



## **Integration Joint Board Meeting**

**NORTH AYRSHIRE**  
Health and Social Care  
Partnership

**Thursday, 01 May 2025 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**

#### **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**

The accuracy of the Minutes of the meeting held on 20 March 2025 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 Director's Report**

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

#### **5 Enhancing the Delivery of the Health Visiting Service : Scotland's Health Visiting Action Plan 2025-2035**

Submit report by Caroline Cameron, Director (NAHSCP) on the recently published plan and implications for the health visiting service in North Ayrshire (copy enclosed).

#### **6 Appointments**

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

- 7 Enhanced Mental Health Outcomes Framework Budget**  
copy to follow
- 8 North Ayrshire – The Promise**  
Submit report by Caroline Cameron, Director (NAHSCP) on the ongoing work within North Ayrshire to deliver “The Promise” to our Children and Young People (copy enclosed).
- 9 Equality Outcomes 2025-2029**  
Submit report by Lee Ballantyne, Senior Manager (Strategic Planning and Transformation) on the new Equality Outcomes for the IJB (copy enclosed).
- 10 Strategic Planning Group Meeting Minutes**  
Submit for information the minutes of the Strategic Planning Group Meeting on 19 November 2024 (copy enclosed).
- 11 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.

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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](mailto:dataprotectionofficer@north-ayrshire.gov.uk)

## **IJB Sederunt**

### **Voting Members**

Joyce White (Chair)  
Cllr Margaret Johnson (Vice-Chair)

NHS Ayrshire & Arran  
North Ayrshire Council

Cllr Tom Marshall  
Cllr Anthea Dickson  
Cllr Nairn Angus-McDonald  
Sharon Morrow  
Tom Hopkins  
Marc Mazzucco

North Ayrshire Council  
North Ayrshire Council  
North Ayrshire Council  
NHS Ayrshire & Arran  
NHS Ayrshire & Arran  
NHS Ayrshire & Arran

### **Professional Advisors**

Caroline Cameron  
Paul Doak  
Aileen Craig  
Iain Jamieson  
Scott Hunter

Director  
Head of Service/Section 95 Officer  
IJB Monitoring Officer  
Clinical Director  
Chief Social Work Officer – North Ayrshire

Thelma Bowers  
Darren Fullarton

Mental Health Adviser  
Associate Nurse Director/  
Lead Nurse

Vacany  
Dr Louise Wilson  
Sharon Hackney  
Lynne McNiven  
Wendy Van Riet

Acute Services Representative  
GP Representative  
Lead Allied Health Professional  
Public Health Representative  
Director of Psychological Services

### **Stakeholder Representatives**

Lorna Sim  
Lynda MacFarlane  
Paul Smith  
Clive Shephard  
Vacancy  
Vicki Yuill

Staff Rep - NHS Ayrshire and Arran  
Staff Rep  
Carers Representative  
Service User Representative  
Independent Sector Representative  
Third Sector Representative



**North Ayrshire Health and Social Care Partnership**  
**Minute of Integration Joint Board meeting held on**  
**Thursday 20 March 2025 at 10.00 a.m.**  
**involving participation by remote electronic means and physical attendance**  
**within the Council Chambers, Irvine.**

**Present (Physical Participation)**

*Voting Members*

Councillor Margaret Johnson, North Ayrshire Council (Chair)  
Joyce White, NHS Ayrshire and Arran (Vice-Chair)  
Councillor Nairn Angus- McDonald, North Ayrshire Council  
Councillor Anthea Dickson, North Ayrshire Council  
Councillor Tom Marshall, North Ayrshire Council  
Sharon Morrow, NHS Ayrshire and Arran  
Tom Hopkins, NHS Ayrshire and Arran

*Professional Advisers*

Thelma Bowers, Head of Service (Mental Health) (NAHSCP)  
Darren Fullarton, Associate Nurse Director/ Lead Nurse  
Eleanor Currie, Interim Section 95 Officer  
Scott Hunter, Chief Social Work Officer

*Stakeholder Representative*

Loretta Galloway, Unity Enterprise  
Lynda McFarlane, Staff Representative  
Paul Smith, Carer Representative

**Present (Remote Participation)**

*Professional Advisers*

Caroline Cameron, Director of Health and Social Care Partnership  
Iain Jamieson, Clinical Director

*Stakeholder Representative*

Lorna Sim, Staff Representative NHS Ayrshire and Arran  
Vicky Yuill, Third Sector Representative

**In Attendance (Physical Participation)**

Elizabeth Stewart, Head of Service (Children, Families and Justice)  
Kerry Logan, Head of Service (Health and Community Care)  
Michelle Sutherland, Partnership Facilitator (Health & Community Care)  
Karen Andrews, Team Manager (Governance)  
Raymond Lynch, Senior Manager (Legal Services)  
Shannon Wilson, Committee Services Officer  
Claudia Cheung, Digital, Media and Marketing Analyst

**Apologies**

Sharon Hackney, Lead Allied Health Professional  
Lynne McNiven, Public Health Representative  
Aileen Craig, IJB Monitoring Officer  
Marc Mazzucco, NHS Ayrshire and Arran

## **1. Apologies for Absence**

Apologies for Absence were noted.

## **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. Minutes**

The accuracy of the Minutes of the meeting held on 6 February 2025 were confirmed and the Minutes signed in accordance with Paragraph 7(10) of Schedule 7 of the Local Government (Scotland) Act 1973.

## **4. Director's Report**

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

Officers responded to members' questions on various aspects of the report.

Noted.

## **5. North Ayrshire HSCP Clinical and Care Governance bi-annual Report 2024-25**

Submitted report by Darren Fullarton, Lead Nurse/Associate Nurse Director NHS on the Clinical and Care Governance bi-annual Report 2024-25.

Officers responded to members' questions on various aspects of the report.

Noted.

## **6. 2024-25 Month 10 Financial Performance**

Submitted report by Eleanor Currie, Interim Chief Financial Officer (HSCP) on the Integration Joint Board's financial performance as at month 10 (January). Appendix A to the report detailed the financial overview of the Partnership position, while Appendix B provided an overview of those service changed which did not have financial savings attached. Appendix C highlighted the movement in the budget position following the initial approved budget.

Officers responded to members' questions on various aspects of the report.

The Board agreed to (a) note the overall integrated financial performance report for the financial year 2024-25 and the current overall projected yearend overspend of £4.980m which includes the recovery plan reductions anticipated until the year-end; (b) note the progress with delivery of agreed savings; (c) note the actions which are being taken to progress financial recovery and the benefit of £4.002m achieved in-year; and (d) note the remaining financial risks for 2024-25.

