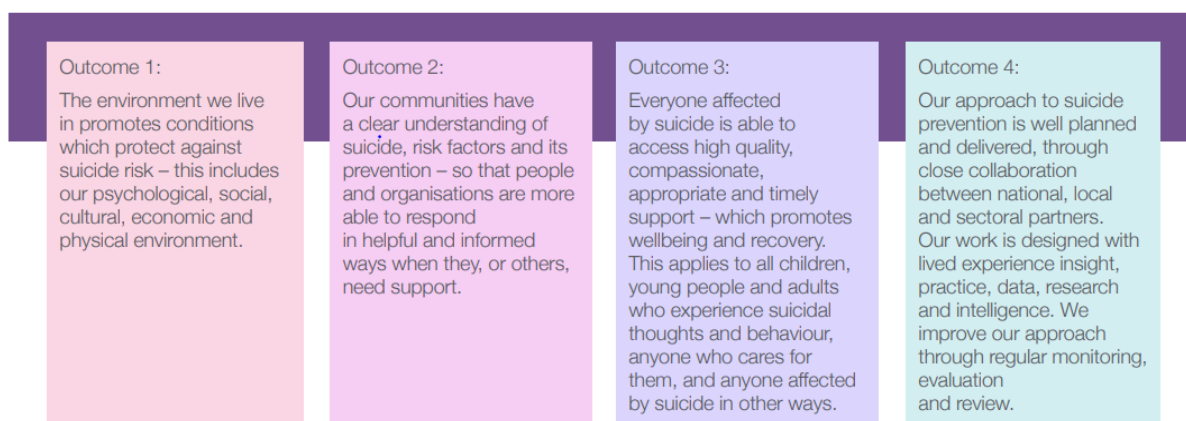
Creating Hope Together- Vision

Our vision is to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.

To achieve this, all sectors must come together in partnership, and we must support our communities so they become safe, compassionate, inclusive, and free of stigma.

Our aim is for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope.

OUTCOMES



PRIORITY AREAS



Local Context

Three presentations followed, providing a brief overview of key activity and recent developments being implemented through the local Ayrshire Suicide Prevention plans. Each locality, East, North and South Ayrshire were invited to deliver a short presentation about key areas of work. The speaker were:

- **East Ayrshire**- Linda Chisholm, Team Leader: Lifestyle Development and Community Wellbeing Vibrant Communities, East Ayrshire Council
- **North Ayrshire**- Sarah Watts, Choose Life Manager-North Ayrshire (NAHSCP)
- **South Ayrshire**- Mark Inglis, Head of Children's Health, Care and Justice Services (SAHSCP) and Chair of South Ayrshire Suicide Prevention Strategic Oversight Group

Within each 10 minute presentation, the speakers provided some background detail about their local Suicide Prevention Group and associated action plans, as well as an update on the Death by Suicide review groups which are all at different stages of development. Each speaker also took the opportunity to highlight some areas of good practice, which included South Ayrshire's commissioned support services and excellent grassroots community work. East Ayrshire's focused on the School Wellbeing Approach and their Here to Listen approach and campaign materials; and North Ayrshire concentrated on the many interventions taking place within Education and their Service Access Suicide Prevention Pathway.

These inputs provided an ideal opportunity to showcase the fantastic range of work taking place across the whole of Ayrshire and Arran. It was a great way to share learning, idea and resources.

Public Health Context

Sally Armor, Public Health Consultant: Inclusive Health, NHS Ayrshire & Arran unfortunately was unable to attend the event on the day to present but has provided some thoughts, below, for consideration from a Public Health perspective.

A public health life course approach to suicide prevention creates opportunities. How do we understand the origins of risk for suicide and work preventively to reduce risks?

The primary focus of suicide prevention work tends to be individualised and orientated around individual risks as they present. Suicide prevention initiatives focus on consideration of assessment, awareness and skills training, addressing stigma and individual, family and community capacity building. While these endeavours serve an important purpose, there is a 'persuasive case'¹ to be made for a wider lens of awareness and interventions that address the primary and root causes of individual, family and community distress that lend to suicide events.

This involving a relational and life circumstances approach across life, rather than a primary orientation on mental illness and disorder.

There is emergent and growing evidence of the influence of early adversity and the intergenerational transmission of distress and related suicide risk. This can be explored through:

- consideration of early adversity as experienced in the home
- structural inequalities, (income, food, housing insecurity, community violence)
- family distress, (abuse, neglect, conflict and violence)

These factors influence brain and body development and the mediating role of relationships (attachment style, capabilities, skills and vulnerabilities).

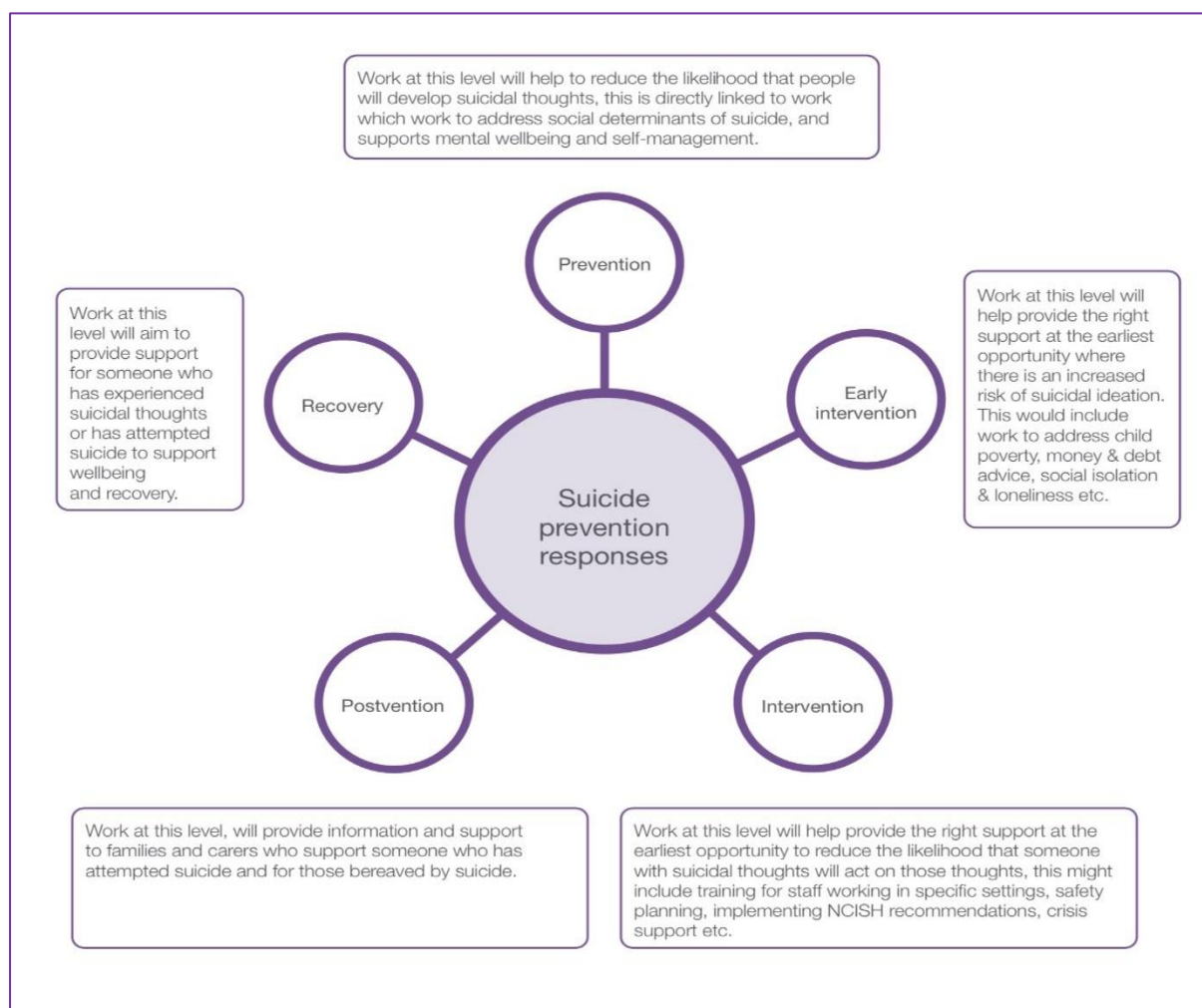
Understanding how shared and common experiences of adversity in childhood informs growth and development, lays the physiological pathways that increase the risk of mental illness and distress that lend to suicide events presents opportunities for suicide prevention programmes that start at the earliest moments in life. This involves addressing the wider determinants of health and structural inequality and a related focus on parent and adult relationships and relationships with practitioners and clinicians that confer safety and trust to parents, mediated through relationships with the starting point of What Happened to you? Rather than, what is wrong with you?

Discussion Groups

The remainder of the event was dedicated to facilitated group discussions. The first session aimed to provide an opportunity for attendees who were new to suicide prevention to consider their role and where they could take action while also encouraging everyone to think about action required at various stages from the promotion of wellbeing (primary prevention) through early intervention, intervention, recovery and postvention (see figure 1). A key aim of the event was to highlight that preventing suicide is everyone's business, across partner organisations, services and communities. It was hoped this discussion would prompt wider discussions about who should be involved in preventing suicide and what more could be done across Ayrshire to build on existing suicide prevention work.

¹ [Neuroscience-Molecular-Biology-and-the-Childhood-Roots-of-Health-Disparities-Building-a-New-Framework-for-Health-Promotion-and-Disease-Prevention.pdf \(researchgate.net\)](#) 23.11.2021

Figure 1: Taken from Creating Hope Together Strategy (2022), the diagram below sets out the type of responses needed to be able to offer people. None of these responses are stand- alone areas; action is required across these areas to help prevent suicide.



Discussion 1, required groups to read and discuss the scenario provided and consider the role that each individual in the group and their colleagues could play to prevent suicide at each stage. By the end of the sessions it was hoped that participants would:









- Be able to identify and understand some risk factors/causes of suicide
- Have an increased awareness of the various stages where suicide prevention interventions (direct or indirect) can take place from prevention to recovery
- Understand that suicide prevention is everyone's business
- Better understand the whole system/whole society approach to suicide prevention and started to formulate ideas to take forward to prevent suicide in Ayrshire

Attendees were also tasked, as part of the second facilitated discussion session, with identifying key areas for action that would contribute to the new Pan Ayrshire Suicide Prevention action plan by considering local need and opportunities for collaborative work, in line with the four outcome areas outlined in the National Strategy.

Themes and Key Take Aways

It was recognised that there is already a lot of good practice taking place and attendees valued the opportunity to hear about the wide ranging interventions and collaborative working taking place across Ayrshire and Arran.

Throughout the various facilitated discussions, some similar themes were emerging. For example, attendees highlighted the importance of:

-  Preventative action, through promoting wellbeing and addressing the social determinants of mental health, inequalities and root causes of suicide.
-  Prevention and early intervention and taking a life course approach to ensure targeted and appropriate interventions are delivered.
-  Raising awareness of suicide, suicide prevention and pathways to support across services, business and communities through campaigns and learning opportunities.
-  Breaking down stigma and barriers to discussing suicide
-  Ensuring our services offer high quality, compassionate and timely support to everybody to promote wellbeing and recovery. These services should be easy to access and equitable across Ayrshire.
-  Effective communication and information sharing between services to ensure awareness of services, roles and third sector/community supports across Ayrshire.
-  Fostering the idea that suicide prevention is everybody's business and supporting everyone to identify their role in preventing suicide.
-  Acknowledging the many cross cutting themes that impact on suicide and the need for whole systems approach. All sectors and communities need to work together.

Further detail on the themes discussed in session 2 and areas for consideration for inclusion in the Pan-Ayrshire Action plan is outlined later in the report.

Event Feedback

At the end of the day, participants were asked to share how they had experienced the event. Here is what people said:



FACILITATED DISCUSSIONS- EMERGING THEMES

The following part of the report aims to highlight the themes that emerged from the facilitated discussions in each of the four Strategy Outcome Areas. It also provides some areas for the Pan-Ayrshire Suicide Prevention to consider in each of these areas as a result of the event feedback.

Outcome 1: The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.

Action Area 1: Whole Government and Society approach

Prevention and early intervention were strong themes throughout all four of the Outcome Areas each of which were discussed. Outcome 1 created the opportunity to discuss what action could be taken locally to reflect the many cross cutting themes and address the social determinants of mental health and suicide. In other words, what needs to be done across Ayrshire and Arran to promote the culture of suicide prevention being everybody's business?

As outlined in the National Strategy, it was agreed that Outcome 1 required local action in two key areas, these being:

- Tackling suicide should be carried out using a whole system/whole society approach to address the underlying causes and inequalities. It was expressed that improved communication across all agencies was needed, with opportunities to learn from each other, sharing perspectives and making improvements with all sectors working together. Where possible, work should be considered with a Pan-Ayrshire approach with local learning being shared and replicated where appropriate.
- The workforce and community who are likely to come into contact with people who are at greater risk of suicide should have adequate skills, knowledge and confidence to be able to respond to someone in distress. This later point was discussed in greater detail as part of discussion relating to Outcome 2 highlighting specific action required to raise awareness, address stigma, and build capacity to listen and offer compassionate and timely support.

It was felt that further engagement was needed to ensure services and organisations who may not consider themselves as having a role in preventing suicide fully understand the role they can play and what specifically can be done within their area of work to mitigate factors of concern and/or offer a supportive role at an individual level. Working more collaboratively, making links across different policy areas which impact on the suicide prevention agenda and ensuring decision making is influenced using evidence of the known risk and protective factors of suicide should be considered. Locally, further conversations are required to identify areas for action. Local knowledge and understanding about suicide in Ayrshire should be used to take forward a targeted approach, across the life course. In addition, the Whole Government and Society approach set out in the [National Action Plan \(Annex 1\)](#) highlighting the actions to be taken, could be used to as a guide, to consider local areas for action. Figure 2 provides an overview of the national policy areas identified:

Figure 2- Whole Government and society approach

Mental Wellbeing and Social Care



Whole Government Policy



Specific areas of concern highlighted included poverty/cost of living; housing and homelessness; social isolation and loneliness; physical health/illness and how these can impact on mental health and increase risk of suicide. It was recognised that the impact of living in poverty and experiencing money worries can have on an individual's mental health. Creating opportunities for those working in roles supporting individuals with the cost of living e.g. Foodbanks, money matters teams to recognise risk of suicide, offer an opportunity to listen and access the correct support for any individuals who require it. Furthermore, action to break down the stigma of poverty, claiming benefits and financial problems featured greatly in discussions. Recognition was given to the impact of stigma and the need to break the taboo surrounding this issue as it prevents people from seeking help or talking about the root cause of their distress.

Various aspects of physical health were highlighted as areas for consideration to support suicide prevention work. Physical health and mental health cannot be separated as they are inextricably linked. Individuals cannot have one without the other, yet consideration of mental health and wellbeing is often not fully addressed where people are living with or experiencing health conditions. It was suggested that more action is needed to improve information and support provided to this group of individuals to support them to cope with the impact on their mental

wellbeing. Particular areas highlighted included long term conditions, menopause, cancer and pain. Conversations concentrated around the need to look at the whole picture of a person's life, rather than just treating the physical condition and for support to address areas that could be impacting on their life and their condition, recovery or general health and wellbeing. Questions were raised about whose role this could or should be across the health services. The Community Link Worker roles are doing this but with limited capacity. Therefore, action could be taken to build skills and knowledge to improve health outcomes and contribute to tackling suicide.

The role of communities was another theme that, again, featured throughout the outcome areas. In this first discussion, there was a general feeling that how communities interact has changed over time and there is a need to return to community support in order to prevent suicide. Community spirit was visible during the height of the Covid-19 pandemic where people were checking on each other, is there a way this could continue to be harnessed? It was recognised that knowing who your neighbour is, especially in small towns, where social isolation may be higher, provides a whole host of benefits to individuals, groups and communities. Love, support and kindness were all words used in these discussions. These were all considered as critical to creating an environment across Ayrshire where people feel cared for, it is okay to ask for help and feel confident they will receive a compassionate response.

Actions for consideration:

Work collaboratively across Ayrshire and Arran to prevent suicide. Ensure all the parts of the Local Government and partner agencies will look at how to help prevent suicide through their work, and when making future decisions impacting the Ayrshire population.

- Review the representation of the Pan Ayrshire Suicide prevention group to reflect Whole Government and Society Approach to support cross cutting discussions
- Work to address causes and inequalities of suicide eg poverty & substance use, considering targeted interventions to improve mental health
- Identify current areas of work and policy where it could be reviewed through the lens of suicide prevention e.g considering careful work practices. The example given was the Community Justice System not liberating people from prison on a Friday when no services will be available
- Advocate or lobby for decisions made at a National level to be changed or improved in order to mitigate the impact on suicide.

Ensure the workforce and community have the right skills and understanding of mental health and suicide to recognise risk factors, have caring conversations and provide help for people in distress, linking them to the appropriate support at the right time.

- Target specific communities and sectors of the workforce across public services where individuals at greatest risk may be interacting
- Review and interpret emerging evidence, best practice, guidance and research and consider ways to share with and support partners to implement locally, where relevant.

Action area 2: Access to Means

Some of the local actions discussed in order to prevent people from hurting themselves included:

- Early identification of locations of concern and work collaboratively to implement any possible mitigations
- Early identification of locations of concern to implement preventative activity in the area e.g work with coastguard to identify preventative interventions
- Work with Planning Department colleagues in each local authority area to ensure suicide prevention is considered within Local Development Plans (LDP's). In particular, new structures give cognisance of suicide risk and mitigations are identified at the design stage, preventing the site becoming a new location of concern.
- Highlight the National Guidance* locally to relevant partners and work together to identify how this guidance can be used and implemented.

*²National Guidance

Action Area 3: Media Reporting

Social media was a significant issue and featured consistently as an important area for concern and therefore action throughout each outcome area. Discussion focussed around how suicide was talked about on social media and the potential risk to influence clusters occurring, particularly among young people. There was a strong feeling that Government needed to take a role in rolling out appropriate content to support people who may be reaching crisis point and questions were raised about the ability of the government to influence social media e.g. how algorithms work in relation to sensitive topics such as suicide.

It was proposed that the Samaritans Social Media guidance could be used to provide training and education as a way to promote use of the correct language and consider other areas for action to address the many issues with social media and the impact on suicide.

Similarly, local consideration could be given to how media reporting can be influenced and educated to complement and build on work being implemented nationally through the strategy.

² National Guidance*

- [National Guidance on Identifying and Responding to a Suicide Cluster](#)
- [National Guidance on Action to Address Suicides at Locations of Concern](#)
- [National Guidance on Managing the Risks of Public Memorials After a Probable Suicide](#)

Action for consideration:

- Identify ways to use the Samaritans Social Media guidance to promote use of the correct language and address risks associated with social media and its impact on suicide.
- Consider ways to work with local media, providing education and support to complement and build on work being implemented nationally through the strategy.
- Advocate or lobby for decisions made at a National level to be changed or improved in order to mitigate the impact on suicide.
- Actively share good practice, celebrate the positives and good outcomes as a way to support learning and continue to encourage action to prevent suicide across Ayrshire and Arran.

Outcome 2: Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.

Action Area 4: Learning and building Capacity

Conversations, in relation to this Outcome Area, largely focused around the importance of prevention and early intervention. Raising awareness through campaigns and learning were thought to be fundamental to ensure a better understanding of suicide, risk factors and its prevention. Communication between services, statutory and third sector, was also highlighted as a key area for improvement and was threaded through these discussions.

CAMPAIGNS TO RAISE AWARENESS, TACKLE STIGMA & ENCOURAGE CARING CONVERSATIONS

Much of the discussion focused on increasing awareness of suicide, suicide prevention and access to support, information and resources. In particular, it was felt that tackling stigma and addressing the barriers to talking about suicide similar to the approach taken with mental health would be valuable.

Attendees highlighted the need for a Pan-Ayrshire approach to communication and engagement around mental health and wellbeing, and suicide prevention with a focus being maintained all year round. Ongoing attention and awareness raising was thought to not only tackle stigma and discrimination and normalise conversations around the topic of suicide, but ensure more people had knowledge and understanding to identify someone in distress, have the confidence to offer help and know where to access support.

Normalising language from an early age and bringing a spotlight to the use of appropriate language in relation to suicide, for example moving away from the use of 'committed suicide' was also felt to

be important. Education and training for everyone in relation to the use of language was thought to be helpful, specifically empowering people on how to use language around suicide. It was suggested that this could be implemented throughout training but also through other avenues like education and awareness raising approaches.

Utilising existing resources and suicide prevention campaigns materials; making information more accessible and visible through, for example, NHS App/website; and increasing the social media focus in Ayrshire were all proposed methods to raise awareness and shine a spotlight on suicide prevention. In addition, involving and listening to those with lived experience should be considered.

Questions were asked about the awareness of existing pathways to support including out of hours crisis support. Do services assume that the public know where to go for help with their mental health and at times of distress? Are messages clear where to get support at the right time? Attendees felt it was important to have a centralised place for support, information and resources e.g. one app, one website for Ayrshire and Arran with clear, simple messages, particularly in relation to where to access appropriate support at the time it is needed. However, it was also recognised that not all people have digital access or digital literacy skills. Use of low tech outreach methods to raise awareness, taking a wide scale approach to avoid the risk of widening digital inequalities, should be explored. Examples given were campaign stickers on bins, fleet vehicles, buses and posters across community venues. Collaboration with local anchor institutions such as local government and NHS Ayrshire & Arran could provide such opportunities.

Taking a targeted approach was also suggested, where resources and information that are suitable for the audience, are made available and publicised to people at highest risk, across the life course. In other words action is needed to identify places/services where individuals interact and ensure that appropriate resources and information about support are available and promoted. For example, workplaces; venues/places where men go within communities; and services that work with and support those living in the most socio-economically deprived areas. For children and young people, it was considered important to continue building on existing awareness raising activity within schools and higher education establishments using a strategic approach. In addition, places where children and young people are attending extra-curricular activities should be targeted. Other groups that were highlighted within this target approach were the New Scots and Gypsy/Travellers.

Discussions also concentrated on access to support, information and resources, highlighting the need for people to know how to access the right type of support in the right place at the right time. Importantly, the messaging around accessing support must also be kept simple. Ideally a central directory of support would be available but it was also recognised that there are challenges to achieve this type of repository. It was suggested that communication between services to raise awareness of work and support available would help to signpost people when needed.

Suicide Statistics
Just under three quarters of all suicides in Scotland are male
88% of people that die by suicide are of working age with two-thirds of these in employment at the time of their death.
Death by suicide is approximately three times more likely among those living in the most socio-economically deprived areas than among those living in the least deprived area



Some of the messages that were proposed should aim to:

- Increase community awareness of suicide and highlight that suicide prevention is everybody's business.
- Promote a culture where it is okay and perceived as normal to ask for help and talk about mental health and suicide.
- Encourage more people to seek help as early as possible and know who to turn to when support is needed.
- Empower everyone to feel confident and able to manage any discomfort about having conversations about suicide.
- Highlight ways to access the right support at the right time, whether this is to access help and support for:
 - o Managing mental health and wellbeing
 - o Suicidal thoughts
 - o Self-harm
 - o Suicide crisis support (local and national services)
 - o Bereavement support if affected by suicide

Action for consideration:

Develop a Pan-Ayrshire Public Mental Health³ Communication and Engagement Group responsible for creating and implementing a communications plan that considers suicide prevention across the life course and the stages of intervention, from prevention and early intervention to intervention, recovery and postvention.

³ As described in the [NES Skills and Knowledge Framework](#), **Public mental health** includes the promotion of good mental health and wellbeing across the whole population, and the prevention of mental ill health, self-harm or suicide. It is also about improving the quality and length of life for people who experience mental ill health and addressing the inequalities people can face.

TRAINING

Discussions highlighted the existing opportunities and resource to deliver suicide prevention learning opportunities across Ayrshire. While the introduction of the Pan-Ayrshire suicide prevention training roles have increased capacity, it was also emphasised the need for more resource.

Specific target audiences for suicide prevention training was an area of focus. It was recommended that suicide prevention training should be mandatory for the public sector workforce with the level of training appropriate to individual job roles i.e. those who come into contact with individuals at higher risk of suicide have more in-depth training. In addition, ensuring there are opportunities for collective learning in relation to suicide, where people from different backgrounds/roles/services come together and share perspectives to deepen the learning experience was also thought to be valuable.

There was a strong opinion that consideration should be given to building awareness and capacity within the community, empowering more individuals to have confidence to speak about suicide and offer help or a listening ear when they recognise distress in others. It was noted that there are many individuals who have the potential to intervene early if they know the signs to be aware of but currently wouldn't have the confidence to raise the question of suicide or know how to help someone in this situation. Therefore, targeting places in the community where the public interact every day and workers in public facing roles could offer ideal learning and capacity building opportunities. Places in the community where men congregate, for example Men's Shed, local football clubs, Fit Ayrshire Dads were identified as benefiting from learning opportunities and resources to help create environments that encourage men to open up, talk and ask for help and build confidence in supporting others to get help.

Further consideration is required to identify and prioritise training to the right people in the right places to ensure the biggest impact on preventing suicide. Taking a planned approach to target settings where those individuals who are at higher risk of suicide are likely to interact or come in contact with could be beneficial.

The workplace setting was thought to provide an opportunity to access a wide range of individuals to promote mental health and wellbeing and prevent suicide. Interventions, awareness raising, training and development of supportive mental health policies could all contribute to a positive ethos and culture in turn creating a suicide aware environment. Community based workplaces (including where there are paid or voluntary staff), for example shops, supermarkets, community centres and cafes could also benefit from increased knowledge and awareness to encourage conversations and opportunities to offer support.

Prevention and the promotion of mental health and wellbeing across the life course was also discussed in relation to this outcome area and as an opportunity for learning and building capacity. Building resilience across the community and also within workplaces were considered to be an integral element of suicide prevention work. Creating cultures of self-care and compassion in both settings were emphasised as key, as well as, education programmes or toolkits to support people to manage their mental wellbeing and have the knowledge and confidence to ask for help.

Action for consideration:

Review existing local learning opportunities contributing to preventing suicide across the life course and the stages of intervention, from prevention and early intervention to intervention, recovery and postvention. Taking a Pan-Ayrshire approach, taking cognisance of the National Learning Review, identify gaps, learning needs and possible solutions for local consideration.

Develop a planned approach to building capacity both for awareness of suicide and its prevention and the delivery of training. Consider areas to target training to build capacity to make the biggest impact e.g. housing, criminal justice, money matters teams, CPP partners.

Contribute to the national review of the learning approach to suicide prevention and use outcomes of the review to influence the local learning and capacity building approach.

Identify opportunities to promote the Time, Space, Compassion approach, locally. Where appropriate make links with trauma informed practice work.

Identify and develop a central location to find and access appropriate learning opportunities to support suicide prevention work.

Build on the success of this Suicide Prevention event to continue sharing good practice, learning and celebrate positive outcomes across Ayrshire and Arran.

Outcome 3: Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery.

This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.

Action Area 5: Developing a compassionate response

There was an unmistakeable ambition and passion among attendees to give consideration to this action area. The importance of relationships in providing high quality, compassionate care and responses in order to promote wellbeing and recovery was noted. It was acknowledged that quality support already exists across Ayrshire and Arran. However, there is always room for improvement. It could be helpful to identify areas where people *do not* experience compassionate support or have the opportunity to build a trusted relationship within services. Understanding where it isn't happening and what the underlying reasons that prevent it from happening, could help identify areas for intervention. Thus, working to ensure there is a consistent and wide spread compassionate response across services.

There are many barriers that can prevent individuals getting the help and support they deserve and it was recognised that current pressures and systems that people work in can act as a huge barrier for staff to be able to offer the compassionate care and support that they want to provide. Conversations to better understand such barriers and how we can overcome them would be beneficial, in order to drive change. Raising awareness of approaches such as Time, Space, Compassion and Trauma Informed Practice could help support and frame some of these discussions. Furthermore, addressing and supporting the wellbeing of the workforce and exploring vicarious trauma will be imperative to achieve this outcome.

KNOWING HOW TO ACCESS SUPPORT

Pathways to support and awareness of how to access the right support at the right time arose building on previous discussions. The ability to access high quality compassionate, appropriate and timely support often relies on knowledge and understanding to navigate services as well as the courage to ask for help without fear of stigma. Constant and consistent messaging that highlights routes to support services is essential.

Concerns were raised about reaching people who aren't linked into specialised services. A high percentage of people who die by suicide are not involved with mental health services in the 12 months prior to their deaths. It can be harder to access or ask for support if you don't know where to turn. Attendees believed that action is required to consider other places or services that individuals at risk may come into contact with and consider how a compassionate response can be built in.

The Death by Suicide review groups established in East, North and South Ayrshire offer the opportunity to learn

31% of people who died by suicide in **Scotland** had **contact with mental health services** in the 12 months prior to their death. (National Confidential Inquiry into Suicide)

about the person themselves, their circumstances and what services may be involved with people prior to their death, noting any patterns arising. Thus, improvements can be made to processes and practice where relevant and targeted interventions can be developed and implemented. Consideration should also be given to ascertain opportunities within the community and workplace settings, as well as statutory services such as housing and criminal justice who are involved with individuals known to be at greater risk of suicide.

Additionally, there are many routes to support from crisis support to groups/services that can positively impact mental health and wellbeing. This can also make it difficult to know the most appropriate place to access the right help. Clear and simple pathways are needed both for individuals to seek help and for those supporting others in distress.

Whole systems approach

The need for better communication and whole system working also featured. As mentioned previously, many people at risk of suicide may not be involved with the mental health services. Therefore, emphasis should be placed on working across sectors and organisations to build capacity and opportunities to provide a compassionate response and help people to access appropriate support to prevent suicide

Strengthening whole system approaches and multi-agency communication were agreed to be key to improving support, with consideration given to identifying gaps in services and making improvements based on the findings. Greater partnership working and working together more effectively may help to reduce duplication of work and create ways of working that can address gaps in services. For example, taking a multi-agency and/or place based approach with honest and open communication and information sharing across services could enhance the quality of services provided and achieve more compassionate, timely and appropriate responses to people at their time in need. The challenges of this way of working were noted but despite the difficulties it was thought that consideration should be given to explore better ways to working together with people at the centre. An action to achieve this could be to develop skills in relationship based practice across services to encourage better working relationships in turn leading to confidence and trust between colleagues, managers and across services. Thus creating more effective collaborative working.

The impact of wait times and gaps in through care to support people transitioning between services, which can often lead to people being lost in the system, was discussed. It was suggested that these areas could be improved and opportunities created to ensure some kind of support is accessible while waiting. Again, taking a whole society approach may make this more achievable. Furthermore, additional thought should be given to early intervention, who is looking out for signs that an individual needs help with their mental health and offer support. What is the role of statutory services and what they can contribute?

Interventions should be considered at an individual level, community and service level to ensure people receive compassionate and timely support. This will require action in the areas suggested previously but also within communities. Increasing community awareness in relation to suicide and building confidence to have compassionate conversations could contribute to this outcome.

Suicide Bereavement Support

It was clear that the availability of the local Suicide bereavement support service was welcomed and there was a desire for this services to be made permanent. Some opportunities discussed to enhance the support following a bereavement through suicide included:

- Further promotion of the Penumbra Bereavement Support service with consideration given to how to ensure those affected by suicide receive information about the service
- Scope opportunities to improve support for a young person who has lost adult to suicide.
- Share learning and evaluations of resources that have been successfully used with young people. For example, South Ayrshire highlighted Seasons for growth- loss and bereavement programme and the Blether box- memory jar

Action for consideration:

Continue to develop and build on the roll out of Distress Brief Interventions Programme to ensure it supports people at the earliest opportunity.

Identify opportunities to promote the Bereavement Support Service and ensure people are able to access the service at the right time.

Carry out a scoping exercise to identify what information, learning and resources are needed to support workplaces to create a compassionate, supportive environment that enables people to ask for support when in crisis.

Develop a targeted and planned approach to raising awareness of Time, Space, Compassion approach, linking to other relevant areas of work such as Trauma Informed Practice to support the action area in relation to supporting a compassionate response.

Outcome 4: Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence. We improve our approach through regular monitoring, evaluation and review.

Action Area 6: Data, evidence and planning

With Outcome 4 being focused on ensuring our local approach is well planned and working collaboratively to deliver on preventing suicide, many of the themes from other areas were highlighted. This included that the local approach should:

- Be focused on relationship based practice
- Be targeted to address gaps, using evidence based interventions
- Take a whole life course and whole systems approach to prevent suicide
- Have a particular focus on and resources targeted to prevention and early intervention approaches and services
- Ensure funding is also well planned and targeted with one overall approach to providing a continuum of support to reduce duplication, ensure equal access across Ayrshire and Arran and avoid unrest concerning funding provision

Communication between services was a common thread across all the outcome areas and it was thought that systems needs to be developed to ensure continuous learning and quality improvement can be realised. It was acknowledged that there are ongoing challenges to having systems that allow information sharing. However, in the absence of effective IT systems across services and organisations, what other opportunities could there be to improve learning systems and communication through human interaction?

It was highlighted that great efforts had been made locally to develop processes to learn from every death by suicide. However, on-going revision of the process and use of the learning was thought to be essential to be able to better understand suicide and maximise opportunities where suicide prevention action can be implemented or improved upon.

As part of a well-planned approach to suicide prevention, attention should be given to those groups who, the evidence shows, are at higher risk of suicide. Many of these group are often marginalised, therefore a well-considered plan is needed to ensure adequate attention is given to prevention and early intervention as well as ensuring there are suitable and accessible crisis support services. Some groups referenced in discussions included:

LGBTQ+ community	Gypsy/Travellers	Learning disability- sometimes overlooked and incorrect assumptions made re relevance
Care experienced Individuals (The Promise)	Young people who don't have positive destinations i.e. not going to college/unemployed	Young offenders and individuals involved with the Criminal Justice system- difficulties getting back into employment

Another key theme from this discussion was the need to consider opportunities to allow people, locally, to bring their own experience of suicide to discussions about suicide prevention to gain understanding and ensure plans, approaches and interventions are appropriate and effective.

Action for consideration:

Review the Pan Ayrshire Suicide Prevention Group Action Plan to highlight areas of work that will continue and identify new areas for action, reflective of Creating Hope Together: Scotland's Suicide Prevention Strategy and Action plan, as well as addressing local needs.

Continue to develop the Death by Suicide review process and share learning across the three local authority areas.

Develop a life course approach to Mental Health and Suicide Prevention considering key areas for intervention.

Investigate approaches to improve communication and ways of working and learning together to better support those accessing services e.g Human Learning Systems

Identify ways to have more people with lived experience involved with suicide prevention across Ayrshire and Arran and ensure they continue to be placed at the heart of any work on taken forward locally.

Use local data, research and intelligence to influence and design the Ayrshire response to preventing suicide.

Next Steps

Creating Hope Together highlights that suicide can affect anyone. It does not matter what age or gender they are or where they live. But some people are at more risk of suicide. It is recommended that the Pan-Ayrshire Suicide Prevention Action Plan will help everyone but will also focus on working collaboratively to help those at greatest risk of suicide.

The Creating Hope Together Ayrshire event aimed bring people from across sectors and organisations to raise awareness of the national strategy and start discussions to identify action needed to prevent suicide locally. It also celebrated a range of positive work that continues to be delivered across Ayrshire and Arran to prevent suicide.