## **7. Revenue Budget 2025-26 and beyond**

Submitted report by Eleanor Currie, Interim Chief Financial Officer (HSCP) on the financial position for the Partnership for 2025-26, including the proposed delegated funding, service budget pressures, plans developed to set a budget and the associated risks.

Officers responded to members' questions on various aspects of the report.

Councillor Angus-McDonald proposed an amendment in the following terms:

"IJB notes the lateness in which members received today's budget papers; and that the Equality Impact Assessments have not been published as part of them.

The IJB expresses concern about the impact some of the budget proposals will have on the most vulnerable in our community; the financial risks of approving a deficit budget for 2025/26; the 'debt' that the IJB will owe to partners in respect of the 2024/25 overspend; and that the HSCP holds no financial reserves.

IJB therefore asks:

1. Officers to publish the Equality Impact Assessments alongside today's agenda online;
2. That members receive future reports to the IJB monitoring the impact of the proposals on our communities;
3. Officers to bring a paper on addressing the 2025/26 deficit to the next IJB;
4. That the CEOs of both North Ayrshire Council and the NHS Ayrshire & Arran are invited as compulsory members of the IJB Officer/Member Working Group on Finance; and
5. The Chief Officer to write directly to the Cabinet Secretary highlighting the precarious financial position of the HSCP; the impact of the proposals within today's paper on the most vulnerable; and the risk of more savage cuts in future years if the underlying deficit is not addressed by all funding partners including the Scottish Government."

The Chair agreed to a recess at 12.08 p.m. to consider the amendment, reconvening at 12.33 p.m.

Councillor Marshall left the meeting at this point.

Councillor Angus-McDonald withdrew the amendment and in terms of Standing Order 15.1 the Committee voted on the recommendation. On a division and a roll call vote, there voted in agreement: Councillor Margaret Johnson, Councillor Anthea Dickson, Tom Hopkins, Sharon Morrow and Joyce White (5); and Councillor Nairn Angus-McDonald (1) disagreeing with the Officer's recommendation.

The Board therefore agreed to (a) approve the budget for 2025-26 for the Partnership inclusive of all pressures, savings and reserves, noting that the funding position is subject to confirmation by NHS Ayrshire and Arran; (b) note the NHS Renewal submission by North Ayrshire via NHS AA and that if additional funding is received plans may be subject to change; (c) receive a further update on the budget for 2025-26 when further information is received in respect of NHS pressures and funding; (d) approve the new hourly rates for commissioned providers and Personal Assistants; and (e) note the risks associated with this budget.

Submitted report by Eleanor Currie, Interim Chief Financial Officer (HSCP) on the IJB Strategic Risk Register.

Officers responded to members' questions on various aspects of the report.

The Board agreed to approve the updated IJB Strategic Risk Register including the addition of two new risks and the removal of one risk.

## **9. Valedictory**

On behalf of the Committee, the Vice-Chair thanked Councillor Johnson for her Chairmanship of the Integration Joint Board, highlighting the excellent work and leadership given to the Committee in those two years and acknowledged the ongoing partnership as Councillor Johnson assumes the Vice-Chair position. The Committee joined the Vice-Chair in paying tribute to Councillor Johnson.

Councillor Johnson thanked the Vice-Chair and the Committee for their kind words.

The meeting ended at 12.50 pm.

The full meeting proceedings can be viewed at  
<https://north-ayrshire.public-i.tv/core/portal/home>



## Integration Joint Board 1<sup>st</sup> May 2025

**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.

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

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

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
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.
<b>2.</b>	<b>BACKGROUND</b>
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.
<b>3.</b>	<b>CURRENT POSITION</b>
	<b><u>National Developments</u></b>

3.1	<p><u><a href="#">Keeping Children Safe in Scotland</a></u></p>
	<p>As some maybe aware the Scottish Government have recently launched their new child protection resource called ‘Keeping children safe in Scotland’. This will be available at the following link <a href="https://childprotection-resource-scotland.co.uk">https://childprotection-resource-scotland.co.uk</a></p> <p>‘Keeping children safe in Scotland’ is an online resource that provides guides to child protection processes for children, young people and families who may become involved in the child protection process either directly as a child or parent/carer or as a member of the wider family, and for those who may be supporting a child. Although the guides can be accessed directly by children, young people and families, we would expect practitioners to support them when accessing the guides. Downloadable versions of the guides are also available to enable people to print off to read.</p>
3.2	<p><u><a href="#">Suicide Prevention Campaign and Website</a></u></p>
	<p>On 16<sup>th</sup> April 2025, a new national suicide prevention public awareness campaign and a new national suicide prevention website was launched by Suicide Prevention Scotland. The campaign features four members of the Suicide Prevention Scotland Lived and Living Experience Panel and is predominantly targeting messages towards adults, however, may also attract the attention of young people.</p>  <p style="text-align: right;"><b>Suicide Prevention Scotland.</b> <small>Working to deliver. Creating Hope Together.</small></p>
	<p>Suicide Prevention Scotland's new website will provide information and key links to a range of centralised resources to support people experiencing thoughts of suicide, those who are worried for someone else or for those who have been bereaved by suicide.</p> <p>In the coming weeks, a further section for professionals will be launched as part of the next phase of the website’s development.</p> <p>As well as the webpage, Suicide Prevention Scotland will launch new social media channels on Facebook, Instagram and LinkedIn, in addition to existing channels on X, YouTube, Medium, and Podbean. The website and social media channels are designed to increase visibility and action on suicide prevention and so may also lead to increases in help seeking/ presentations.</p>
3.3	<p><u><a href="#">Audit Scotland Report – Primary Care</a></u></p>
	<p>Audit Scotland published their report on 27<sup>th</sup> March 2025 on primary care <a href="https://audit.scot/news/gp-plan-failing-to-deliver">https://audit.scot/news/gp-plan-failing-to-deliver</a> with the headline that the plan is “failing to deliver”. The Key messages within the report include:</p> <ul style="list-style-type: none"> <li>• Recognition of the role of general practice in relation to growing health demands and complexity, in a context where GP numbers are declining and concerns about access are increasing</li> </ul>

- Good analysis of the financial position including the (reducing) share of total NHS spend going to general practice
- Concern about delays or inadequate implementation of key 2018 contractual commitments, including across the full range of MOU priorities, premises commitments (sustainability loans and lease transfers) and support for clusters.
- Recommendations including a clearer delivery plan and clearer direction of travel to set out what is expected and deliverable.

A local position statement on the report is being co-ordinated by East HSCP and will be shared with IJB members once available.

### North Ayrshire Developments

#### 3.4 Appointments

Following successful recruitment exercises, North HSCP has welcomed some new members to the management team. Lindsay Collins has been appointed as Senior Manager (Long Term Conditions) to replace Karen Turner who recently retired. Ailsa Weir commenced as Senior Manager (Island Services) to replace Ruth Betley who has also retired and Annie Johnson has been appointed as the new Principal Manager (Business Support) and will commence mid-June 2025, replacing Julie Davis who leaves mid-May 2025.

#### 3.5 Money Smart Launch

Our welfare rights and debt advice service for North Ayrshire residents will relaunch as 'Money Smart' on **Thursday 1 May**.

The service incorporates the former Money Matters and Welfare Reform Advice teams, and will provide free, confidential and impartial welfare rights advice for all North Ayrshire Council tenants and a range of non-Council tenants (eligibility criteria applies).



**Accessing our services**  
You can get in touch with Money Smart by:  
• Calling 01294 210000 (showers option 1)  
• Emailing [moneysmart@north-ayrshire.gov.uk](mailto:moneysmart@north-ayrshire.gov.uk)  
• Visiting [www.nahscc.org](http://www.nahscc.org) and using the online Money Smart contact form

**Additional providers of financial inclusion services**  
Welfare Rights and Financial Wellbeing (For Housing Association Tenants):  
• Communities Housing Association: Call 01294 207700, email [210@communitieshousing.org.uk](mailto:210@communitieshousing.org.uk) or visit [www.communitieshousing.org.uk](http://www.communitieshousing.org.uk)  
• Cairn Housing Association: Call 01294 200 1405 or visit [www.cairnhousing.org.uk](http://www.cairnhousing.org.uk)  
• Riverside Housing Association: Call 01294 212 9900

**Welfare Rights and Debt Advice:**  
• CHAP: Call 01292 0822, email [money@chap.org.uk](mailto:money@chap.org.uk)  
• Citizens Advice Scotland: Call 0800 555 115 or visit [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)  
• Money Advice Debt Charity: Call 0800 138 1333 or visit [www.moneyadvicetech.org](http://www.moneyadvicetech.org)

**Community Banking / Credit Union Services:**  
• Lloyds Community Bank: Call 01294 207777, email [info@lloydscommunitybank.co.uk](mailto:info@lloydscommunitybank.co.uk) or visit [www.lloydscommunitybank.co.uk](http://www.lloydscommunitybank.co.uk)

**Money Smart**  
Welfare Rights and Money Advice in North Ayrshire

Debt and money advice is also available for North Ayrshire Council tenants via the service, as well as non-Council tenants who meet the eligibility criteria and who are receiving welfare rights advice from Money Smart.

#### What is Money Smart?

Money Smart is the name of North Ayrshire Health and Social Care Partnership's new financial inclusion service, incorporating the former Money Matters and Welfare Reform Advice teams.

Our specialist welfare rights and debt advisers provide free, impartial and confidential advice and support to ensure you receive your full, legal entitlement to benefits.

Our services are available to the following priority groups:

- All North Ayrshire Council tenants
- Non-council tenants (i.e. housing association tenants, those living in private lets or owner occupiers who are engaged with and referred by Health and Social Care Partnership services, NHS, North Ayrshire Council and third sector agencies - eg. Foodbanks, Crisis or Women's Aid)
- Have dependent children or are pregnant
- Have a disability
- Are carers
- Are from minority ethnic backgrounds

For North Ayrshire residents who DO NOT fall into the above priority groups, please see the back of this leaflet for contact details of other providers of welfare rights and debt advice.

#### Our services include:

- **Welfare Rights Advice:**
  - Comparing benefit checks and confirming the benefits you are entitled to
  - Help to make a claim for benefits including Universal Credit, other DWP and Social Security Scotland benefits
  - Help to dispute benefits decisions and sanctions
  - Provide appeal representations in situations
- **NEW:** All residents accessing welfare rights advice, who also need help with debts, will be able to receive debt advice from Money Smart.
- **Money and Debt Advice:**
  - Advice and support with debts, including rent and council tax arrears
  - Negotiating affordable repayment plans and help with insolvency options such as bankruptcy
  - Budgeting advice
  - Help with Discretionary Housing Payments
  - Help to access claim support and other grants
  - Help with banking
  - Advice on housing options
  - Under-occupation charges
  - Digital support

#### Money Smart in partnership

The Money Smart team is part of North Ayrshire Health and Social Care Partnership.


We receive referrals from health and social care colleagues including NHS, Ayrshire & Arran, GPs, health visitors, social workers, community link workers, nurses, alcohol and drug workers, and the Macmillan Cancer Support team.

We also accept referrals from other agencies such as North Ayrshire Council Housing and Customer Services, schools, Crisis Energy, North Ayrshire landlords and community leaders.

Additionally, we can refer you on to other services for wider needs as required.

Money Smart is a member of the North Ayrshire Financial Inclusion Partnership.



	<p>Information on the NAC and NAHSCP websites will also be updated on the launch date to reflect the changes, and new print materials will be issued to services and partners in the coming weeks.</p>
3.6	<p><u>Survey on Views of Young People on Services</u></p>
	<p>NAHSCP is currently seeking the views of young people on our services, and we are reaching out to teams to ask for your support in engaging with young people in our communities.</p>
	<p>As we work to better understand the perspectives and needs of young people, it is vital that their voices are heard through our <a href="#">online survey</a> with any young people you work with, allowing them the opportunity to share their views and experiences with us.</p>  <p>Links to the survey will be shared on the NAHSCP and NAC Youth Services social media channels, and in-person engagement will also take place over the coming weeks at Joint Youth Cabinet and through youth work provision.</p> <p>The data collected will be used in our Locality Planning process and our review of the Children’s Services Plan.</p>
3.7	<p><u>Digital Inclusion Survey</u></p>
	<p>North Ayrshire Learning Disability Service is currently working with the Scottish Commission for People with Learning Disabilities (SCLD) and Scottish Care on a government-funded project addressing digital inclusion.</p> <p>The project currently involves a Care Connector, a role developed by Scottish Care and Glasgow School of Art, working in North Ayrshire to map and build on existing efforts to support digital inclusion generally - and specifically in relation to people with learning disabilities. Ultimately, the project aims to create a replicable, design-led model and resources to tackle digital exclusion sustainably and inclusively.</p> <p>To support this work, the project team has developed a brief questionnaire, designed to gather information about people's current awareness of and involvement in digital inclusion activity, and any experience or support needs they may have in relation to digital inclusion support for people with learning disabilities. The survey, <a href="#">which you can complete online</a>, is relevant for all, whatever your current level of involvement in such activity.</p>