Appendix 1 provides a summary of all the 'Actions for consideration' outlined in the body of the report, under the six Action Area headings from the national Creating Hope Together Action Plan. It is hoped that this report and associated recommendations will support further discussions with partners to develop the next iteration of the Pan-Ayrshire Suicide Prevention Action Plan. The next iteration of the plan will acknowledge that taking a collaborative approach to tackle wider issues like poverty and social isolation is necessary in contributing to prevent suicide. Importantly the action plan will reflect the need to build on existing work and highlight that Local Government, Community Planning Partners, Voluntary Sector, businesses, communities and services such as health, housing and education all have a part to play.

Suicide Prevention is everybody's business. Working together, both across Ayrshire and Arran and within local areas, we can prevent suicide and create hope together.

.

Appendix 1: Summary of all actions for further consideration

Action Area 1: Whole Government and Society Approach

- **Work collaboratively across Ayrshire and Arran to prevent suicide. Ensure all the parts of the Local Government and partner agencies will look at how to help prevent suicide through their work, and when making future decisions impacting the Ayrshire population.**
 - Review the representation of the Pan Ayrshire Suicide prevention group to reflect Whole Government and Society Approach to support cross cutting discussions
 - Work to address causes and inequalities of suicide eg poverty & substance use, considering targeted interventions to improve mental health
 - Identify current areas of work and policy where it could be reviewed through the lens of suicide prevention e.g considering careful work practices. The example given was the Community Justice System not liberating people from prison on a Friday when no services will be available
 - Advocate or lobby for decisions made at a National level to be changed or improved in order to mitigate the impact on suicide.
- **Ensure the workforce and community have the right skills and understanding of mental health and suicide to recognise risk factors, have caring conversations and provide help for people in distress, linking them to the appropriate support at the right time.**
 - Target specific communities and sectors of the workforce across public services where individuals at greatest risk may be interacting.
 - Review and interpret emerging evidence, best practice, guidance and research and consider ways to share with and support partners to implement locally, where relevant.

Action Area 2: Access To Means

- **Some of the local actions discussed in order to prevent people from hurting themselves included:**
 - where individuals at greatest risk may be interacting.
 - Early identification of locations of concern and work collaboratively to implement any possible mitigations
 - Early identification of locations of concern to implement preventative activity in the area e.g work with coastguard to identify preventative interventions
 - Work with Planning Department colleagues in each local authority area to ensure suicide prevention is considered within Local Development Plans (LDP's). In particular, new structures give cognisance of suicide risk and mitigations are identified at the design stage, preventing the site becoming a new location of concern.

- Highlight the National Guidance* locally to relevant partners and work together to identify how this guidance can be used and implemented.

- [National Guidance on Identifying and Responding to a Suicide Cluster](#)
- [National Guidance on Action to Address Suicides at Locations of Concern](#)
- [National Guidance on Managing the Risks of Public Memorials After a Probable Suicide](#)

Action Area: Media Reporting

- Identify ways to use the Samaritans Social Media guidance to promote use of the correct language and address risks associated with social media and its impact on suicide.
- Consider ways to work with local media, providing education and support to complement and build on work being implemented nationally through the strategy.
- Advocate or lobby for decisions made at a National level to be changed or improved in order to mitigate the impact on suicide.
- Actively share good practice, celebrate the positives and good outcomes as a way to support learning and continue to encourage action to prevent suicide across Ayrshire and Arran.

Action Area 4: Learning and building capacity

- Develop a Pan-Ayrshire Public Mental Health¹ Communication and Engagement Group responsible for creating and implementing a communications plan that considers suicide prevention across the life course and the stages of intervention, from prevention and early intervention to intervention, recovery and postvention.
- Review existing local learning opportunities contributing to preventing suicide across the life course and the stages of intervention, from prevention and early intervention to intervention, recovery and postvention. Taking a Pan-Ayrshire approach, taking cognisance of the National Learning Review, identify gaps, learning needs and possible solutions for local consideration.
- Develop a planned approach to building capacity both for awareness of suicide and its prevention and the delivery of training. Consider areas to target training to build capacity to make the biggest impact e.g. housing, criminal justice, money matters teams, CPP partners.
- Contribute to the national review of the learning approach to suicide prevention and use outcomes of the review to influence the local learning and capacity building approach.
- Identify opportunities to promote the Time, Space, Compassion approach, locally. Where appropriate make links with trauma informed practice work.
- Identify and develop a central location to find and access appropriate learning opportunities to support suicide prevention work.
- Build on the success of this Suicide Prevention event to continue sharing good practice, learning and celebrate positive outcomes across Ayrshire and Arran.

Action Area 5: Developing a Compassionate Response

- Continue to develop and build on the roll out of Distress Brief Interventions Programme to ensure it supports people at the earliest opportunity.
- Identify opportunities to promote the Bereavement Support Service and ensure people are able to access the service at the right time.
- Carry out a scoping exercise to identify what information, learning and resources are needed to support workplaces to create a compassionate, supportive environment that enables people to ask for support when in crisis.
- Develop a targeted and planned approach to raising awareness of Time, Space, Compassion approach, linking to other relevant areas of work such as Trauma Informed Practice to support the action area in relation to supporting a compassionate response.

Action Area 6: Data, evidence and planning

- Review the Pan Ayrshire Suicide Prevention Group Action Plan to highlight areas of work that will continue and identify new areas for action, reflective of Creating Hope Together: Scotland's Suicide Prevention Strategy and Action plan, as well as addressing local needs.
- Continue to develop the Death by Suicide review process and share learning across the three local authority areas.
- Develop a life course approach to Mental Health and Suicide Prevention considering key areas for intervention.
- Investigate approaches to improve communication and ways of working and learning together to better support those accessing services e.g Human Learning Systems
- Identify ways to have more people with lived experience involved with suicide prevention across Ayrshire and Arran and ensure they continue to be placed at the heart of any work on taken forward locally.
- Use local data, research and intelligence to influence and design the Ayrshire response to preventing suicide.

Integration Joint Board

11th May 2023

Subject :	Equality Mainstreaming and Outcomes Report 2021-22
Purpose :	<ul style="list-style-type: none"> • Approval
Recommendation :	It is recommended that IJB review the attached Equality Mainstreaming and Outcomes Report and approve for publication.

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
EHRC	Equality and Human Rights Commission
PSED	Public Sector Equality Duty

1.	EXECUTIVE SUMMARY
1.1	The HSCP last published an Equality Outcomes Plan in April 2021. This plan has now been superseded by a new Equality Outcomes Plan from April 2022 which was approved at the IJB meeting in March.
1.2	As part of meeting our Specific Duties within the Equality Act, the HSCP must publish a mainstreaming and outcomes report detailing how we have progressed against our Equality Outcomes.
1.3	This report for 2021-22 has now been prepared and demonstrated positive progress towards the mainstreaming of the Public Sector Equality Duty (PSED) and the identified Equality Outcomes.
2.	BACKGROUND
2.1	As set out by the Equality and Human Rights Commission (EHRC), public bodies are required to produce a mainstreaming and outcomes report against an Outcomes Plan within two years of publication. North Ayrshire HSCP last published an equality outcomes plan covering 2021-22 in-line with the one-year Strategic Bridging Plan.

2.2	The plan set out how, as a public sector organisation, we would mainstream equality work into our day-to-day practice. In addition, as per the public sector equality duty, the plan set out eight Equality Outcomes for the HSCP to progress. These eight equality outcomes were supported by a set of 67 actions that would be delivered across all HSCP services.
2.3	In meeting our equality duties, a mainstreaming and outcomes report for the 2021-22 plan has now been produced.
2.4	<p>A key section of the report outlines how we mainstream equalities practice into our day-to-day practice. This includes information on:</p> <ul style="list-style-type: none"> ○ The Governance Structures of the HSCP and IJB ○ How Equality is embedded in our Strategic Plan ○ Our engagement practices and our locality-based working. ○ How we develop and train our staff, providing an overview of the equality-based training available. ○ Embedding equalities into our procurement practices ○ Our commitment to undertaking Equality Impact Assessments on all new policies and proposals.
2.5	<p>The information to be included in these reports is prescriptive. However, due to the nature of HSCPs we need not include information on:</p> <ul style="list-style-type: none"> ○ Our Workforce. ○ The Gender pay gap. ○ Statements on equal pay. ○ Board diversity
3.	PROPOSALS
3.1	As a registered public body IJBs are required to publish Mainstreaming and Equality Outcomes reports. The report covering the period for 2021-22 has now been prepared. It is proposed that this report is approved by IJB for publication.
3.2	<u>Anticipated Outcomes</u>
3.2.1	<p>The 2021-22 Equality Outcomes Plan identified the following eight equality outcomes:</p> <ol style="list-style-type: none"> 1. Vulnerable adults and older people are cared for, as much as possible, at home. 2. Vulnerable young people are identified quickly and supported in their own community. 3. Services will involve service users in the review or redesign of services that affect them. 4. Local people are aware of the various ways they can help shape HSCP services. 5. Local people understand how to access the right HSCP Service for them.

	<p>6. Vulnerable people can access meaningful education, training and employment options.</p> <p>7. People at risk of involvement with the Justice System are redirected to positive outcomes.</p> <p>8. We better understand the Diversity in our workforce.</p>
3.3	<u>Measuring Impact</u>
3.3.1	To support the Equality Outcomes, 67 actions were identified to progress. The 'progress against equality outcomes' section provides a summary of the work progressed against each equality outcome. The more detailed update against all actions is included as an appendix.
3.3.2	Overall, progress against the outcomes was positive, with many developmental actions being completed over the course of the year.
3.3.3	<p>Many of the development actions progressed work to improve services or opportunities for those with protected characteristics. This includes improving services that support:</p> <ul style="list-style-type: none"> ○ Women at risk of gender-based violence. ○ Children and young people at risk of entering the care system. ○ Syrian families who are new Scots. ○ Older people at risk of social isolation. ○ Trans people accessing addiction support services. ○ Diverting people in Mental Health Crisis away from the justice system.
4.	IMPLICATIONS
4.1	<u>Financial</u> None
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> In publishing this report, the IJB remains compliant with the Public Sector Equality Duty and the Equalities (Scotland) Act 2010.
4.4	<u>Equality/Socio-Economic</u> None
4.5	<u>Risk</u> No risk implications are associated with the publication of this report.
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> None.

5.	CONSULTATION
5.1	The report was presented to Partnership Senior Management Team for review and endorsement on 20 th April 2023.

Caroline Cameron, Director

Author: Scott Bryan, Strategic Planning, Policy and Inequalities Officer,
sbryan@north-ayrshire.gov.uk

Appendices

- Appendix 1, Equality Mainstreaming and Outcomes Report 2021-22.

North Ayrshire

Health and Social Care Partnership



Equality Mainstreaming and Outcomes Report 2021-22

Contents

Introduction	2
One Year Equality Outcome Plan – 2021-22	2
Legal Requirements	3
Mainstreaming the Equality Duty	5
Our Governance	5
Equality and our Strategic Plan	6
Working in Localities	7
Engaging Communities	8
Developing our staff	10
Embedding Equality in Procurement	11
Equality Impact Assessment	12
Our Equality Outcomes 2021-22	13
HSCP Equality Outcomes	13
Ayrshire Shared Equality Outcomes	13
Equality Outcomes – progress against actions	14
APPENDIX	19
Appendix A – General Equality Duties and Protected Characteristics	19
Appendix B. Health and Social Care Partnership Clinical Governance Structure	20
Appendix C: National Health & Wellbeing Outcomes	21
Appendix D: Aligning HSCP and Ayrshire Share Equality Outcomes	23
Appendix E: Equality Outcomes – Action Updates	24

Introduction

Following the impact of COVID-19, the ability of the Partnership to function effectively in the routine delivery of its services and duties was impaired. Pandemic safety restrictions led to many barriers being placed on services in their daily roles. Among these was the ability to effectively meet, support and engage with service users, carers and local people. While this was mostly demonstrated in our service delivery to local people in receipt of Health and Social Care support, it also impacted on the partnerships ability to effectively engage with local communities to support strategic developments and service improvements.

In April 2021, we published our one-year Equality Outcomes Plan. This one-year plan was developed to compliment the Partnership's Strategic Bridging Plan for 2021-22.

One Year Equality Outcome Plan – 2021-22

Due to the restrictions and limitations placed on the HSCP, effective engagement and consultation to support any service development was challenging. Methods of engagement were greatly reduced, and as

For the service year April 2021 to March 2022, North Ayrshire Health and Social Care Partnership was directed a one-year Strategic Bridging Plan. This bridging plan had been created to effectively 'bridge the gap' between the end of the current plan (Let's Deliver Care Together – 2018-21) and the new longer-term strategy 'Caring Together 2022-30'.

It was originally expected that a new longer-term strategy would be published by April 2021. However, due to the impact of the COVID-19 pandemic several barriers were created that limited the scope for effective development and engagement for a longer-term plan. As such, approval was granted to create a one-year plan.

To ensure effective mainstreaming of the Equality Duty, it is important that our Equality Outcomes Plan align with our Strategic Plan. To this end, Equality Outcome Plan for 2021-22 had a short-term focus of one-year, in alignment with our strategic bridging plan. These short-term outcomes will be superseded by a revised set in-line with our longer-term strategic plan from April 2022.

Legal Requirements

As an identified public body Integration Joint Boards are required to comply with the general and some specific duties as set out in the Equalities Act 2010.

The Equalities Act 2010 (the Act), replaced the Race Equality Duty (2002), the Disability Equality Duty (2006) and the Gender Equality Duty (2007). The Act sets out a general duties for every public authority to have due regard. The General Duties place an obligation on public bodies to:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general duties apply to every function within our organisation, including how we plan and deliver frontline services, our role in policy making and in how we procure and contract services from outside agencies. The Act refers to this as 'mainstreaming equality'.

The public sector equality duty covers the following protected characteristics (see Appendix A for further definitions):

- Age
- Disability
- Race
- Religion or belief
- Sex
- Pregnancy and maternity
- Sexual orientation
- Gender reassignment, and
- Marriage and civil partnerships

Specific duties have been designed to help authorities meet the three needs outlined in the general duty. The specific duties were created by secondary legislation in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. The majority of authorities are required to:

- Report on mainstreaming the equality duty.
- Publish equality outcomes and report progress.
- Assess and review policies and practices.
- Consider award criteria and conditions in relation to public procurement.
- Publish in a manner that is accessible.
- Gather and use employee information.
- Publish gender pay gap information.
- Publish statements on equal pay.
- Publish gender composition of boards and produce plans to increase diversity.

Due to the legislative structure of Integration Joint Boards (IJB), Health and Social Care Partnerships are exempt from certain specific duties. This is due to the unique structure of Integration Boards in that they are not employing bodies.

As such, while IJBs direct the strategy and operations of Primary Health Care and Social Care services, all staff members remain employees of either NHS Ayrshire and Arran or North Ayrshire Council.

North Ayrshire Health and Social Care Partnership must:

- Publish a report on how it has mainstreamed equality into the day-to-day operations of the organisation.
- Publish a set of equality outcomes which it considers would enable it to better perform the general equality duty. These must be reviewed within four years of initial publication.
- Publish a report on progress towards these outcomes.
- Make any reports published fully accessible to all.
- Assess relevant policies, procedures and practices through Equality Impact Assessment

For the 2021 report, we need not:

- Gather and use employee information.
- Publish gender pay gap information.
- Publish statements on equal pay.
- Publish information on board diversity*

However, while we are not required to report on specific duties in relation to employees, we will work closely with North Ayrshire Council and the Board of NHS Ayrshire & Arran to ensure our staff are treated in a fair and equitable manner.

*In relation to the publishing of board diversity information, this aspect of the Public Sector Duty has now been legislated but is yet to be implemented.

Mainstreaming the Equality Duty

Mainstreaming the equality duty simply means integrating equality into the day-to-day working of the partnership. This means considering the impact of our actions on all our services users, particularly those covered by a protected characteristic. Taking equalities into account in the way we operate should be part of everything we do. Mainstreaming the equality duty has several benefits including:

- equality becomes part of our structures, behaviours and culture.
- we can demonstrate how equality is built into everything we do.
- contributing to continuous improvement and fairer and better performance.

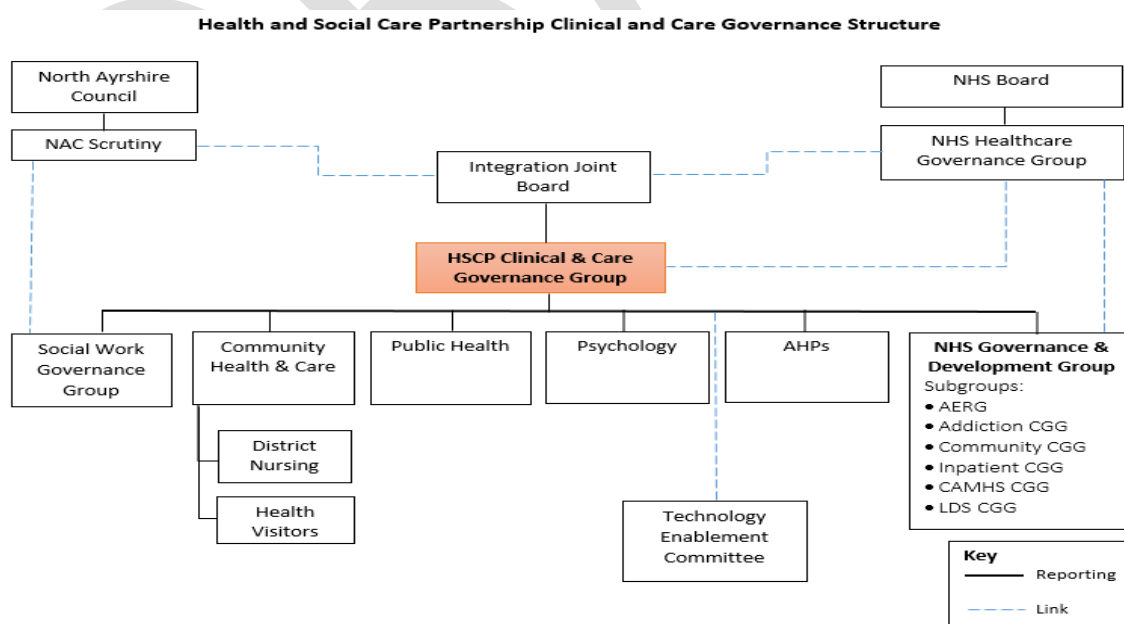
A key part of our business is to support vulnerable people and those who are often face discrimination or unfair treatment. We build this into everything we do and ensure that for each need of the general equality duty, we consider each of the protected characteristics. In addition, if we operate in a way that gives rise to treatment that is unlawful or discriminatory, we will change the way we work to prevent this.