	While the project as a whole has a focus on people with learning disabilities, it is anticipated that the outputs could have relevance to other marginalised groups.
3.8	<u>Open Day for Unpaid Carers – Moving and Handling</u>
	<p>Our Moving and Handling Team is holding an open day for unpaid carers on <b>Wednesday 11 June</b>, from 10am to 3pm at the Castlevue Hub, 97 Glasgow Street, Ardrossan.</p> <p>The event will showcase the support available to carers from a wide range of organisations, including dementia support services, Scottish Fire &amp; Rescue, SP Energy Networks, AILN, Lemon Aid, and many more.</p> <p>No booking is required, those interested can just drop in on the day at a time that suits. Free refreshments will also be available.</p> <p>Our Castlevue Hub are also running ongoing Moving and Handling information sessions for families and carers, to provide the skills and advice to families and carers in supporting their loved ones at home confidently and safely. Places are publicised and booking is required.</p>
<b>4.</b>	<b>IMPLICATIONS</b>
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
<b>5.</b>	<b>CONSULTATION</b>
	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**  
**1<sup>st</sup> May 2025**

<b>Subject :</b>	<b>Enhancing the Delivery of the Health Visiting Service : Scotland’s Health Visiting Action Plan 2025-2035</b>
<b>Purpose :</b>	This report is for awareness to update IJB members on the recently published plan and its implications for the health visiting service in North Ayrshire.
<b>Recommendation :</b>	IJB members are asked to note the national strategic direction to enhancing the health visiting service.

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

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
GIRFEC	Getting it Right for Every child
SCPHN	Specialist Community Public Health Nurse (SCPHN)
HPI	Health Plan Indicator
UHVHP	Universal Health Visiting Pathway

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	In March 2025, the Scottish Government published <a href="#">Enhancing Delivery of the Health Visiting Service: Scotland’s Health Visiting Action Plan 2025-2035</a> .
1.2	The Action Plan has been informed by national evaluation, feedback from Health Boards and analysis of pertinent data such as developmental concerns at the various Health Visitor reviews.
1.3	Actions set out within the plan will be fully delivered by 2030 but the plan’s strategic objectives will guide the Scottish Government’s approach to supporting the health visiting service for at least the next decade, until 2035. This will ensure that national level support for the health visiting service in Scotland is guided by clearly stated strategic objectives and that associated actions have sufficient time to be implemented and take effect.

2.	<b>BACKGROUND</b>
2.1	<u>Role of the Health Visitor</u>
	Health Visitors are specialist nurses who have undertaken the Specialist Community Public Health Nurse (SCPHN) (Health Visiting) course, a one year postgraduate qualification at Masters level. Health Visitors are autonomous practitioners working at Band 7 level. 43.37WTE Health Visitors are employed in North Ayrshire.
	Health Visitors have a central role in the promotion and protection of wellbeing of children under 5 years old and their families as well as prevention of ill-health and harm.
	<p>Under Getting it Right for Every Child (GIRFEC), and the Children and Young People (Scotland) Act (2014), Health Visitors are considered named persons for under 5s.</p> <p>Health Visitors work to implement the Scottish Government’s Universal Health Visiting Pathway<sup>1</sup> with all children under 5. The Pathway sets out a minimum of 11 core visits to be offered to families from ante-natal to pre-school: 8 within the first year of life followed by 3 reviews from 13 months to pre-school. These are set out below:</p> <ul style="list-style-type: none"> <li>• Ante-natal</li> <li>• Primary visit (10-14 days)</li> <li>• 3-5 weeks (2 visits)</li> <li>• 6-8 week</li> <li>• 3 months</li> <li>• 4 months</li> <li>• 6 months</li> <li>• 8 months</li> <li>• 13-15 month review</li> <li>• 27-30 month review</li> <li>• 4-5 year review</li> </ul> <p>Every child should be allocated a Health Plan Indicator (HPI) which determines the level of additional support, beyond the core pathway, that is required. Children with a Core HPI will receive the full pathway and will continually be assessed and reviewed at the identified pathway points to ensure this remains correct.</p>

<sup>1</sup> Scottish Government (2015) [Universal Health Visiting Pathway in Scotland: pre-birth to pre-school - gov.scot](http://www.gov.scot/Topics/healthandcare/visitingpathway)



	<p>For children and their families where additional support is required to help the child meet their health and/ or developmental milestones (sustained support for more than 3 months), an HPI of Additional is allocated. Children with Additional HPIs will have a greater level of contact with the HV and with the wider HV service (as well as other services where this is indicated). About one-third of a caseload (sometimes more) will be children with an Additional HPI.</p>
	<p>In North Ayrshire, caseload sizes are calculated by allocating 25-30 children per 0.2 WTE Health Visiting capacity. For example a 1.0 WTE Health Visitors would be expected to hold a caseload of between 125-150 children. Caseloads are lowest in August when pre-schoolers are transitioned to school and steadily climb throughout the year with new babies and children transferring into the area, with May-July seeing caseloads at their highest.</p>
	<p>Over the last ten years, there has been substantial work to develop the wider health visiting service to allow additional support to be available to families, when needed, at the right time and in the right place. Currently, the service also employs:</p> <ul style="list-style-type: none"> <li>• 5.8WTE Health Visiting Support Workers – assisting families with support around communication, toileting, behaviour, sleep and infant feeding.</li> <li>• 2.0WTE Family Nurturers (NAC posts) – who offer more intensive support around bonding and attachment, play, routines and community integration. These roles also work alongside the Pathways service, supporting parents/carers in the periods before, during and after younger children are rehabilitated home into parental care.</li> <li>• 2.6WTE Perinatal Mental Health Nurses – offering early and preventative help to expectant and new mums who are experiencing low level mental health difficulties.</li> <li>• 0.9 WTE Health Care Support Worker – working alongside the Perinatal Wellbeing Team to provide practical support to families.</li> <li>• 0.6WTE Infant Feeding Support Nurse – a specialist role working within the Infant Feeding Team but providing direct support to breastfeeding mums, as well as any support with formula fed babies.</li> <li>• 2.0WTE Dads Support Workers – through the Whole Family Wellbeing Fund we have been able to work with national charity Dads Rock to bring in these posts to enhance our offer of support to dads through 1-1 and group based work.</li> </ul> <p>In addition, the health visiting team is co-located with the Early Years Social Work Team across North Ayrshire.</p> <p>The integrated model has been recognised by the Scottish Government as an example of good practice.</p>