Our partnership values were reviewed in 2022 as part of our new Strategic Plan. These values continue to underpin our approach to how we engage with and support the people within our communities. Through expressing our values, we demonstrate that we show:

Care, Empathy and Respect

Our Governance

Our Integration Joint Board took responsibility for the delegated functions on 1 April 2015. The IJB will build on these foundations, ensuring they are embedded by our staff, partners and communities. The diagram below outlines North Ayrshire Health and Social Care Partnership Governance Structure.



The Integration Joint Board is made up of voting members, who are either Councillors of North Ayrshire Council or non-executive Directors of NHS Ayrshire and Arran, and non-voting

members made up of persons nominated by the Council, the NHS Board, third sector bodies, service users, carers and other key stakeholders. The North Ayrshire Integration Joint Board meet monthly and further information about future meetings and previous minutes are available on the North Ayrshire Council website. You can access this information using this link, [NAHSCP Integration Joint Board - Committee Details](#)

To ensure that the needs of the general Equality Duty are considered in exercising our business functions and processes, including budget setting and project planning, there is a mandatory “Equalities Assessment” section within all IJB reports, which identifies if the papers have been assessed for equality and outlined any further action required.

As part of the requirements laid down in the Public Bodies (Joint Working) (Scotland) Act 2014, the Integration Joint Board must produce a Strategic Commissioning Plan that sets out how we will plan and deliver services and in turn how we will meet the National Health and Wellbeing Outcomes (appendix c). In addition, we must outline how the views of localities must be considered.

The role of the Strategic Planning Group is to support the Integration Joint Board in the on-going development the Strategic Plan and the continuing review of the progress of our delivery against the agreed national and local outcomes. Within North Ayrshire Strategic Planning Group every stakeholder has a key role to play in the strategic planning process and we have developed an effective programme of review and planning that promotes constructive dialogue.

The following sections set out how we have mainstreamed equalities into our activities to date.

Equality and our Strategic Plan

Our medium-term Strategic Plan, Let’s Deliver Care Together’ 2018-21, expired in March 2021. Traditionally, this would have been replaced by a new medium to long-term strategy, however due to the additional challenges placed upon the HSCP as a result of the COVID-19 Pandemic, the decision was made to produce a one-year bridging plan instead. This bridging plan would effectively continue the priorities identified in the previous plan and offer a view of future priorities and areas for action. This approach also allowed the IJB to meet its strategic planning legal obligations.

In April 2021, the HSCP published its Bridging Strategic Plan 2021-22, maintain the HSCPs Vision that was originally established in 2015:

All people who live in North Ayrshire are able to have a safe, healthy and active life.

In addition, our bridging plan maintained our five strategic priorities to help us meet our vision, address local health inequalities, and improve the health and wellbeing of local people:

1. Tackling Inequalities
2. Engaging Communities
3. Prevention and Early Interventions
4. Improving Mental Health and Wellbeing, and
5. Bringing Services together



As stated, this strategic plan sought to act as intermediary between our previous medium-term plan 'Let's Deliver Care Together', and a new longer-term plan that would be published in April 2022.

In addition, the bridging plan also provided an overview on the HSCPs pandemic recovery intentions, highlighting what key actions we would take to re-mobilise our services and continue to effectively sustain the delivery of health and social care services.

These recovery actions, were mindful of the overt impact the pandemic had on vulnerable and marginalised groups. Our plan set out recovery actions to support those most at risk as a priority, including Children and young people, people with complex mental health conditions, people with a learning disability, those with drug or alcohol addictions, and older people with long-term conditions.

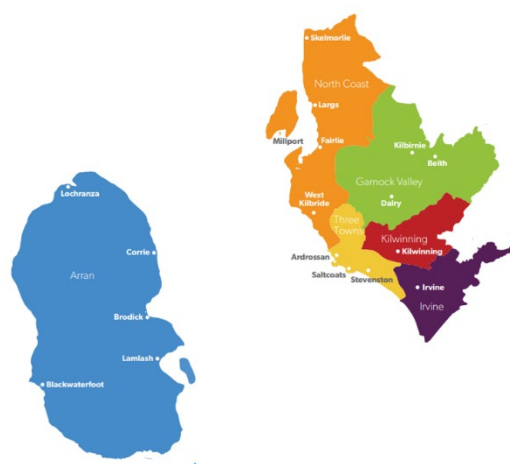
A new Partnership strategic plan 'Caring Together' has been produced for the period April 2022 to March 2030. It can be found on our website, Caring Together: NAHSCP Strategic Commissioning Plan 2022-2030.

This plan compliments the development of a new HSCP Equality Outcome Plan for the same period. An online version of the [Strategic Bridging Plan \(2021-22\)](#) can be found on the NAHSCP website.

Working in Localities

North Ayrshire is home to many different communities with differing needs and aspirations. We recognise that one single strategic or operational approach will not meet the needs of all these communities. To overcome this – and to help us identify how best to deliver the best service to our local communities - we have established six Locality Planning Forums (LPFs), one for each of the localities in North Ayrshire; these are:

- Arran
- Garnock Valley
- Irvine
- Kilwinning



- North Coast, and
- Three Towns

Each LPF is led by a Chair who is a member of the North Ayrshire IJB and supported by a local GP and a lead officer who is a member of the partnership senior management team. Other members include representatives from local health and care services, third and independent sector organisations and community members.

Each forum has a role in identifying the health and care needs of local people and informing the overall strategic planning process of the HSCP. Locality Forums are the key link between local people and the HSCP.

Engaging Communities

Like all other organisations, restrictions put in place because of the Covid-19 pandemic made undertaking our daily tasks more challenging. In particular, this placed significant barriers to how we engaged with our communities and local people. In addressing this, we made best use of existing technology and engagement methodologies to ensure we could still attract feedback from local people on key issues facing the HSCP.

The sections below highlight some of the engagement activities the partnership delivered during the service year.

Development of the Care Improvement Network

The Care Improvement Network has become an important platform in enabling the HSCP to engage with people in North Ayrshire while COVID-19 protections remained in place.

The purpose of the Care Improvement Network is to give people in North Ayrshire a platform to engage with the HSCP in a way that is most suited to them. We recognise that people have busy lives and may not always be able to commit to joining forums.



Instead, this platform will give people the opportunity to engage in a way that suits them whether it be via online or face-to-face meetings or completing a survey.

The network is still developing, but has already enabled local people to play an active part in contributing to our strategic plan and members have helped to inform how we work to improve our messaging and communication around mental health and wellbeing. There have also been opportunities for members to find out more about different parts of HSCP services. For example, one of our Community Link Workers attended a meeting which gave people the chance to ask questions and discuss their role.

Consultation on a National Care Service

During September and October 2021, facilitated consultation sessions on the Scottish Government's proposals for the National Care Service for Scotland. This development would represent a significant change to how health and care services are delivered in North Ayrshire and across Scotland.

To provide an effective response to the consultation, we undertook a series of engagement activities supported by Scottish Government policy officers. In total, six engagement sessions were facilitated across the localities in North Ayrshire, either in person (following strict Covid-19 safety protocols) or virtually. These sessions provided local people the opportunity to learn more about the proposal and ask any question they may have had.

Sessions were attended by range of people, including community members, carers, service users, staff, third sector organisations and elected members.

In addition, two virtual sessions were facilitated on the development of the NCS with our newly formed Care Improvement Network

All responses received during these sessions were collated into a consultation report and submitted to the Scottish Government.

Consulting on our New Strategic Plan

In April 2022, North Ayrshire HSCP published its new strategic plan 'Caring Together 2022-30'. To support its development an engagement programme was carried out with the North Ayrshire public. This engagement ran from 1st December 2021 to 22nd Jan 2022.

The primary method used to engage with people to enable them to inform the strategic plan was via an online survey. Due to rising Covid-19 case numbers, safety restrictions meant there was limited opportunity for face-to-face engagement.

Overall, 240 people responded to the online survey, of those:

- 114, were members of the public
- 92, were members of staff in the HSCP
- 34, identified as service users
- 21, identified as Carers, and
- 19, suggested they were 'other'

The survey asked people their thoughts on:

- our proposed strategic and locality priorities,
- the actions that we should take to work towards addressing our priorities, and
- the values that they look for in their health and social care services.

Additionally, we facilitated online sessions with our staff and the Care Improvement Network. The data collected via the consultation on the proposals for the National Care Service for Scotland will also inform the strategic plan.

Developing our staff

Our Learning and Development section offers a wide range of training courses and development opportunities for partnership staff. Many courses available cover guidance and awareness training for working with vulnerable people who may be covered by protected characteristics. Between March 21 and April 2022, there has been a decrease in the number of training courses provided due to the pandemic. However, examples of courses delivered, and uptake is detailed below:

Autism Awareness:

- 2 courses delivered during service year.
- 8 HSCP staff members attended.

Child Protection Awareness Training

- 4 courses delivered during the year.
- 28 HSCP staff members attended.

Adult Support and Protection:

Between April 2021 and March 2022, **101** training courses were provided to almost 830 members of staff. The majority of courses were delivered through Microsoft Teams (97%), with the rest (3%) being delivered face to face. The courses provide valuable training to staff members in order to effectively support and protect vulnerable adults from harm and exploitation. Many of these vulnerable adults will identify with recognised protected characteristics.

In addition to staff groups, the service also provides bespoke training to external organisations as part of its multi-agency approach. Organisations in receipt of training include, Millport Care Centre, Scottish Fire & Rescue Service, Community Larder, Cumbrae Lodge, KA Leisure, North Ayrshire Taxi Owners, Cunninghame Housing Association, Cooriedoon Care Home, Salvation Army.

Child Protection Committee

For the reporting period from Jan 2021 to August 2022, North Ayrshire Child Protection Committee had an overall attendance of **837** across their training events. Training was provided to organisations across the public sector in North Ayrshire, including HSCP, Education, Police, Housing and the Third Sector.

An example of the courses delivered include:

- Keeping children safe online (79 participants)
- Child protection awareness (207 participants)
- Child sexual exploitation (83 participants)
- Child sexual abuse awareness module (62 participants)
- Starting a conversation with children (101 participants)

Embedding Equality in Procurement

The Equality Act 2010 (Public sector equality duty) or 'general duty' and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. The 2012 Regulations specifically require an authority to consider its' equality duty when awarding contracts within its award criteria.

The tender award criteria is the formal mechanism used to determine the award of a contract. Aligned to the public sector equality duty, compliance with the Council's Equality Certificate is mandatory and conditional for all tenders undertaken, bidders must complete the Council's Equality Certificate satisfactorily at the Qualification (Pass/Fail) stage of the procurement process or may be excluded at that stage.

In terms of the workforce, a mandatory section for Fair Work Practice is included within the tender award criteria aligned to promoting equality of opportunity and developing a workforce which reflects the population of Scotland in terms of characteristics such as age, gender, religion or belief, race, sexual orientation, and disability; and a fair and equal pay policy that includes a commitment to supporting the Living Wage.

The Fairer Scotland Duty, part 1 of the Equality Act 2010 places a legal responsibility on public bodies in Scotland to pay regard to how they can reduce inequalities of outcomes caused by socio-economic disadvantage when making strategic decisions (reducing the socio-economic impact of our policies, strategies, and budget decisions).

The commissioning body has a responsibility to formally document how the impact of strategic decisions are considered. The Council is required to assess the 'equality impact' of proposals thoroughly before any decisions are taken proportionate to the decision that is being made. In addition, we must also ensure we are not impacting negatively on Human Rights or socio-economic status under the Fairer Scotland Duty. Aligned to this requirement, an Equality Impact Assessment is undertaken in the pre planning stages before any tender is undertaken to formally assess, mitigate, and record impact.

The Human Rights Act 1998 places a legal responsibility to ensure that people are treated with dignity and respect and has at its core the principles of fairness, respect, equality, dignity, and autonomy.

Aligned to protecting the rights of individuals and advancing equality of opportunity for users of services, the Partnership has made a commitment to The Charter for Involvement. The Charter reflects 12 statements aligned to Human Rights in relation to how people who use support services want to be involved in the services they get; in the organisations that provide their services; and in their wider communities. The Charter relates to anyone who receives support and covers all abilities, age, gender, race, colour, sexual orientation, or religion.

Aligned to Statement 8 'We want to be involved in decisions made by the organisations that plan and run our support' and Statement 5 'We want to be involved in choosing the people who support us', HSC commissioned services involve users of services and/or significant others in the procurement process. They are invited to take part in the award of contracts through designing quality questions in the award criteria and sitting on evaluation panels that select preferred bidders for award.

Aligned to Human Rights (Article 4: Prohibition of slavery and forced labour) and Modern Slavery Act 2015, Modern Slavery is a mandatory conditional (Pass/Fail) question at the Qualification stage of the procurement award criteria to ensure the supply chains bidders operate are lawful and ethical.

Monitoring and Review

All legislation referenced is included within live contract terms and conditions, this provides a formal lever to the Council so that we may at our sole discretion terminate contracts should breaches of legislation occur. The Partnership's contract management framework is the formal routine mechanism to audit provider compliance with equality requirements for live contracts.

Equality Impact Assessment

We continue to undertake Equality Impact Assessments on any new policies or budget proposals that are likely to impact on service users, local people, members of staff or other stakeholders.

Since the launch of the partnership in 2015, we have applied the same Equality Impact Assessment process to both Council and NHS budget proposals that affect the Partnership. This afforded the Partnership to achieve a greater level of consistency in equality impact assessments across the wider partnership. This has been a useful mechanism to both embed equalities practise in the partnership and further the process of integration.

We promote the completion of Equality Impact Screening forms (rapid assessment) at the development stage of any new policy or service proposal. This supports those developing a new policy to be mindful of any potential impact on equalities it may have. Towards completion, a full Equality Impact Assessment is undertaken to ensure all considerations have been taken. This approach helps to embed thinking about the various aspects of equality at the earliest stages of project or policy development.

Since 2019, the profile of Equality Impact Assessments has increased across the Partnerships, with many services actively identifying the need for robust equality assessments to help inform service redesign work.

In addition, Equality Impact Assessments are completed at the design stage for commissioned projects. The learning from these assessments help inform the Service Specification and Method Statements which are weighted and scored, forming the basis for award of tender. This ensure that any new commissioned services, meet equality requirements.

Amendments to the assessment process in the past few years have seen the inclusion of additional elements to assess the impact on both equality and inequalities. The HSCP now uses the NAC Equality and Children's Rights Impact Assessment process. This process includes the additional elements of:

- Children's Rights
- The Fairer Scotland Duty
- Island proofing

Our Equality Outcomes 2021-22

As described the Equality Outcomes published in April 2021 were intended for one-year to compliment the Partnership's Strategic Bridging plan. These eight outcomes were identified to reflect the priorities of the HSCP and were intended to be more locally focussed.

HSCP Equality Outcomes

1. Vulnerable adults and older people are cared for, as much as possible, at home.
2. Vulnerable young people are identified quickly and supported in their own community.
3. Services will involve service users in the review or redesign of services that affect them.
4. Local people are aware of the various ways they can help shape HSCP services.
5. Local people understand how to access the right HSCP Service for them.
6. Vulnerable people can access meaningful education, training and employment options.
7. People at risk of involvement with the Justice System are redirected to positive outcomes.
8. We better understand the Diversity in our workforce.

These outcomes are aligned to the HSCPs five strategic priorities that were identified in the Strategic Bridging Plan. The five strategic priorities are highlighted on page 6.

Ayrshire Shared Equality Outcomes

While the above outcomes were identified to offer a more locally focussed approach by the HSCP, they still align to the high-level outcomes published by the Ayrshire Shared Equality Outcomes Partners. Those shared outcomes are:

1. In Ayrshire, people experience safe and inclusive communities.
2. In Ayrshire, people have equal opportunity to access and shape our public services.
3. In Ayrshire, people have opportunities to fulfil their potential throughout life.
4. In Ayrshire, public bodies will be inclusive and diverse employers.

More information on how these outcomes align to the HSCP local equality outcomes can be found in Appendix D.

Equality Outcomes – progress against actions

In order to achieve our established Equality Outcomes, a number of supporting actions were identified by service leads across the Health and Social Care Partnership. In total 67 actions were identified for the 2021-22 service year.

A summary of the progress towards the outcomes is provided below. More detailed information on the progress towards individual actions can be found in Appendix E.

Equality Outcome 1.

Vulnerable adults and older people will be cared for, as much as possible, at home.

Six actions were aligned to this outcome. Over 2021-22, four were complete with 2 being progressed into 2022-23.

Throughout 2021-22, a range of service and workforce developments took place across the HSCPs Care at Home service. This included a review of the externally provided services from third and independent sector organisations. Due to on-going Covid restrictions, the full review experienced delays and will progress into the 2022 service year. However, throughout 2021, the Care at Home Service undertook a range of activities to recruit and retain staff in order to provide greater levels of care to older frail people and those with complex health conditions.

In support of community-based care, developments in the Home First Approach in health and community care, including appointment of additional Occupational Health staff in hospital settings, should facilitate faster assessment and rehabilitation of patients.

Developments have also taken place to improve community based Mental Health Services. The HSCP has in part developed a short-term intermediate support services in the Adult Community Mental Health Team. This team also seeks to support people discharged from hospital to rehabilitate back home as soon as possible. The service processes are established, however, is currently relying on bank staff due to delays in permanent recruitment.

The CMHT has also developed a number of early intervention and prevention options, including enhancing digital support options to support people at home, and established an effective emergency mental health care community response service.

Equality Outcome 2.

Vulnerable young people and families are identified quickly and supported in their own community.

Twelve actions were identified to support this outcome, all completed during the service year. Developments have included upskilling School Nurse Teams to better support young people with anxiety.

Throughout the year, a review of the North Ayrshire Named Person Service was completed to identify improvements to the service, the review was complete in July 2021

A Young persons Suicide Support Pathway was established, to ensure young people who may be of risk of suicide are provide appropriate and timely support.

New training and screening processes have been established to support women affected by gender-based violence and other risk factors. Through collaborative working with Police Scotland and women's aid, we have a process to reduce the number of repeat domestic abuse referrals.

In MAASH and Service Access services, recovery development workers are now available to support families at risk of substance misuse. We also established an intensive support service for parents who have experience of trauma, these pathways are available to parents in the pre-birth stage who are identified as vulnerable. In addition, the development of the Specialist Perinatal Mental Health Service (across Ayrshire) will provide additional mental health support to new mothers. Also, new mothers will also be able to access Mental Health advice from Mental Health Practitioners in their own GP practice.

Equality Outcome 3.

Services will involve service users in the review or redesign of services that affect them.

Twelve actions were identified to support this outcome. Ten of those were completed during the service year. Several initiatives took place across range of partnership services which included engagement with service users.

Initiatives have included:

- Engaging with families to support their service transition into the new respite facility at Roslin House.
- Communicating effectively with parents as part of the 'Team Around the Parent Approach', an initiative to support parents who have had their children removed from their care.
- As part of the 'Promise' a number of mechanisms have been put in place to ensure children and young people can have their voices heard, this includes the Champions Board, and advocacy services provided by Barnardo's.
- To inform the relaunch of Older Peoples' Day Service an engagement exercise took place with existing services users, in the form of telephone interviews, asking them their preferences on future service options.
- The review of care services on Arran was supported by local engagement activity.
- The appointment of a dedicated Engagement Officer in Child and Adolescent Mental Health Services.
- A series of engagements with young people was employed to inform the development of Foxgrove Secure Adolescent Inpatient Service.

- In Learning Disability Services, activity has been undertaken in collaboration with Health Improvement Scotland and neighbourhood networks, using art-based approaches to engagement.

Equality Outcome 4.

Local people are aware of the various ways they can help shape HSCP services.

Four actions were aligned to this outcome. Three actions were complete at the end of the reporting period with one still under review. Overall, actions were taken to help improve local engagement activities across the partnership area. One of the recognised gaps was the need for appropriate operational managers to be present at the locality level for engagement purposes. Throughout the year, senior managers were aligned to each Locality Planning Forum.

In addition, through work delivered by Partnership Organisational Development, all LPFs undertook a review of their local priorities and identified a new priority set. This new set of locality priorities will be included in the new HSCP Strategic Plan from April 2022.

Going forward, partnership engagement officers will consider how best to widen the engagement of LPFs across North Ayrshire to ensure inclusion of those hardest to reach or seldom heard.

On Arran, the review of the joint Locality Partnership/ Locality Planning Forum model has been delayed because of pandemic challenges. Work will continue to be progressed into 2022.

Equality Outcome 5.

Local people understand how to access the right HSCP Service for them.

Ten of the twelve actions aligned to this outcome were completed during the service year. Among the key developments was the strengthening of the community hub approach that was established during the Covid 19 period. These hubs proved to be a great resource for local communities, with a range of services and support options available locally.

Work was progressed during the year to support the young females involved with the Syrian Vulnerable Resettlement Programme. Known as the 'Swans group', the young women took part in a number of initiatives including creative arts with the National Galleries of Scotland. An outcome of this programme was to increase the confidence and wellbeing of this group supporting them to settle more easily in their new home.

Other developments across the service year included work to improve the Transition of Young People as the move onto adult services, ensuring individuals and their families are fully informed of the processes involved. Through the identification of locality based mental health forums, young people are more easily able to access Mental Health advice and supports. On Arran, a single point of contact was launched, making it easier for local

residents to access HSCP services when required. Mental Health services have enhanced the availability of Digital support options for people, allowing people with low level concerns to access appropriate support at home.

In NADARS, work has progressed to promote the service as a safe place for the LGBTQ+ community. This includes displaying informative posters and updated the gender options available on the DAISy system.

Equality Outcome 6.

Vulnerable people can access meaningful education, training and employment options.

In total, eleven actions were identified to support this action. Several initiatives took place during the year to improve access to education, training and employment opportunities for people who require HSCP support. This included a successful 12-week programme of Community Education delivered by the Rosemount Team to a group of parents and carers, building an effective CV of skills and experience.

Other developments over the year include the appointment of Modern Apprentice posts in the Drug and Alcohol Workers Team, as well as supporting the new Day Services workforce at Trindlemoss to develop further employment and training opportunities for service users.

The Pear Service, delivered by Turning Point Scotland, supported the development of an enhanced volunteer programme for those accessing addiction support services, which often led to subsequent paid employment. The Recovery College continued to deliver positive outcomes for its students, with many of its graduates moving on to positive destinations.

In Community Mental Health Services, the Individual Placement and Support Services, supported a number of service users meaningful support in order to meaningfully access the job market. The ACORN programme continues to provide service users with meaningful skills and training through its social enterprise approach.

Equality Outcome 7.

People at risk of involvement with the Justice System are redirected to positive outcomes.

Seven actions were aligned to this outcome. All were completed during the service year. In summary, over the service year, several developments took place supporting those with experience of the Justice System. Throughout the year, employability mentors, even facing covid challenges, supported a number of service users onto positive employability outcomes, including employment, training and volunteer opportunities.

Throughout the year, we implemented our Housing First model, providing housing, addictions and mental health support to those released from prison to support their rehabilitation back into the community and reduce reoffending. This is also complimented by the review of clinical pathways for those with mental health concerns who come to the

attention of the police. The pathway ensures effective support for individuals and reduces the chance of intervention by the Justice System.

Work was also progressed by the ADP, building on addictions peer support work and the appointment of a recovery development to better support those living with addictions in our communities.

Children and Families services also progressed developments to better support women and children including implementing the Whole Family Approach, delivered by Turning Point Scotland to support diversionary work for women. In addition, the 'Safer and Together' model was established to better support those affected by domestic abuse.

Equality Outcome 8.

We better understand the Diversity in our workforce.

There were two actions identified against this outcome. A benchmarking exercise carried out across the Ayrshire Equality Partnership (AEP) in 2020 looked at the availability of protected characteristic information in the workforce of each organisation. Overall, the benchmarking exercise showed several gaps in the protected characteristic information available for staff in North Ayrshire HSCP. This included several areas where information was not known or not answered. This information was presented to the HSCP Senior Management Team for information, which agreed this was an area for improvement.

Through engagement and work with resource officers in the HSCP, a clearer picture of the protected characteristics of the HSCP workforce has been established. This information has now been used in the HSCP workforce plan, published in October 2022.

Work is ongoing across the parent organisations HR to improve the return rate of protected characteristic information.

Appendix

Appendix A – General Equality Duties and Protected Characteristics

General Equality Duty:

- **Eliminate discrimination**, harassment and victimisation and other prohibited conduct.
- **Advance Equality of Opportunity** - between people who share a relevant protected characteristic and those who do not.
- **Foster good relations** between people who share a protected characteristic and those who do not.

Protected Characteristics:

Characteristic	Description
Age	The Equality Act 2010 protects people of all ages.
Disability	Disability includes people with physical, learning and sensory disabilities, people with a long term illness and people with mental health problems.
Race	Under 'The Equality Act 2010' 'race' includes, colour, nationality and ethnic or national origins. It also includes Gypsy Travellers.
Religion or Belief	In The Equality Act 2010, religion includes any religion. It also includes a lack of religion. Belief means any religious or philosophical belief or a lack of such belief.
Sex	Both males and females are protected under The Equality Act 2010
Pregnancy and Maternity	The law covers pregnant women or those who have given birth within the last 26 weeks, and those who are breastfeeding
Sexual Orientation	The Equality Act 2010 protects lesbian, gay, bisexual and heterosexual people
Gender Reassignment	The Equality Act 2010 provides protection to someone who proposes to, starts or has completed a process to change his or her gender.
Marriage and Civil Partnership	Marriage is defined as a union between two people of different or of same sexes. In addition to same sex marriage, same sex couples can also have their relationship legally recognised as 'civil partnerships'. This category only applies to eliminating unlawful discrimination in employment.

Appendix B. Health and Social Care Partnership Clinical Governance Structure

Text overview of image on page 5.

The image shows:

The Integration Joint Board as the overarching responsible body for the HSCP

Feeding into the IJB is the HSCP Clinical & Care Governance Group

Reporting to the HSCP Clinical & Care Governance Group are the following sub-groups of HSCP professionals

- Social Work Governance Group
- Community Health and Care (including District Nursing and Health Visiting)
- Public Health
- Psychology
- Allied Health Professionals
- The NHS Governance Development Group (overseeing: the AERG, Addiction Clinical Governance Group, Community Clinical Governance Group, Inpatient Clinical Governance Group, Children and Adolescent Mental Health Service Clinical Governance Group, and Learning Disability Service Clinical Governance Group)
- Technology Enablement Committee

The image also links the Integration Joint Board to the North Ayrshire Council Scrutiny Board and to the NHS Healthcare Governance Group.

The image shows the Social Work Governance Group linking into the NAC Scrutiny. It also shows the NHS Governance Development Group links into the NHS Health Care Governance Group.

Appendix C: National Health & Wellbeing Outcomes

The Public Bodies (Scotland) Act 2014 defines a complete set of principles for the implementation of health and social care services in Scotland. These are the principles against which integrated services should be delivered and the quality of those services should be evaluated. The Act also defines the national outcomes and the health and wellbeing outcomes that integration is looking to achieve. These are as follows:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer

People in North Ayrshire feel confident and able to make positive personal decisions about themselves and their families' health and wellbeing and receive the support they need to achieve their aims.

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

People in North Ayrshire live as independently as possible, playing an active role within their local community.

3. People who use health and social care services have positive experiences of those services and have their dignity respected

People in North Ayrshire are actively engaged in the design and delivery of services, ensuring that these are tailored to local needs and preferences.

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

People in North Ayrshire express what matters to them most and help design and deliver services that help them attain this.

5. Health and social care services contribute to reducing health inequalities

People in North Ayrshire benefit from improved lifestyles, life circumstances, life expectancies, health and quality of life, with more rapid improvements in communities that experience the highest levels of need and deprivation to reduce the inequality gap.

6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing

Carers in North Ayrshire benefit from highly accessible and proactive services designed to maintain high levels of health and wellbeing.

7. People using health and social care services are safe from harm

People who use health and social care services in North Ayrshire should do so safely, be free from fear or harm and have their rights and choices respected.

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

Staff – including those of the third and independent sector – who provide health and social care services in North Ayrshire, actively participate in the programme of continuous improvement and have ownership of the future model of service delivery.

9. Resources are used effectively and efficiently in the provision of health and social care services

Individuals who provide or access health and social care services in North Ayrshire are fully engaged in assessing and allocating the resources available to local communities, and use a rigorous and transparent process to agree how maximum benefit can be attained.

DRAFT

Appendix D: Aligning HSCP and Ayrshire Shared Equality Outcomes

The table below shows how the HSCP Equality Outcomes align to those of the Ayrshire Shared Equality Outcomes.

Ayrshire Shared Outcome (Long-term)	HSCP Equality Outcome (Short-Term)
1. In Ayrshire, people experience safe and inclusive communities	1.Vulnerable adults and older people are cared for, as much as possible, at home
1. In Ayrshire, people experience safe and inclusive communities	2.Vulnerable young people are identified quickly and supported in their own community
2. In Ayrshire, people have equal opportunity to access and shape our public services	3.Services will involve service users in the review or redesign of services that affect them.
2. In Ayrshire, people have equal opportunity to access and shape our public services	4.Local people are aware of the various ways they can help shape HSCP services
2. In Ayrshire, people have equal opportunity to access and shape our public services	5.Local people understand how to access the right HSCP Service for them
3. In Ayrshire, people have opportunities to fulfil their potential throughout life	6.Vulnerable people can access meaningful education, training and employment options
3. In Ayrshire, people have opportunities to fulfil their potential throughout life	7.People at risk of involvement with the Justice System are redirected to positive outcomes
4. In Ayrshire, public bodies will be inclusive and diverse employers	8.We better understand the Diversity in our workforce

Appendix E: Equality Outcomes – Action Updates

Equality Outcome 1. Vulnerable adults and older people will be cared for, as much as possible, at home.

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
01:01	By 31st March 2022, we will have reviewed the independent provision of Care at Home services and identified future service models for implementation in 2022.	This is ongoing and in progress, however, continues to experience delays due to the ongoing challenges presented by the COVID 19 pandemic and on-going economic concerns. Models of provision are still being considered by senior management in Health and Community Care Services. On-going.	1	TI PEI	2, 4, 7, 9
01:02	By June 2021, we will increase the staffing resource within Care at Home service, providing greater capacity for people to be supported in their own home.	Recruitment within the Care at Home service has been ongoing throughout 2021 and into 2022, to increase the Care at Home workforce to cope with current levels of service demand. Nationally recruitment of social care staff is being highlighted as a huge challenge and this is being seen in North Ayrshire. In addition to attracting new social care staff, retention of the existing workforce also remains difficult due to a number of factors including ill health, alternative careers and conduct matters. There was a push on recruitment efforts in August and September of 2021 in advance of increased winter. Additional winter investment confirmed in late 2021 was welcomed and provided an opportunity for permanent recruitment to the Care at Home workforce to address unmet need in the community in North Ayrshire, however this will be dependent on successful recruitment which continues to be a challenge. Complete.	1	TI PEI MHW	2, 4, 7, 9
01:03	By August 2021, Review service models within the Hospital Assessment teams to further embed the Home First approach, basing discharge destination on the	The new model has been mostly achieved within the hospital assessment team, with a new team manager is in post. A new Social Worker has also joined the team and the two Occupational Therapy assistant roles have been advertised. Unfortunately this	1	PEI BST	1, 2, 5

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
	capability and rehabilitation potential of patients.	<p>did not generate required interest and these posts will be readvertised.</p> <p>Throughout the year the HSCP appointed three Occupational Assistant roles. Additional Scottish Government funding has been allocated and will provide a dedicated Mental Health Officer within the team to support complex discharges and further add to the establishment.</p> <p>Complete.</p>			
01:04	Develop a short-term intermediate support service within the Adult CMHT to provide support at home to prevent hospital admission, facilitate discharge from hospital, and support people while the await implementation of commissioned services.	<p>Due to delayed discussions with NHS and NAC human resources, and lack of policy to advertise joint posts below 8A, permanent posts have been unable to be recruited to. However, as an interim, bank nursing staff were employed on a fixed term basis, to trial new model of care. This has proven very successful.</p> <p>Support continues to be provided via bank workers and continues to work well. Permanent posts have now been progressed through memorandum of understanding and are out to advert.</p> <p>Ongoing.</p>	1	PEI MHW	1, 2, 4, 7
01:05	Develop further Mental Health digital solutions to enhance choice and improve scope for individuals to remain independently at home with appropriate support.	<p>There are a range of alternative solutions available for individuals. Computerised CBT continues to be very well received with steady demand and capacity. Silver Cloud is now available. Telephone and Attend Anywhere has been utilised for one to one engagements. Both 'Attend Anywhere' and 'Microsoft Teams' have been explored as an option for Group Work.</p> <p>Face to face appointments have remained open throughout pandemic where appropriate, and face to face groups have been commenced and postponed dependent upon government restrictions.</p> <p>We continue to work closely with our Digital Health Nurse Consultant to develop new innovative ways of working. N</p> <p>We continue to work closely with our Digital Health Nurse Consultant to develop new innovative ways of</p>	1	EC PEI BST	2, 7

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
		working. Confirmation of preferred group work platforms have now been confirmed and will be utilised moving forward. Complete.			
01:06	Develop a model to respond to emergency mental health care with a community-based response, supporting individuals at home where possible, or facilitating a speedy discharge from hospital when not.	<p>There are several pathways to urgent mental health services now in place. Within the community mental health team, a duty service provides same or next day assessment for any required referral; although these are mostly conducted within the community mental health team base, if necessary, this can be within the individuals own home.</p> <p>A Police Scotland Pathway is available 24 hours per day, in which police Scotland can contact the Crisis Resolution Team for any mental health concerns. The crisis team will provide advice, telephone, or face to face assessment wherever required. Dependent upon risk, this may be within the individuals own home. Likewise, the Crisis Resolution Team will respond to any NHS24 or AUCS calls, providing similar response.</p> <p>At this moment in time, the unscheduled care service completed a scoping exercise for a potential Scottish Ambulance Pathway. A request to undertake a pilot has been funded through Action 15 monies and recruitment is now progressing. Following induction, training and development a start date shall be confirmed.</p> <p>Complete.</p>	1	PEI BST MHW	3, 4, 7

Equality Outcome 2. Vulnerable young people and families are identified quickly and supported in their own community.