2.2	<u>Evaluation of the UHVP</u>
	<p>To support the implementation of the UVHP, the Scottish Government made an investment of £40 million to increase the number of Health Visitors in Scotland by 500 WTE by 2018. The Scottish Government then set a timeline for ensuring all families received the pathway, this was set as 1 Jan 2020.</p>
	<p>These substantial changes in the service model and increased investment in health visiting necessitated an evaluation to assess the impact of the UHVP on outcomes for children and families and to enable identification of areas for improvement in the future. In 2021, the <a href="#">evaluation</a> of the Universal Health Visiting Pathway was published by the Scottish Government and identified the following areas for further consideration:</p>
	<ul style="list-style-type: none"> <li>• The antenatal visit should be prioritised in the pathway schedule, because of its role in building positive and trusting relationships between families and health visitors, as well as facilitating the earlier identification of concerns relating to maternal mental health.</li> <li>• The pathway should be considered in terms of perceived gaps in the visit schedule. Additional visits could be introduced at 6 months and 18 months.</li> <li>• The substantial number of additional visits health visitors provide to families outside the core visits should be adequately monitored and incorporated into their workload planning.</li> <li>• At times services for onward referrals such as speech and language therapy may not be available or accessible to families. It might be helpful to develop robust referral strategies in conjunction with such services to ensure families receive timely support.</li> <li>• More efficient ways of reducing or simplifying documentation and paperwork should be explored.</li> </ul>
2.3	<u>Developmental Concerns</u>
	<p>Health visitors identify and address potential developmental concerns early on through regular health and development reviews. These reviews involve asking parents about their child’s progress, carefully observing the child, and supporting parents to complete a structured questionnaire about the child’s development. At the end of the review Health Visitors record whether they have any concerns about each area of the child’s development.</p> <p>Since 2020/21 there has been an increase in developmental concerns observed nationally. North Ayrshire has the second highest level of developmental concerns in under 5s across Scottish authorities. Child Health Surveillance (CHS) data from 2022/23 describes:</p> <ul style="list-style-type: none"> <li>• 10.8% of children reviewed at the 13-15 month review had at least one developmental concern (compared to a Scottish average of 12.5%)</li> </ul>

	<ul style="list-style-type: none"> <li>• 20.5% of children reviewed at the 27-30 month review had at least one developmental concern (compared to a Scottish average of 17.9%)</li> <li>• 18.9% of children reviewed at the 4-5 year review had at least one developmental concern (compared to a Scottish average of 16.6%)</li> </ul>
2.4	Findings from the evaluation of the UVHP, feedback from health boards, and statistics on early child development and health visitor coverage have informed Scotland's Health Visiting Action Plan.
<b>3.</b>	<b>PROPOSALS</b>
3.1	Successful implementation of the Action Plan will result in the enhanced delivery of Scotland's health visiting service, resulting in a greater proportion of our pre-school children being able to reach their full potential and attain the highest level of health and wellbeing.
3.2	<p>The Action Plan commits the Scottish Government and its strategic delivery partners to a suite of actions focused around the following four interconnected strategic objectives:</p> <ol style="list-style-type: none"> <li>1. We have a skilled confident and knowledgeable health visiting workforce able to fully promote and protect child health and development in line with professional expectations.</li> <li>2. We have sufficient health visiting workforce capacity to identify and appropriately respond to the needs of all pre-school children and their families.</li> <li>3. Health Visitors have a clear role and remit which is coherently integrated into wider children and family support services.</li> <li>4. The health visiting service is appropriately prioritised and promoted by relevant leaders and decision makers in recognition of its role in prevention and early intervention.</li> </ol>
3.3	<p>The actions supporting these strategic objectives are, in the main, being taken forward by the Scottish Government and other national partners; however, there is work happening locally which should be acknowledged.</p> <p>Appendix 1 sets out the national actions together with a narrative around current local activity within the Health Visiting service in North Ayrshire.</p>
3.4	<p>The publication of the national action plan places a renewed focus on the critical role of the health visitor in the health and wellbeing of pre-school children.</p> <p>IJB is asked to acknowledge the publication and note local work which aligns to some of the described actions within each of the strategic objectives.</p>

<b>4.</b>	<b>IMPLICATIONS</b>
4.1	<p><u>Financial</u></p> <p>The national caseload weighting tool is expected imminently. This will be used in North Ayrshire to assess current caseload sizes. There is a likelihood that this may recommend lower caseloads in some areas which may require a review of capacity. Any financial implications will be taken through current governance routes for the service before any changes are made.</p>
4.2	<p><u>Human Resources</u></p> <p>None</p>
4.3	<p><u>Legal</u></p> <p>None</p>
4.4	<p><u>Equality/Socio-Economic</u></p> <p>It is anticipated that some of the actions within the national plan, as well as work already ongoing locally will impact positively on the visible inequalities that can be seen in relation to developmental concerns, as well as other child health indicators.</p> <p>Further, a key aspect of health visiting is to uphold the rights of children under the United Nations Convention on the Rights of the Child (UNCRC). Children’s rights are central to the plan and to our local approach.</p>
4.5	<p><u>Risk</u></p> <p>None</p>
4.6	<p><u>Community Wealth Building</u></p> <p>None</p>
4.7	<p><u>Key Priorities</u></p> <p>The Plan has implications for the HSCP Strategic Plan and its ambitions around equalities. There will also be a direct link with the Children’s Services Plan, Child Poverty Plan, Corporate Parenting Plan and ongoing work in relation to UNCRC.</p>

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Appendices

- Appendix 1 – Strategic Objectives – North Position

## Appendix 1

### **Strategic Objective 1: We have a skilled confident and knowledgeable health visiting workforce able to fully promote and protect child health and development in line with professional expectations.**

<b>Action</b>	<b>North Ayrshire narrative</b>
<p>The Scottish Government will work with NHS Education for Scotland (NES) to develop and publish an online health visiting learning site which provides Health Visitors with access to relevant guidance and resources including how they can be utilised to support each of the UHVP's 11 visits.</p>	<p>North Ayrshire Health Visiting team has access to a locally developed Teams channel which contains evidence based information on all aspects of health visiting practise.</p> <p>Across Ayrshire, we have worked with NHS Ayrshire and Arran's Public Health department to develop a Smart Start document and pathway which links with all relevant guidance and resources for each visit on the UVHP.</p> <p>The development of a national site is welcomed but local teams still need and utilise local resources.</p>
<p>The Scottish Government will work with NES and Health Boards to agree professional development priorities in response to a 2024 survey of Health Visitor learning needs.</p>	<p>North Ayrshire Health Visitors have an internal professional training matrix which is updated every six months and reflects both mandatory and statutory training requirements (MAST), as well as training considered essential to role. This includes annual practical breastfeeding training delivered by our Community Infant Feeding Team; perinatal mental health training on TURAS; and trauma skilled training to name but a few.</p> <p>Professional development priorities are also determined by any learning from Local Management Team Reviews (LMTR), Significant Adverse Event Reviews (SAER), Child Protection Committee (CPC) Learning Reviews, Child Death reviews and Practice Reflective Improvement (PRI) discussions.</p>
<p>The Scottish Government will promote and share guidance to support Health Visitors to comprehensively assess and record child development at child health reviews.</p>	<p>North Ayrshire Health Visitors currently utilise Ages and Stages Questionnaires (ASQ) at each review. These are well embedded into practise however any support to enhance this is welcomed.</p>

<p>Representatives from speech and language services will work collaboratively with Health Visitors to understand and guide the needs of the health visiting service in relation to supporting early speech, language and communication.</p>	<p>North Ayrshire Health Visitors work closely with the Speech and Language Therapy team. Further our HV Support Workers have received significant training on communication and provide a significant amount of support in relation to this.</p> <p>A Speech, Language and Communication workstream has been established as part of North Ayrshire GIRFEC Steering Group and has representation from a range of services.</p>
<p>The Scottish Government will work with the Money and Pensions Service to make the Money Guiders professional learning programme available to Health Visitors.</p>	<p>North Ayrshire Children and Families Team has had a financial inclusion pathway since 2019. This was revised in 2022 with training provided locally. Child poverty/ financial inclusion/ income maximisation is one of our priority areas within our CFHT workplan for 2025/26 and training will be provided to staff supported by colleagues in Money Matters etc.</p>

**Strategic Objective 2: We have sufficient health visiting workforce capacity to identify and appropriately respond to the needs of all pre-school children and their families.**

<b>Action</b>	<b>North Ayrshire narrative</b>
The Scottish Government will reassess the health visiting caseload weighting tool.	We look forward to receiving this to allow a full assessment of caseload numbers across North Ayrshire’s Health Visiting teams.
The Scottish Government will develop and share guidance on how Health Boards can make best use of the caseload weighting tool to support Health Visitor deployment and workforce planning.	As above
The Scottish Government will conduct a review of Health Visitor recruitment and retention practices.	Senior Manager Children and Families recently completed a paper for the Director setting out the workforce plans in the context of the current financial position. This will be transferred into the CFHT Workforce Plan which is currently being drafted.
The Scottish Government will work with delivery partners to establish mechanisms to develop and share messaging on: <ul style="list-style-type: none"> <li>• the role and contribution of Health Visitors in Scotland: and</li> <li>• career pathways into health visiting.</li> </ul>	National issue
The Scottish Government will provide Health Visitors with opportunities to increase their skills, knowledge and confidence in relation to supporting parenting, infant feeding and perinatal mental health.	North Ayrshire Health Visitors have a professional training matrix which is updated every six months and reflects both mandatory and statutory training requirements (MAST), as well as training considered essential to role. This includes annual practical breastfeeding training delivered by our Community Infant Feeding Team; perinatal mental health training on TURAS; and trauma skilled training to name but a few.

### **Strategic Objective 3: Health Visitors have a clear role and remit which is coherently integrated into wider children and family support services.**

<b>Action</b>	<b>North Ayrshire narrative</b>
<p>The Scottish Government will convene a short life working group to consider if the UHVP should be proportionately amended in response to contemporary evidence including the findings of the UHVP evaluation.</p>	<p>We would welcome this. Our developmental concern data would suggest that a visit between 13-15 months and 27-30 months may help earlier identification of worries/ concerns and earlier provision of support as a result.</p>
<p>The Scottish Government will enhance health visiting information on the Parent Club website to include more interactive information on what parents and carers can expect from the health visiting service.</p>	<p>We will continue to operate our Ayrshire Bairns app which provides evidence based information on child wellbeing and development for parents/carers, as well as information on the UVHP itself.</p>
<p>The Scottish Government will enhance health visiting information on the Parent Club website to include more interactive information on what parents and carers can expect from the health visiting service.</p>	<p>As above</p>
<p>The Scottish Government will conduct a feasibility assessment on introducing a digital early child development tool to enhance current paper based processes. This will be in line with wider work to progress and modernise child health systems and processes.</p>	<p>North Ayrshire Health Visiting team has already replaced some paper based processes with digital processes (use of electronic child health surveillance monitoring forms). The anticipated launch date of the new national child health system is June 2025 and this will bring changes to practice for teams as well.</p>
<p>The Scottish Government will conduct a review of how health visiting teams identify and access connections and pathways to other children and family support services across the NHS, local authorities and third sector. Innovative practice identified through the review will be shared across Health Boards and Integration Joint Boards.</p>	<p>North Ayrshire CFHT has been recognised nationally for it's approached to integrated early years provision. We continue to build on this having expanded our Perinatal Mental Health provision within the last year, established a partnership with national charity Dads Rock, and re-established positive working relationships with early years education.</p> <p>We also benefit from North Ayrshire's Named Person Service and the directory of supports that is produced. We are able to provide</p>



	comprehensive data on requests for assistance across agencies and services.
<p>The Scottish Government will use the opportunity provided by 2025/26 GIRFEC national and regional engagement events to strengthen knowledge and understanding of key GIRFEC roles and responsibilities including how best to work with the named person.</p>	<p>This is one of the main aims of the North Ayrshire GIRFEC Steering Group re-established in 2024.</p>

**Strategic Objective 4: The health visiting service is appropriately prioritised and promoted by relevant leaders and decision makers in recognition of its role in prevention and early intervention.**

<b>Action</b>	<b>North Ayrshire narrative</b>
The Scottish Government will re-convene the Children, Young People and Families Nursing Advisory Group.	This is welcomed.
<p>The Scottish Government will establish twice yearly bilateral meetings with:</p> <ul style="list-style-type: none"> <li>• territorial Health Boards delivering the health visiting service; and</li> <li>• universities delivering the Health Visiting Specialist Community Public Health Nursing (SCPHN) course to discuss health visiting across different geographical areas.</li> </ul>	This is welcomed.
The Scottish Government will work with Public Health Scotland to arrange annual webinars on national Health Visitor coverage and early child development statistics.	This is welcomed and would be helpful in supporting recent efforts to strengthen our approach to data collation and analysis.
The Scottish Government will engage with Chief Officers of Integration Joint Boards (IJBs) to discuss the value of investing in early child development activity including the health visiting service.	This would be welcomed.
The Scottish Government will engage with Directors of Finance, or an appropriate subgroup, within NHS Boards to discuss the value of investing in early child development activity including the health visiting service.	This would be welcomed.
The Scottish Government will promote the importance of health visiting to Children’s Services Planning Partnership Strategic Leads. This will	This would be welcomed.