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
02:01	Refocus the school nursing role to include emotional health and wellbeing as a priority. This will help to improve the mental wellbeing of children and young people.	School Nursing team is currently undergoing recruitment into the service to support the delivery of the School Nursing Pathways and Priority areas. All current school nurses have completed the LIAM training which is 'Let's Introduce Anxiety Management' in children. Complete.	1	PEI HW	1, 4, 5
02:02	By June 2021, Named Person Service processes and procedures will have been reviewed and improvements identified where applicable, to ensure Named Persons and Lead Professionals are provided with effective and efficient early intervention & preventative support in meeting the needs of children, young people and their families.	The review of the Named Person Service has been undertaken and an evaluation report is pending approval at the next Children's Services Executive Group meeting on the 27/07/21. Complete.	1	MHW	7
02:03	Develop and review a Young Person's Suicide Support Pathway, to effectively refer concerns raised at Hospital Emergency Departments to Service Access for speedy response for young people unknown to services.	The Young Person's Suicide Support Pathway has now been developed and is operational. The Pathway has been endorsed by the Social Work Governance Board and the IJB. A process has been set up on Carefirst to capture the referrals and ongoing work is taking place to streamline information system. The Pathway will be evaluated in September 2021. Complete.	1	PEI EC MHW	1, 5, 7
02:04	Routine gender-based violence screens will be completed by Health Visitors and Family Nurses.	All women are offered gender based violence routine enquiry at various points within the health visiting pathway. North Ayrshire currently sits at a completion rate of 96%, the highest percentage across the three Ayrshires. We have set an improvement target for 100% during 2021/22; however, due to the sensitivities around GBV, it remains to be seen whether this target can be reached. All women continue to be offered routine enquiry for GBV at various points across the HV pathway.	1	EC TI PEI	7

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
		Complete.			
02:05	Train all Interventions Team Managers and Senior Officers in ASP process to ensure that risk is recognised for both children and adults	Bespoke ASP training has been delivered to all Interventions Services Team Managers and staff. Complete.	1	TI PEI	7, 8
02:06	Embed Recovery Development Workers within MAASH and Service Access to improve support to vulnerable families affected by substance misuse	<p>A pilot using Recovery Development Workers from NADARS within the MAASH and Service Access Team took place from December 2020 to April 2021. This pilot has now been evaluated with impressive results with every person referred for this service engaging with a Recovery Development Worker. An application has been made to the CORRA PDI (Partnership Drug Initiative) for three year funding to develop this initiative further.</p> <p>We were asked to submit additional information to the CORRA PDI by the end of September 21. This information was submitted on time.</p> <p>The CORRA PDI funding application for 2 Recovery Development Workers has been successful. The award is subject to conditions, outlined below.</p> <p>The Steering Group were interested in this proposal and could see it had merit. They felt the proposal had answered the majority of the queries from the initial stage sufficiently.</p> <p>However, they requested that the grant be conditional on:</p> <ul style="list-style-type: none"> ○ Clarity on the roles of people with Lived Experience, to ensure the post holders receive appropriate roles that reflect an appropriate skill and responsibility ○ Clarity on the support and supervision those post holders will receive, with a keen view on how the staff members will be nurtured and supported appropriately. <p>Complete.</p>	1	EC PEI TI	1, 3, 7
02:07	We will reduce the number of repeat domestic abuse referrals through	MAASH now take all domestic referrals when previously they only followed up on referrals where there were children linked to the	1	PEI	7

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
	collaborative working with the Police and Women's aid, to develop a dedicated multi-agency holistic response to domestic abuse.	<p>case. Monthly MAASH strategy meetings now take place with Justice Services Senior Manager, Police Scotland, MAASH Team Managers and HSCP Performance Officer in attendance. The Performance Officer prepares a monthly statistical dashboard with details of monthly referrals to the service The Dashboard and statistical illustration for EEI/MAASH has provided clarity to staff/Team Managers regarding where we should be streamlining and prioritising our service.</p> <p>The MAASH Strategy Response meeting continues to take place every month and the domestic violence referrals are scrutinised. There have been months where the domestic violence figures have reduced and months where there has been an increase.</p> <p>This action now is complete as we have a robust data dashboard, meeting schedule and response system in place to scrutinise referrals/repeat referrals and we respond timeously to vulnerable young people and families to support to them in their communities. Complete.</p>			
02:08	Develop, with Children First, an intensive support service for trauma experienced parents who are reluctant to accept agency support. Working collaboratively with Early Years Social Work and Health Visiting Teams, the service will work intensively with vulnerable families to prevent escalation of child protection concerns.	<p>A contract for the new service was issued in July 2021, with a new practice initiative agreed with Child Protection Advisors and Health colleagues to support parents in the pre-birth stage who are as identified as vulnerable.</p> <p>Pathways for Prebirth Early Intervention and Prevention work was established by Safeguarding Midwifery, Community Midwifery and Third Sector.</p> <p>Work was undertaken across adult services and Penumbra to develop effective worker pathways for support.</p> <p>Service was launched in September 2021 with a pilot period of one year.</p> <p>Since launch, the service has:</p> <p>1) Has offered this more enhanced approach to a small number of families, this has included yoga and mindfulness groups.</p>	1	PEI TI	1, 6, 7

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
		<p>2) Developed and agreed a pathway for supporting parents proactively at the Prebirth stage. The families who will be supported have unborn babies who more vulnerable to CP involvement due to parental adversity.</p> <p>3) Developed information leaflets explaining the service, and how it was developed in consultation with those with lived experience. An evaluation of the programme will be undertaken at the end of the pilot year.</p> <p>Complete.</p>			
02:09	Prioritisation of children and young people where risk and need are identified as requiring specialist services intervention and support.	<p>CAMHS engaged in an organisational change process as the service moves to configure the service based upon clinical need and presentation. The new Service consists of CAMHS, Child & Adolescent Neurodevelopmental Service and the new Unscheduled Care Pathway.</p> <p>With regards to the prioritisation of children and young people where risk and need is identified, this service will operate 7 days per week from 7am in the morning until 9pm in the evening. It will aim to offer a 'same day – next day' response where there is identified risk or need.</p> <p>Up until the change process was initiated, CAMHS was delivered within a Locality context, Monday to Friday 9am – 5pm.</p> <p>Through the work of the CAMHS Extreme Team Implementation group the Administrative and business support capacity which had been managed within the three HSCP structures in their respective localities will be formally merged under Lead Partnership by the end of financial year 2021-22 with staff and finance transferring over.</p> <p>Complete.</p>		PEI MH	
02:10	Implementation of Specialist Perinatal Mental Health Service (Pan Ayrshire)	<p>Reviewed by wider health and social care partnership.</p> <p>New perinatal mental health service is now in operation, thanks to</p>	1	PEI MH	

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
	providing specialist mental health care for pregnant and new mums.	<p>internal mental health supports, interim accommodation has been sourced whilst longer term accommodation found.</p> <p>New service consists of:</p> <ul style="list-style-type: none"> • Consultant psychiatry (0.7 WTE), • Psychology (0.2) • Nursing staff (2.6) • OT (0.6) <p>Accommodation group aware of longer term ask and considering options.</p> <p>Complete.</p>			
02.11	GP based Mental Health Practitioners will be established as first point of contact for expectant/new mothers who require mental health advice or support.	<p>The programme seen an increase of 13 Mental Health Practitioners in North HSCP. The MHPs are aligned to GP practices across North Ayrshire based on clinical need and priority.</p> <p>To support governance and supervision of the MHPs a full-time Team Leader has also been appointed.</p> <p>MHPs continue to remain within GP practices with every mainland GP practice now having access. The ability to engage with patients faced challenge during the COVID period. These issues were addressed at GP practice level and discussed at wider multi-disciplinary group meetings.</p> <p>Future developments will look at effective absence cover for the service, in the event of extended leave- and to reduce service risk.</p> <p>Complete.</p>	1		
02.12	Adult CMHT to establish protocol to prioritise assessment for expectant or new mothers referred direct to the service who may have bypassed GP MH practitioner	<p>New perinatal service in operation, Perinatal SOP to be reviewed and updated as appropriate. The perinatal service has a professionals advice line that can be utilised when considering referral to mental health services, not just the perinatal team – the team would advise on the most suitable route to access the most appropriate service.</p> <p>Complete.</p>	1	PEI TI MH	

Equality Outcome 3. We will involve service users in the review or redesign of services that affect them.

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
03:01	Complete the delivery of the ASN campus and respite house engagement strategy with the Children and Families Disabilities team being in situ.	Children and Families Disabilities Team moved into new Lockhart Campus week beginning 11 June 2021. Mungo Foundation received keys for Roslin House week beginning 11 June and completed local induction and familiarisation to the building. First young people stayed overnight in the facility in July. Complete.	2	EC MHW	1, 3, 4
03:02	Progress the Radical Test Site which has developed a small Parents Collaboration Group to inform practice/provide consultation and advice to the experiences of parents who have their children out-with their care, and help shape the care most suited to them.	The 'Team Around The Parent Approach' commenced in August 2021. This is a support service for parents who have had their children removed from their care. The aim is to help them feel supported and heard at distressing time. An evaluation protocol has been agreed, including programme outcomes that will be measured through qualitative data drawn from parents who have utilised the service. The Parents Collaboration forum were regularly consulted in regard to evaluation tools. The support programme also provides signposting support, linking parents with any necessary supports which should assist them to take part in the parenting assessment at Pathways. The support is parent led but focused on providing a "tool kit "of practical self-soothing supports. A communication profile has been developed with each parent to assist them to highlight where barriers or challenges have been experienced when they have attempted to express their feelings or opinions. The approach involves, individual one to one weekly sessions over a 6- week period. Six parents have now utilised this enhanced support, they have provided evaluation and feedback enabling ongoing development of the approach.	2	EC	3,

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
		Complete			
03:03	Scope the potential to extend 'Signs of Safety' approaches and enhancing families/family group conferencing as a potential dual strategy approach. This would enhance solution focused support plans to enable children and young people to remain within their family units where at all possible.	<p>The implementation of Signs of Safety will follow the Implementation of the Safer and Together model. This is to ensure any new approaches are effectively embedded, whilst not negatively impacting current operational practice within Child Protection systems.</p> <p>The programme, will begin implementation of Signs of Safety from March 2022. Implementation meetings began in January 2022 to develop an effective programme roll out.</p> <p>Carried Forward.</p>	2	TI PEI	
03:04	Children and young people have access to key staff, carers, to discuss and ensure their voice is heard, in terms, of LAAC Review, Children's Hearings, Foster Care and Kinship Care Reviews.	<p>North Ayrshire has a strong commitment to 'The Promise', the national commitment to young people which also has a strong focus on involving children and young people in decisions which affect their lives.</p> <p>The HSCP has several support mechanisms for children and young people to allow their voices and views to be heard.</p> <p>All children and young people, who are care experienced, are encouraged and supported to express their views and have their voices heard, via a range of sources, such as Children's Hearings and LAAC Reviews.</p> <p>The North Ayrshire Champions Board is also a key method for engagement, as it is made up of a group of care experienced young people who are involved various engagement opportunities.</p> <p>Further, commissioned by the HSCP, Barnardos Advocacy Service, provide advocacy support for children and young people in relation to attendance at Children's Hearings, LAAC Reviews and within the Child Protection process.</p> <p>Complete</p>	2	TI EC	
03:05	From June 2021 begin Remobilisation of Older People's Day Service combining	IJB approved a plan for remobilisation of Older People's Day Services in August 2021 and the planning for remobilisation has	2	EC MHW	

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
	traditional days services with additional outreach options, using learning from telephone interviews undertaken with day service users.	<p>commenced, with anticipated reopening in early 2022.</p> <p>The service has been engaging with Alzheimer's Scotland who re-opened its Day Service in Ardrossan, on a greatly reduced capacity basis, in late 2021. It is anticipated that the service will begin to increase its delivery of Day Services throughout January and February 2022 to support individuals currently on the waiting list for day services.</p> <p>Engagement with services users was undertaken to help identify possible future day opportunities, include alternative options to traditional location-based services.</p> <p>Complete</p>			
03:06	Progress the redesign of services on Arran, including the views of local people and services users.	<p>Local engagements on Arran progressed to help inform the redesign of local services.</p> <p>In addition a refresh of locality priorities took place in 2021 with the Locality Planning Forum members.</p> <p>Further discussions and consultation planned in relation to the new National Care Service. This took place on Arran in late October 2021.</p> <p>Further consultations on local priorities will take place in 2022 as part of the ongoing developments for Caring for Ayrshire.</p> <p>Complete.</p>	2	EC	
03:07	Ensure the involvement of young people in the review of CAMHS service, recruitment of specialised engagement officer.	<p>Our Engagement and Participation officer is now in post and actively involved in multiple improvement projects and directly engaging young people. An example of that is through our Pan-Ayrshire Leisure project as part of the Autistic Spectrum Disorder (ASD) pre and post diagnostic pathways.</p> <p>Complete.</p>	2		
03:08	Engage services users for involvement in future developments as we move to implement the Royal College of Psychiatry Accreditation Scheme.	<p>CAMHS have appointed an engagement officer to work with children and families. Discussions with senior leadership have also taken place to consider how best to support the Patient reference following the retirement of the latest group chair. Consideration is</p>	2		

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
		ongoing as to how best to reinstate and refresh and refocus the group. Carried forward			
03:09	Continue engagement with service users to inform Ayrshire Mental Health Conversation	<p>Due to the Covid pandemic and the challenges on all services over the past 18 months we have had little to no opportunity to progress any substantial engagement activity. We have agreed a plan to support the Public Reference Group to refresh its membership and we are arranging meetings with the Chair of this group to plan how they can lead and advise on wider public engagement with the partnership. This will include a review of progress against the current Ayrshire Mental Health Conversation priorities and outcomes as we come to the half-way mark of the national Mental Health Strategy (2017-2027) next year.</p> <p>We have made progress in the area of engagement with young people and have appointed a CAMHS engagement officer – we have also developed the KIDSCREEN tool to better understand the experience of young people accessing CAMHS. A programme of engagement work is currently being considered with a focus on transition from Children's/young people to adult services to improve the experience of young people and families in alignment with national recommendations.</p> <p>We have also collated engagement feedback of people's experiences during the pandemic to better inform our mobilisation and recovery and renewal plans.</p> <p>Complete.</p>	2	EC MHW	
03:10	Engage with the Young People's forum to support and inform the development and operationalisation of the new National Secure Adolescent Inpatient Service,	Young people have been involved in the development of aspects of design of the facility and the log and further consultation will take place in the procurement of furniture and the art strategy which	2	EC MHW	3, 4, 5

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
	Foxgrove, in partnership with the National Stakeholders Group	binds the therapeutic milieu of the facility. Complete.			
03:11	Progress service user involvement in Learning Disability strategy implementation	<p>Our engagement approach linked to the strategy shifted because of the need to support transition of our day services to Trindlemoss in 2019. We undertook extensive engagement with staff, carers, and clients linked to this, but there is a need for us to reconnect with the broader population we support (and other stakeholders), to ensure ongoing development of relevant, inclusive, services and communities. Our survey work undertaken in Summer 2020 has informed this, as will recent engagement activity undertaken within Day Opportunities.</p> <p>Further developing our engagement with service users remains an area for development. We have linked with the HSCP Engagement Officer in relation to this, and will continue to work with them to ensure that people with a learning disability are appropriately considered within their work, and that we also make appropriate use of them to support our engagement activity. We continue to keep service users and their families informed about key developments which affect them.</p> <p>We worked with the HSCP Engagement Officer to facilitate the input of clients to the new North Ayrshire Strategic Plan in early 2022. The Engagement Officer is also involved in our ongoing involvement activity linked to the Day Opportunities service, along with AIMS Advocacy and the Ayrshire ARC Scotland Development Worker. The ARC Scotland worker will be linking into Day Opportunities to support staff there in engaging with customers and involving them in further developing the new model.</p> <p>Complete</p>	2	EC TI	
03:12	Undertake review of learning disability day services	We continue to work with Healthcare Improvement Scotland as part of their Day Services Learning Collaborative and have benefitted greatly from being linked into sessions run by the	2	TI EC	

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
		<p>National Development Team for Inclusion. We are now working with HIS on a process mapping exercise encompassing the integrated LD team as well as day services, to better understand the existing process and opportunities for improvement within it. We are also hoping to link with PAMIS in the near future with regard to addressing the needs of people with profound and multiple disabilities within our day services work.</p> <p>Our work with HIS around process mapping across the Learning Disability Service, including Day Opportunities, remains ongoing. Linked to the work within the Day Services Learning Collaborative, we are working with Neighbourhood Networks and other partners to undertake an arts-based exploration of the lives of people with learning disabilities, using storytelling as a medium for capturing and sharing a range of experiences.</p> <p>These stories will help us in shifting how communities think about people with learning disabilities, and also inform our thinking around the role of services in relation to community inclusion.</p> <p>Complete.</p>			

Equality Outcome 4. Local people are aware of the various ways they can help shape HSCP Services

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
04:01	Hear the voices of local communities through representation at Locality Planning Forums. This will create greater opportunities for local communities to have a say on what services are required within their locality and how they should be delivered.	<p>HSCP Senior Managers are now active participants in the Irvine and Three Towns LPF's. Work has taken place to identify the HSCP LPF priority areas. The priorities of each LPF will be affirmed prior to progressing with the SPG, PSMT and others.</p> <p>A meeting will take place on the 19/01/22 involving Senior Management to discuss developing Locality Planning in North Ayrshire HSCP. The meeting will focus on the following points</p> <ul style="list-style-type: none"> • What value the current approach to locality Planning in North Ayrshire has brought to the Partnership? • What measures can be taken in order to improve the current approach to locality planning in North Ayrshire HSCP to make best use of the resources we have? <p>A new set of Locality Priorities have been identified that will be included into the new Partnership Strategic Plan, due for publication in April 2022.</p> <p>Complete.</p>	2	EC	3, 4, 5
04:02	Contribute to the review of the pilot of the combined LPF and LPP forum on Arran.	<p>The Arran LPF Pilot has continued to meet during 2021. A date to review the pilot has yet to be agreed following Covid challenges.</p> <p>A discussion on the review of the LPF and LPP pilot on Arran took place at a meeting late February 2022. While no formal review was planned, it was agreed that specific HSCP engagement should take place on the island. This will be progressed in 2022 with HSCP officers.</p> <p>Ongoing</p>	2	EC	3, 4, 5
04:03	Locality Planning Forums will expand approaches in engaging with local communities	<p>Locality Planning Forums have affirmed their priorities for the next year. A round of meetings will take place between October and November 2021 and discussed how we can develop our engagement approach with the local community.</p> <p>Partnership Engagement officer is to consider possible future engagement opportunities and forum meeting formats.</p>	2	EC	3, 4, 5

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
		Complete			
04:04	Through the North Ayrshire Wellbeing Conversation, we will identify and induct members to the North Ayrshire Care Improvement Network	<p>The Care Improvement Network has been launched and is under active development. We have contacted approximately 80 people via surveys and online meetings to establish the best ways of engaging with people and developing the network.</p> <p>We will continue to engage and encourage people to become involved and made aware of the Care Improvement Network as we engage on the next strategic plan.</p> <p>Complete.</p>	2	EC	3, 4

Equality Outcome 5. Local people understand how to access the right HSCP Service for them.