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be done as part of a series of facilitated workshops on a range of topics during 2025.	
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## Integration Joint Board 1<sup>st</sup> May 2025

<b>Subject :</b>	<b>Appointments</b>
<b>Purpose :</b>	This report is for awareness to update IJB members on the recent appointments and changes to IJB membership.
<b>Recommendation :</b>	IJB members are asked to note and approve the recent changes and appointments to IJB and the related governance groups.

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

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
SPG	Strategic Planning Group
PAC	Performance and Audit Committee

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	This report provides an update on recent membership changes to the Integration Joint Board and its sub-committees.
<b>2.</b>	<b>BACKGROUND</b>
2.1	The Integration Scheme and IJB Standing Orders for Meetings state that the Chair and Vice Chair of IJB is limited to a 2 year period on a rotational basis between NHS Ayrshire and Arran Board Members and North Ayrshire Council Elected members.
	Councillor Margaret Johnson assumed the position of Chair of IJB on 1 <sup>st</sup> April 2023, following the resignation of Bob Martin as Chair at that time. Therefore, the Chair will now rotate and Joyce White, NHS Board member will take on the role of Chair of IJB, and Cllr Johnson will be Vice Chair.
	Consequently, the roles for Chair and Vice Chair of Performance and Audit Committee and the Strategic Planning Group require to rotate. The Finance Working Group, not being a formal committee of the IJB, does not require to change.

<b>3.</b>	<b>PROPOSALS</b>
3.1	IJB members are asked to approve the undernoted appointments with effect from 1 <sup>st</sup> April 2025.
	<b>Integration Joint Board</b> Joyce White, NHSAA – Chair Cllr Margaret Johnson – Vice Chair
	<b>Performance and Audit Committee</b> Cllr Nairn Angus-McDonald – Chair Marc Mazzucco, NHSAA – Vice Chair
	<b>Strategic Planning Group</b> Cllr Margaret Johnson – Chair Joyce White, NHSAA – Vice Chair
<b>4.</b>	<b>IMPLICATIONS</b>
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
<b>5.</b>	<b>CONSULTATION</b>
	Consultation has taken place with colleagues in North Ayrshire Council and NHS Ayrshire and Arran and IJB Monitoring Officer in relation to the above appointments.

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Appendices

- Nil

## Integration Joint Board 1st May 2025

<b>Subject :</b>	<b>North Ayrshire – The Promise</b>
<b>Purpose :</b>	To update IJB on the ongoing work within North Ayrshire to deliver “The Promise” to our Children and Young People
<b>Recommendation :</b>	Note the progress in North Ayrshire to #Keepthepromise Note the contents of the National Oversight Board Report Three

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

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
WFWF	Whole Family Wellbeing Fund

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	North Ayrshire continues to welcome the findings of the Independent Care Review and subsequent publication of The Promise and the call to action that lies within. We continue to remain committed to improving outcomes for children, young people and families in our North Ayrshire communities and recognise that, whilst progress has been made in the first five years, there are many areas we will continue to develop and improve over the remaining life span of this 10-year ambitious plan.
1.2	Substantial work has been undertaken to lay the foundations to deliver on The Promise to date, both at a local level and a national level. Appendix 1 provides an update on the progress that has been made nationally, alongside what still requires to happen. The calls for action in The Promise are significant and involve whole system and culture change with an agreed timeframe of no later than 2030.
1.3	Funding to achieve the ambitions of The Promise has been allocated via the Children’s Services Planning Partnership primarily through the Whole Family Wellbeing Fund (WFWF). North Ayrshire’s allocation has been £959k annually, which is multi-year funding for the lifetime of the parliament. Whilst this funding is welcome, there remains a risk that the scale and pace of change locally could be constrained by resources being made available to deliver, for example, the transfer of resources to early intervention, prevention and early help services and approaches rather than crisis intervention.

2.	<b>BACKGROUND</b>
2.1	<p>The Scottish Government announced in 2016 that an independent, root and branch review of Scotland’s care system would be undertaken, following extensive lobbying from care experienced people and advocacy organisations. Commencing in 2017, the review examined the underpinning legislation, practices, culture and ethos of the care system. The Care Review concluded at the end of March 2020 with the publication of The Promise.</p>
2.2	<p>The National Independent Care Review heard that Scotland needed to change how it cares for children, young people and their families and concluded that the care system required a radical overhaul. The Promise was subsequently developed; consisting of 80 changes to support the whole system redesign required and narrating a vision for Scotland. Built on five foundations of Voice, Family, Care, People and Scaffolding, it made a promise that all children in Scotland will grow up loved, safe and respected.</p> <p>The calls for action in The Promise are significant and involve whole system change with an agreed timeframe of no later than by 2030.</p>
2.3	<p>As we know, The Promise is a large-scale, complex 10-year change programme with multiple objectives and interlinked activities across multiple partners. To maximise impact and ensure sustainability of approach, a firm foundation needed to be built to give assurance of governance and accountability; to allow all partners to be clear of their own, and collective, roles and responsibilities which will enable a solid platform to build all future developments.</p>
2.4	<p>Plan 21-24 outlined Scotland’s routemap providing key priorities and areas of focus under which organisations would work to achieve the required change by. Full details relating to this plan can be accessed at <a href="http://www.thepromise.scot">www.thepromise.scot</a>. Plan 24-30 is Scotland's most current strategic roadmap to fulfil the commitments made in The Promise, by 2030. Launched on June 20, 2024, this plan outlines the necessary actions, responsible parties, and timelines to ensure that all children in Scotland grow up loved, safe, and respected. As mentioned previously, the plan is structured around five key foundations:</p> <p><b>Voice:</b> Ensuring children and young people are heard.  <b>Family:</b> Supporting families to stay together.  <b>Care:</b> Providing high-quality care when needed.  <b>People:</b> Empowering those who work with children and families.  <b>Scaffolding:</b> Building the systems and structures to support these changes</p> <p>All the conclusions of the Independent Care Review have been organised and grouped under these foundations in a way that makes sense for the work still required.</p> <p>Plan 24-30 is dynamic website (<a href="http://www.plan2430.scot">www.plan2430.scot</a>) rather than a traditional strategy document as Plan 21-24 was. It will be updated to reflect progress and ongoing needs</p>