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
05:01	Further embed and develop the Community Hubs established throughout the pandemic, continuing locally based partnership working to respond to community need.	<p>The Community Partnership Forum was developed from the work and legacy of the community hubs. The Community Partnership Forum meet monthly and is attended by a range of services across Council, Partner and Third Sector Agencies and is a forum for networking, sharing best practice, developing partnership interventions and approaches to ensure that services respond to need in the community.</p> <p>The group membership continues to evolve with Council, Partnership, Third Sector and Voluntary groups represented. Given that we are an island community Arran is represented and the group has had input from local church groups and the Foodbank. As a result of the approach locally based partnership to assist our service users have been strengthened.</p> <p>A annual report will be produced on the work of the group.</p> <p>Complete</p>	2	TI EC BST MHW	4, 5, 8, 9
05:02	Ensure the young females involved with the Syrian Vulnerable Resettlement Programme are confident, meet their aspirations, are independent, healthy, and able to access various services when required and lead fulfilling participatory lives as New Scots within their communities	<p>The young females involved with the Syrian Refugee Resettlement Programme are involved in a creative initiative with the National Galleries of Scotland . This initiative which is funded by the Youth Recovery Fund and is a Partnership between NAHSCP, North Ayrshire Council and North Ayrshire Alcohol and Drug Partnership uses art as a platform to promote positive mental health and wellbeing and to assist young people to build their confidence, self-esteem and realise their aspirations. Since this initiative commenced several months ago the young females form the Syrian community have been regular attenders/contributors at weekly virtual sessions. The National Galleries have hosted weekly face to face session at Eglinton Park and the attendees have included 6 young females from the Syrian Resettlement Programme.</p> <p>Females from the Syrian Refugee resettlement Programme successfully participated in a range of pro social activities with the</p>	2	TI EC	3, 4, 5

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
		<p>National Galleries of Scotland and an evaluation report will be completed by the National Galleries.</p> <p>The group of young females which are called the Swans Group have now been taken over by Connected Communities who will embed this group further into local communities and local community activities.</p> <p>Complete</p>			
05:03	Young people with additional support needs in North Ayrshire, and their families, will be provided with a more effective transition into adulthood, which delivers greater access to a range of provisions and supports in the local community.	<p>Children's Services in North Ayrshire continue to progress with work to strengthen transitions for young people with additional support needs, and their families, into adult hood. An Area Resource Group and Transitions Planning Group has been re-established in this reporting period. Improvements have also been identified to improve operational practices, procedures and guidance for professionals in how best to support families that will be taken forward in early 2022.</p> <p>A new transition process was approved by PSMT in early 2022.</p> <p>Complete</p>	2		3, 4, 6
05:04	By December 2021, Children, young people and their families will be able to more readily access appropriate and timely mental health and wellbeing supports through establishing a North Ayrshire Community Mental Health and Wellbeing Collaborative or collaboratives across the local authority.	<p>Within this service year it has been established that there are a number of locality based forums in place that can support in taking forward Community Mental Health and Wellbeing priorities and actions identified by the Community Mental Health and Wellbeing Framework Steering Group. As a result there is no longer a requirement for separate collaboratives to be established but enhancing locality based approaches to address local need remains a priority.</p> <p>Complete</p>	2	EC MHW	1, 4, 5, 6
05:05	Support local implementation of Caring for Ayrshire programme	<p>The Caring for Ayrshire prioritisation work, highlighting the order in which each locality should receive capital investment to support future objectives is under development. A short life working group will finalise this work by December 2021 and report to the IJB for approval.</p>	2	TI PEI BST MHW	All

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
		The local Caring for Ayrshire work is now complete and was approved by NHS Ayrshire and Arran Integrated Property Board. Complete.			
05:06	Implementation of Primary Care Improvement Plan	<p>The implementation of the primary care improvement programme continues. Increasing support across all the GP Quality Clusters, with additional MSK physiotherapy, Community Treatment and Care Nursing Teams and pharmacotherapy services, all making good progress.</p> <p>This work is clearly aligned with mental health improvements in primary care and the mental health occupational therapy model, which was piloted in the north coast cluster, with one senior Occupational Therapy (OT) staff member successful in supporting people with long COVID-19, mental health conditions and individuals with access to employability support.</p> <p>As a result, two further occupational therapists have been recruited and roll-out has commenced across other GP practices. The OT posts work closely with all the MDT staff, e.g. Community link worker, pharmacy, MSK physio and CTAC nurses, to provide a holistic support to complex individuals. There is also a continuing ambition to expand mental health practitioners and their service resilience model.</p> <p>There are specific recruitment challenges on the isle of Arran and new skills mix models are being actioned. All these services are looking to enhance their services to provide greater levels of resilience for GP practices, for example to provide cover for sickness absence, through recruitment and skill mix.</p> <p>Complete</p>	2	TI PEI MH BST	1, 2, 3, 4, 5, 8
05:07	Progress the integration of teams and implement new models of care to ensure high quality, safe and sustainable services	<p>Complex Care pilot and MDT meetings are now underway on Arran. Unscheduled Care new Nurse Practitioner role is currently being recruited.</p> <p>New nurse practitioner roles have been appointed and the new</p>	2	BST	8, 9

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
	in our community hospitals and island services	unscheduled care rota commenced in November 2021. Further recruitment planned for early 2022 to unscheduled care team, complex care/MDT so that new model of care can be delivered. Complete.			
05:08	Enhance and further refine Intermediate Care and Rehabilitation hubs, improving the streamlining of access to rehabilitation services.	Effort continues to enhance and refine access to intermediate care in North Ayrshire. There has been continued focus on streamlining business support processes and on maximising the workforce available to support rehabilitation. In terms of community rehabilitation, progress has been made to integrate the Health and Therapy Team, community physiotherapy and falls teams – in improving efficiency, and experience for staff and service users. Focus has also continued to expand the enhanced intermediate care team in providing fast response, viable alternative to hospital admission. Progress has now also commenced to bring referral management for podiatry services into the Intermediate care and rehab hub in North Ayrshire.	2		
05:09	Launch the Single Point of Contact on Arran by Dec 2021, providing residents of the island a single access point for all health and social care services	Infrastructure work for the launch of Netcall on Arran is due to be completed in August. Single Point of Contact was expected to be in place by March 2022 Unfortunately, due to a major IT fail on Arran the development has been delayed. Plans are now being updated and it is anticipated that this will be back on track by April 2022. Complete.	2	EC PEI	1, 3, 5
05:10	Expand access to the increased range of supported digital options for Mental Health supports as part of a tiered model for service delivery	The service will continue to utilise digital platforms that have been implemented successfully during the pandemic, this blended model of service delivery will enable greater access for individuals via the use of digital technology such as attend anywhere. This service has also utilised email direct to patients for sharing reading materials for interventions. The service will also pilot a digital safety plan, originally devised by NHs Lanarkshire and implemented there to	2	EC	1, 3, 4

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
		extremely good effect. These developments are likely to remain ongoing as digital platforms & technology progresses. Complete			
05:11	Logos and posters to be displayed which identifies North Ayrshire Drug and Alcohol Recovery Service as being a safe space for LGBTQ+ and trans communities.	Posters from LGBT Youth Scotland and Stonewall Scotland are displayed within the waiting area of Caley Court which identifies NADARS as being a safe space for LGBTQ+ and trans communities. Complete	2	TI MHW	3
05:12	Standardised data sets to be included in the Drug and Alcohol Information System (DAISy) which includes wider gender identity options.	We made contact regarding the new national alcohol and drug recording system (DAISy) system and here are the options which have been included in the new national data set:: <ul style="list-style-type: none"> • Male • Female • Not Specified (not stated, not recorded) • Not known (indeterminate sex, intersex) Complete	2	TI MHW	3

Equality Outcome 6. Vulnerable people can access meaningful education, training and employment options.

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
06:01	Identify preferred tender for service provider to implement intensive employment support programme for care experienced young people into employment and training. Seek to improve confidence and self-esteem post lock-down using creative approaches. Programme to launch late 2021.	Off Programme – Action could not be complete due to issues in identifying and commissioning an appropriate service provider.	3	TI PEI	4
06:02	Utilise available funding to undertake joint initiative with Community education using adult tutors support literacy development with families involved with Rosemount team to improve employability prospects. Initiative will utilise work placement and voluntary options and provide adult learning awards.	<p>A 12-week programme of community education was commenced in September 2021. In total 6 parents/carers accessed the programme.</p> <p>with all participants being provided with Google chrome books and support with IT literacy.</p> <p>The group attended weekly sessions at the Redburn Community Centre, Irvine, facilitated by staff from Connected Communities and Rosemount. This provided an opportunity to support parents and carers to develop their resilience, confidence, and skills, with the intention of bringing them closer to the job market.</p> <p>The programme had set sessions focused on how to build a CV, IT skills, and setting achievable goals. However, it was also flexible enough to respond to the individual needs of each participant with one-to-one sessions provided to those who required them, e.g., to support with literacy.</p> <p>The group completed a session focused on community mapping, which increased their knowledge of local groups in Irvine that either themselves or their families could be involved in. We also had an input from the Irvine Locality Community Link Worker service and Money Matters, which created links for future engagement.</p>	3	EC BST MHW	1, 3, 5

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
		<p>Finally, during the October holidays, all participants and their families were invited to engage in two days of activities that were facilitated by the Arran Outdoor Centre, including Canoeing, Orienteering, and Rock Climbing. This was well attended and the feedback from the group was that it had both increased their confidence and appreciation for the outdoor spaces available to them in their local community. This was one of several activities that encouraged participants to focus on positive health and wellbeing.</p> <p>Complete.</p>			
06:03	Create Modern Apprentice post in the Drug and Alcohol Workers team. The MA will be identified from known young people with experience of family addiction issues.	The HSCP was notified in July 2021, that an application for funding to the Corra Foundation, Improvement Fund had been approved. The grant has been awarded specifically for the salary of a Modern Apprentice and associated costs to develop the Child & Adolescent Specialist Substance Team (CASST).	3	PEI MHW	1, 4, 5, 7
06:04	Through rehabilitation support provided through the Dirran's Centre, we will support service users to develop meaningful skills, support their independence and assist them on their route to positive outcomes.	The Dirrans successfully continued to deliver its supports via alternative service delivery throughout the pandemic. The Dirrans fully re-opened in late 2021, however continues to operate with a mixed model of delivery based on individual needs	3	TI MHW	1, 2, 4, 5
06:05	Support development of new Day Services workforce for those with a learning disability following the move to Trindlemoss	<p>Staff change within Trindlemoss is ongoing, in terms of those existing staff choosing to move on, and new staff being recruited. Staff team consolidation is expected to be complete by end of May 2022.</p> <p>As part of our involvement in the HIS Collaborative, we are working with the other HSCPs in the Collaborative to explore routes for linking the National Development Team for Inclusion to the Day Opportunities workforce, with a view to supporting them to</p>	3	MHW	8, 9

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
		enable/develop opportunities for clients, including employment and training, and expand their awareness of good practice taking place elsewhere. HIS themselves will also be undertaking a workshop with Day Opportunities staff in the coming months. Complete.			
06:06	Implementation of locality-based development work in Garnock Valley (Neighbourhood Networks) for services users with a Learning Disability	<p>Neighbourhood Networks have successfully established themselves within the Garnock Valley, and earlier this year reached their operating capacity in terms of the number of individuals they could support. They adapted successfully around the restrictions associated with Covid, developing a range of online opportunities as well as providing socially distanced opportunities to meet within communities. The success of their digital offering led to it being opened up to clients supported by the integrated community LD team, but not part of the Garnock Valley network. Recent staff changes within the network have created a fresh opportunity to look at its activity in the context of broader developments within the Learning Disability Service.</p> <p>The success of the 1st Neighbourhood Network in the Garnock Valley (as reflected in a recent activity summary shared by the Network manager) has led to the establishment of a second with a wider remit, as well as discussions regarding further implementation in other North Ayrshire localities. We aim to work with Neighbourhood Networks to evaluate their activity, with an aim to report in the first half of 2022.</p> <p>Establishment of the Networks has been very positively received by a range of partners, including colleagues working in Primary Care, and clearly demonstrates the Partnerships commitment to pro-active, empowering support for individuals and communities. The success of the existing Network activity has also been submitted as a success story to the NHS Board.</p> <p>Complete.</p>	3	TI EC MHW	4, 5

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
06:07	Enhance volunteer approaches for those accessing addiction support services, focussing on employability support	<p>The Turning Point Scotland, PEAR service received funding to facilitate a pathway for those with lived experience into volunteer work within the service and then subsequent paid employment through sessional or full-time posts. The service has trained nine individuals to date, three of which have progressed to paid employment within the PEAR service while two remain currently active.</p> <p>Another group of volunteers are being advertised for and hopefully recruited soon.</p> <p>There is further work being carried out by the ADP community link worker in supporting individuals in to volunteering at the Recovery Cafe and accessing training, however COVID has prevented the work being carried out.</p> <p>The Wellbeing and Recovery College allows individuals to access courses aimed at recovery, and individuals from NADARS and PEAR access this when available.</p> <p>The Eglinton Community gardens, part funded by the ADP, provides supported skills in gardening and growing own food, the garden also provides for access to volunteer in the work but also access volunteering through the NA Rangers Service, there is also a allotment in another area at Eglinton which allows access for self-growing for those attending the Recovery Cafe and recipes for cooking.</p> <p>The ADP will continue to look at other pathways and sources of training, volunteering etc. ADP funding and proposals via 'Corra' national funding will also encourage further developments in this area.</p>	3	TI MHW	1, 3, 4, 5
06:08	MH Recovery College will continue to support people with MH issues to improve access to education and training.	The mental health recovery college remains in commission until June 2022. The College has had several graduates during 2021-22, given 3 years in operation. Management is in discussion regarding	3	TI MHW	1, 3, 4, 5

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
		<p>next opportunities. Graduates of college, currently have opportunity for volunteer peer work.</p> <p>The Recovery college is in process of going out to tender. This tender will award the successful provider the contract for a further 5 years. The college has proven hugely successful and recent north Ayrshire partnership evaluation of the service showed the positive impact it was having on individuals across North Ayrshire in terms of their mental health and wellbeing as well as supporting those suffering from mental illness.</p>			
06:09	The individual placement and support service, will support individuals within MH services to regain meaningful employment.	<p>Individual placement and support (IPS) service delivered positive results for those experiencing Mental illness and access to job market.</p> <p>However, a test of change of having the IPS service open to the Primary Care Mental Health (PCMHT) aspect of the service did not prove sustainable due to the deviation from the services core model and principles.</p> <p>The IPS contract will end in 2022, following the provided submitting notice.</p> <p>New employability support models are now being considered by PCMHT.</p> <p>Complete.</p>	3	TI MHW	3, 4, 5
06:10	College wellbeing and liaison post will support students to remain in education with Ayrshire College. Covering all campuses across Ayrshire.	<p>College wellbeing and liaison worker in post.</p> <p>Complete</p>	3	TI MHW	5
06:11	Develop sustainable social enterprise in ACORN service, providing training and	ACORN model is currently offering between 1 and 2 half days workshop/practical training to individuals. Alongside this the HUB	3	TI MHW	3, 4

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
	recovery services to people with complex Mental Health concerns.	has been developed to offer 'classroom' based education to compliment this, supporting individuals to positively manage their mental health. Partnership working continues to progress with Ayrshire College to offer education and training that will help individuals move on. Complete.			

Equality Outcome 7. People at risk of involvement with the Justice System are redirected to positive outcomes.

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
07:01	We will improve the employment opportunities to support people with criminal records into employment.	Employability mentors sit within Justice services taking referrals for any service users currently involved in Justice services or involved within the past year. The aim is to integrate service users into support for health & wellbeing, vocational and accredited training, education, volunteering, and successful employment tailored to their individual needs. Due to covid restrictions during 2021 it has been challenging to secure opportunities for service users. Contact with service users has been ongoing throughout the pandemic initially via telephone and a return of face-to-face appointments since April 2021. During 2021 the service received 22 completed referrals, aided 1 service user in a volunteering role, 10 into training opportunities and 12 job outcomes have been gained, alongside the hard work of service users to achieve these positions. The service also engages with available employability opportunities, attending job fayres when possible. Complete.	3	TI	3, 4, 5, 7

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
07:02	Development of a robust formal working partnership with peer workers in the Alcohol and Drug Partnership to encourage additional supports, inclusiveness, community reintegration and enhance support to service users subject to Drug Treatment and Testing Orders.	The working partnership with peer workers across Ayrshire in the Alcohol and Drug Partnership (ADP) continues to work well. The Drug Treatment and Testing Order (DTTO) Service has received CORRA funding for an addition Recovery Development Worker who will encourage inclusiveness, community reintegration and provide support to service users subject to DTTO. Following the standard recruitment process a suitable individual was appointed to the post of Recovery Development Worker, with the new individual starting their post in November 2021. Complete.	3	TI BST MHW	1, 4, 5
07:03	Work in collaboration with Police Scotland and Children First to develop a 'Whole family approach' for Women subject to Diversion from prosecution	Through monies received from Community Justice Ayrshire to appoint a "Whole Family Approach" worker to complement the diversion Team, we have completed a quick quote process and Turning Point Scotland (TPS) has been awarded the contract. TPS Undertook a recruitment process to appoint new worker, who took up post in November 2021. Discussions between TPS and HSCP identified clear outcomes for the service to progress. Complete.	3	TI BST MHW	1, 2, 3, 4, 5
07:04	Embed the 'Safer and Together' model to enhance our response to domestic abuse, providing support to children and their non-abusing parents. The model will support children (including pre-birth) and non-abusing parents to remain together in a supportive and safe environment, whilst working with perpetrators to reduce harm to the child and promote family safety.	Safe and Together model overseen the training of 20 Social Work practitioners trained in the Safe and Together institute accredited programme. This approach is about keeping the child Safe and Together with the non- abusing parent in cases of domestic violence, whilst working alongside perpetrators to reduce their risk of harm. Agency response should be more domestically abuse informed preventing perpetrators utilising child welfare/protection processes as part of a pattern of coercive control.	3	TI PEI	3, 4, 5, 7

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
		<p>Additional training was also offered to other Social Work and Police Staff to support the implementation of the model.</p> <p>Additional funding was also approved to appoint an implementation manager to oversee the mainstreaming of the Safe and Together approach.</p> <p>Five members of staff also complete the 'Train the Trainer' accreditation and are now able to provide further training to colleagues locally.</p> <p>In January 2022, a steering group was formed to plan on-going case audits to review the impact of the model, and address any ongoing implementation challenges.</p> <p>Complete.</p>			
07:05	Implementation of Housing First model in collaboration with housing addictions and mental health services to support those released from prison, reduce reoffending and help deliver sustainable housing and promote recovery.	<p>A Community Psychiatric Nurse commenced with Housing First Service in August 2021. This is for an initial period of one-year fixed term bases as a test of change. This will be reviewed in August 22, with a possibility to extended funding for an additional two years, if this model is assessed as being of benefit.</p> <p>Complete.</p>	3	TI BST MHW	3, 4, 5
07:06	Review of clinical pathways for individuals with mental health concerns coming to attention of police, police custody and court.	<p>Individuals who are required to be assessed at Court continue to be assessed by the Community Forensic Mental Health Team five days a week.</p> <p>Police Custody arrangements and police pathway continue to be supported via the Crisis Service.</p> <p>Complete</p>	3	BST MHW	3, 4, 5
07:07	Implement the court distress pathway to provide greater support to those with	<p>The development of the new Court Distress Service was supported through Action 15. Service has been established with staff appointed. Those staff were also accepted onto NES Enhanced</p>	3	MHW BST	3, 4, 5

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
	complex Mental Health issues who face the justice system.	<p>Practitioner Programme. This learning will inform the model of care going forward.</p> <p>The programme steering group included representation from Health, Justice and Police Scotland.</p> <p>Through the NES programme we are receiving backfill money and plan to use this to supported the team with technology, admin and a project lead to look at and review all the service outcome measures.</p> <p>Programme went live in October 2021.</p> <p>Complete.</p>			

Equality Outcome 8. We better understand the Diversity in our workforce.

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
08:01	Report the findings of the Workforce Benchmarking exercise to Partnership Senior Management Team with recommendations for Action.	<p>Benchmarking work carried identified significant gaps in protected characteristic information provided in Workforce Statistics. This was identified as an area for improvement.</p> <p>The findings from this exercise were presented to NAHSCP PSMT for information and awareness. The report also included an overview of the findings from Scottish Association of Social Worker (SASW) on prevalence of racism in Social Work in Scotland.</p> <p>PSMT agreed improvement in this area would be welcomed. HSCP officer responsible for Equalities will engage with colleagues in Parent organisations to identify improvement actions.</p> <p>Complete.</p>	4	TI BST	8
08:02	Identify and implement action to address the protected characteristic information deficit.	<p>Through engagement with HSCP Resource Officer, a clearer benchmark picture of the overall HSCP workforce (including both NAC and NHS staff) and their protected characteristics has been established.</p>	4	TI	8

ID	Action	Narrative	AEP Outcome	Strategic Priority	National Outcome
		<p>This information will help establish a partnership wide baseline, with which to measure future improvements. Information collated has been used across the HSCP and in particular used to inform the development of the HSCP Workforce Plan.</p> <p>Complete.</p>			

Meeting:	Ayrshire & Arran NHS Board
Meeting date:	Monday 27 March 2023
Title:	Whistleblowing Report – Quarter 3 October to 31 December 2022
Responsible Director:	Jennifer Wilson, Nurse Director
Report Author:	Karen Callaghan, Corporate Governance Coordinator

1. Purpose

This is presented to the NHS Board for:

- Discussion

This paper relates to:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The National Whistleblowing Standards and Once for Scotland whistleblowing policy (the Standards) were introduced on 1 April 2021. NHS Board members are asked to discuss the report on organisational activity in relation to whistleblowing concerns raised in Quarter 3 (October – December 2022).

2.2 Background

The National Whistleblowing Standards (the Standards) set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage, record and report whistleblowing concerns. It is a requirement of the Standards that whistleblowing data is reported quarterly to the NHS Board.

The Standards also require that Boards publish an annual report setting out performance in handling whistleblowing concerns. The annual report will summarise and build on the quarterly reports produced by the board, including performance against the requirements of the Standards, Key Performance Indicators (KPIs), the issues that have been raised and the actions that have been or will be taken to improve services as a result of concerns. The annual report in 2022 and will align with the Quarter 4 report.

In NHS Ayrshire & Arran the agreed governance route for reporting on whistleblowing is to Staff Governance Committee and then to the NHS Board. The NHS Board report will be shared with Integration Joint Boards following the NHS Board meeting.

This report provides information in accordance with the requirements of the Standards. This provides information on our performance for Quarter 3 (October – December 2022).

2.3 Assessment

Appendix 1 provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Ayrshire & Arran. This demonstrates our performance in the national key indicators as required by the INWO and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes. Over time, this approach will illustrate trends and more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

The report at Appendix 1 provides performance information on:

- Whistleblowing concerns raised
- Learning, changes or improvements to service or procedures
- Experience of individual raising concern/s
- Level of staff perceptions, awareness and training
- Whistleblowing themes, trends and patterns

2.3.1 Quality

Procedures for raising concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services.

2.3.2 Workforce

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of 'Caring, Safe and Respectful' and promoting a culture of psychological safety.

2.3.3 Financial

There is no financial impact.

2.3.4 Risk assessment/management

If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services.

There is also a wider risk to organisational integrity and reputation, if staff do not believe they will be listened to and do not feel senior leaders in NHS Ayrshire & Arran

are fulfilling the organisation's Values of 'Caring, Safe and Respectful' and promoting a culture of Psychological Safety.

2.3.5 Equality and diversity, including health inequalities

A local Equality Impact Assessment (EQIA) for the Standards is in place and published on our [public facing web](#). This assesses the impact of the Whistleblowing Standards on staff and those who provide services on behalf of the NHS with protected characteristics.

2.3.6 Other impacts

- **Best value:** Governance and accountability and Performance management. The delivery of an effective process for whistleblowing concerns will support the Board's commitment to safe, effective and person-centred care. Effective handling of concerns supports the delivery of the Healthcare Quality Strategy.
- **Compliance with Corporate Objectives** - Create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.

2.3.7 Communication, involvement, engagement and consultation

There is no requirement for formal engagement with external stakeholders in relation to the formulation of this paper. There has been wide communication of the Standards across the organisation.

2.3.8 Route to the meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Whistleblowing Oversight Group on 26/01/2023
- Staff Governance Committee on 13/02/2023

2.4 Recommendation

The Board are asked to discuss the performance report in relation to concerns raised in Quarter 3 (October - December 2022).

3. List of appendices

- Appendix 1 - Whistleblowing Report for Quarter 3 October to December 2022.

Appendix 1 - Whistleblowing Report Quarter 3 – October to December 2022

1. Introduction

This report provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Ayrshire & Arran. This report will demonstrate our performance in the national key indicators as required by the INWO and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes. Over time, this approach will illustrate trends in and more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

2. Whistleblowing handling performance

2.1 Whistleblowing concerns received

Table 1 below shows the total number of concerns received in quarter 3 through the whistleblowing process.

Total no of concerns received Q3	Appropriate for WB	Stage 1	Stage 2
3	2	0	2

Table 1

Of the three concerns received in Quarter 3, one was received anonymously this concern is linked to South Ayrshire Health & Social Care Partnership (SAHSCP).

Although the anonymous concern cannot be managed through the whistleblowing process the concerns raised will be investigated following the principles of the Whistleblowing Standards (The Standards) and following local guidance.

Chart 1 below shows the total number of concerns raised and progressed as whistleblowing in 2022/23. Concerns received are represented by the blue columns and the number progressed by the orange columns.

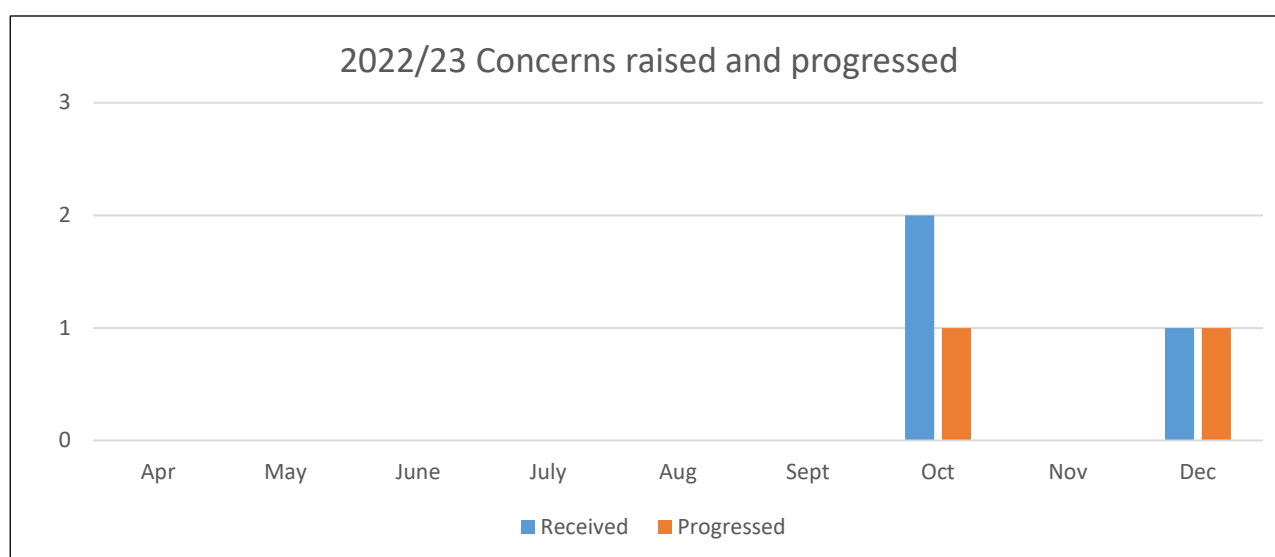


Chart 1

2.2 Concerns closed

The table below provides the numbers of concerns closed at Stage 1 and Stage 2 of the procedure as a percentage of all concerns closed in Q3.

Total no of concerns received Q3		Nos closed	Nos ongoing	% Closed against all received
Stage 1	0	-	-	-
Stage 2	2	0	2	0%

Table 2

2.3 Concerns outcomes

This section provides detail on Q3 concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedures as a percentage of all concerns closed in full at each stage.

For the two concerns received in Q3 there is no outcome as the investigation into both concerns is ongoing.

2.4 Responding to concerns

As the investigations into the concerns received in Q3 are ongoing it is not possible to provide the time in working days for a full response. An extension for the Stage 2 concerns has been agreed, this was to allow adequate time for the required detailed investigations to be held. This was discussed and agreed with those who raised the concern.

2.5 Breakdown of concerns by service

Chart 2 shows the breakdown of concerns by service in Q3. In Q3 the concern received related to East Ayrshire Health & Social Care Partnership (EAHSCP) and Infrastructure & Support Services (ISS).

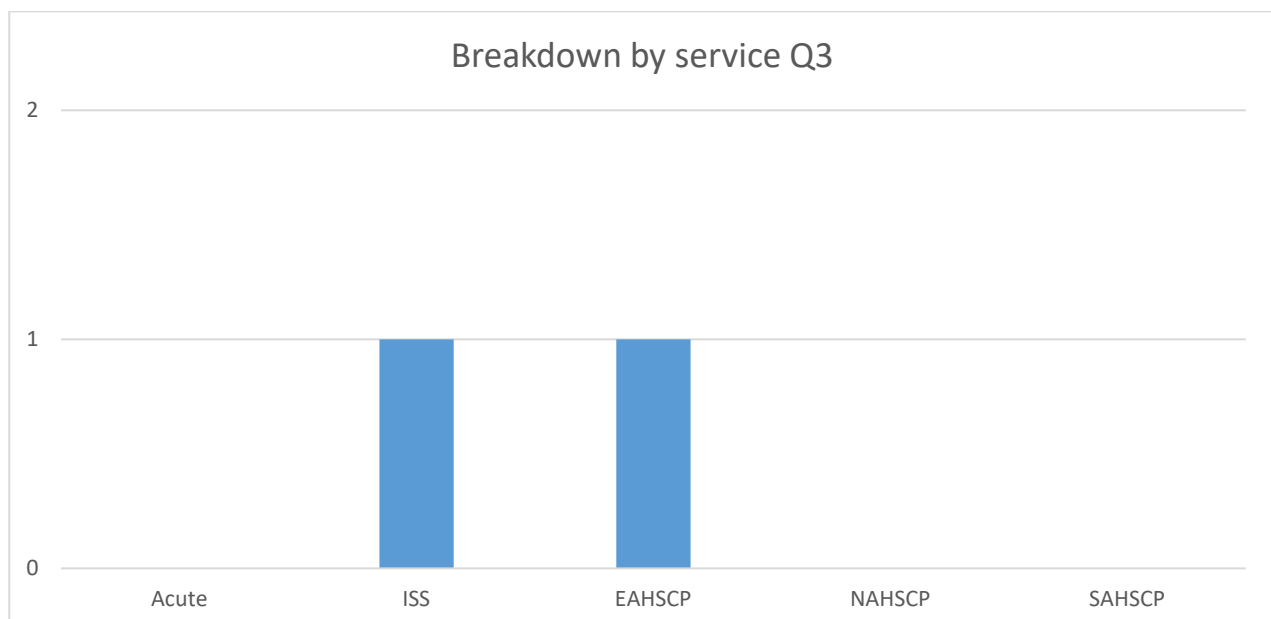


Chart 2

3. Learning, changes or improvements to service or procedures

Table 2 shows status of investigations from concerns raised in 2021-22. Of the plans that remain open the actions are either in progress or complete and progress continues to be monitored through Directorate Governance routes with feedback on closure to the Whistleblowing Oversight Group.

Number Investigations closed 2021/22	Numbers of Improvement Plans		Number of Learning Plans	
	In Progress	Closed	In Progress	Closed
4	2	1	1	

Table 2

It is worth noting that there is no data to share at this time for 2022/23 as the investigation opened in Q3 are ongoing.

4. Experience of individuals raising concern/s

The feedback survey for those raising concerns will be sent to all those involved on completion of the investigation. This will include the individual who raised the concern and those involved with the investigation. Feedback provided will be reported in future reports, where this can be shared without compromising confidentiality.

5. Level of staff perception, awareness and training

Communication continues to be shared widely across the organisation, via 800+ managers, for use in team meetings, noticeboards and shared work spaces. Also communication via Daily Digest and weekly e-News has continued.

Whistleblowing continues to be highlighted to new staff as part of Corporate Induction Programme and to newly appointed managers and leaders during training sessions.

Although it is no longer mandatory for staff to undertake the eLearning Whistleblowing Turas Module it continues to remain mandatory for all management level staff, supervisors, line managers, those who may receive concerns, Speak Up Advocates, and those involved in Whistleblowing investigations. To date approximately 52% of line managers and senior managers have completed the appropriate Turas modules, this is an increase of 25% on the previous quarter.

6. Whistleblowing themes, trends and patterns

This section provides information on themes from whistleblowing concerns being raised and will aid identification of any improvement priorities, and to progress learning in a targeted manner.

As the concerns raised in Q3 are ongoing it is not possible to show the themes at this time. Feedback will be provided in future reports.

7. Independent National Whistleblowing Officer referrals and investigations

A clear indicator of the satisfaction of those who raise concerns can be derived from the number of concerns that are escalated to the Independent National Whistleblowing Officer (INWO). At this current time, there have been no referrals to the INWO.

8. Conclusion

The review of our Confidential Contacts and local processes was completed and paper submitted to NHS Board on 28 November 2022. Recommendation are being progressed and an update will be provided to a future meeting. It is recognised that this is a learning process and that processes may require to be changed or developed as feedback from updated Whistleblowing processes is received.