	<p>at various points throughout its lifespan. It aims to create a collaborative effort across various sectors, including education, health, housing, justice, and local government.</p> <p>A Plan24-30 Explainer Animation can be accessed- <a href="https://www.youtube.com/watch?v=IAdM1EunFDk">https://www.youtube.com/watch?v=IAdM1EunFDk</a></p>
2.5	<p>The Promise Oversight Board was established in January 2021 to monitor and track Scotland’s progress in keeping its promise to care experienced children, young people and families.</p> <p>The Board publicly reports on progress, highlighting achievements and identifying areas where further work is needed to meet The Promise by 2030. Their latest report, Oversight Board Report Three - <a href="https://oversightboard.scot/ob-resources/2025/oversight-board-report-three.pdf">https://oversightboard.scot/ob-resources/2025/oversight-board-report-three.pdf</a>, published in February 2025, indicates that while Scotland is behind schedule, The Promise can still be kept with renewed effort and commitment.</p> <p>The publication coincided with the halfway point of the 10-year plan. The report details and acknowledges the positive developments experienced within the care system to date e.g., developments surrounding the practice of keeping siblings together where it has not been possible for them to remain at home or within their wider family networks and the implementation of a new national minimum recommended allowance for foster carers and kinship carers</p> <p>However, the report also highlighted that as a country we are behind schedule due to unexpected events and systemic barriers.</p> <p>Crucially, the report highlights the need for better whole family support and workforce investment and draws attention to issues associated with housing barriers, short term funding cycles and matters related to such areas as Social Worker retention and foster care recruitment, impacting on organisational ability to deliver The Promise.</p>
3	<p><b>PROPOSALS</b></p>
3.1	<p>The HSCP and multi-agency partners across North Ayrshire have worked hard since 2020 to promote and implement The Promise locally. Agreement was reached at the Children’s Services Strategic Partnership in June 2024 that the work of the former Promise Oversight Group in North Ayrshire would be incorporated into the overarching Corporate Parenting Steering Group.</p> <p>The Corporate Parenting Action Plan was revised as necessary in August 2024 to capture all activity associated with The Promise. The action plan has been aligned with the 5 key foundations upon which The Promise is built - Care, Voice, Family, People and Scaffolding.</p>

	<p>Updates have previously been provided to IJB on our progress. Below details some more of the activity undertaken across a variety of services since the last position statement provided in 2023.</p>
3.2	<p><b>The launch (in March 2024) of a Promise Champion network</b> - a supportive, collaborative staff network of Corporate Parents led by Jennifer Lewis, our Corporate Parenting Engagement and Participation Lead. The network encourages sharing of best practice and partnership working. The Promise Champions staff network has 75 Corporate Parents across North Ayrshire involved (as of March 2025) and continues to grow. Promise Champions are enthusiastic about their roles and have been instrumental in raising awareness of The Promise and Corporate Parenting with their colleagues and wider communities.</p> <p>The network also met in smaller sector-focused groups in June 2024 where Promise Champions gained an understanding of using trauma-informed language when speaking or writing about care experienced people. They also looked at how to reduce stigma &amp; discrimination for the care experienced community.</p> <p>Other actions associated with the network have included, Clare Morris, our local Promise Delivery Partner, speaking to the network about The Promise Plan 24-30. Online sector-focused check-ins in December 2024 where local and national updates, individual highlights from the past year, evaluation findings, and plans for 2025 were discussed and explored. After analysing and responding to Promise Champion's evaluations, the agenda for 2025 has been set.</p> <p>This year will also see the network hosting two informal networking opportunities for Promise Champions to further connect with one another.</p>
3.3	<p><b>The annual Promise Conference was held in December 2024.</b> 73 Care Experienced young people from across our Secondary Schools joined the conference to learn about The Promise Scotland Plan 24-30, meet local Corporate Parents and connect with each other.</p> <p>Plans are in place for a 2nd Promise Conference to take place later this year for primary aged children.</p>
3.4	<p><b>A workshop on the Promise and Understanding Stigma</b> was delivered to 125 young people at the Primary 7 youth council, raising awareness and promoting inclusion.</p>
3.5	<p><b>Brighter Pathways – Remodelling Children's Care Options</b> transformation activity commenced in April 2024 with the aspiration of taking collective action to improve outcomes for our care experienced children and young people and those young people on the edge of care. The transformational work required has been addressed through the implementation of various focussed workstreams looking at how services can be delivered differently to ensure that children and young people have access to</p>

	<p>appropriate supports at the right time. The work undertaken within the workstreams has strategic oversight from the Brighter Pathways Programme Board.</p> <p>Some key changes to practice and service delivery have already been made, for example, enhancements to our Supported Carer scheme, a new digital approach to Foster Care Recruitment, enhanced collaboration and partnership working with our education colleagues, with further proposals being scoped out and/or finalised with regards to a range of activity including the development of a new Foster Care scheme and the development of a local, bespoke model of supported care specific to young people who are on the brink of transitioning to adulthood, alongside a revised A full position paper will be presented to IJB in June with regards to all activity associated with Brighter Pathways.</p>
3.6	<p><b>Full implementation and roll out of Signs of Safety</b> across Children’s Services. Signs of safety is a practice framework focused on working in collaboration with families and professionals to identify and address concerns and worries about a child’s safety. The approach emphasises a strength based solution focused approach, prioritising building positive relationships and leveraging existing family resources.</p>
3.7	<p><b>The Whole Family Wellbeing Fund</b> has been used within North Ayrshire to help realise the ambitions of the Promise around early intervention and keeping families together. We have used funding to invest in family support services and support families to thrive and reduce the chances of family breakdowns and children entering the care system.</p> <p>The funding has been used for a variety of different initiatives – examples include the enhancement of the Family Centred Wellbeing Service which specifically helps families and children through the principles of early intervention aiming to keep young people out of statutory services. Improved partnership working across services has already been experienced and practioners report seeing fewer referrals into statutory services.</p> <p>The WFWF has also allowed for the innovative development of a Dad’s support service, known as Dad’s Rock to be rolled out in the Three Towns, Irvine and Kilwinning. The service works with Dad’s from a wide range of backgrounds and provides both one to one support and groupwork support with regards to general parenting advice, confidence building and support with general wellbeing, all of which contribute to whole family life and improving outcomes for children.</p> <p>Funding has also created opportunities to scale up existing provision within a range of existing services including the HSCP’s early years Social Work service, scaling up has also been achieved within Stronger Families, a service delivered by Barnardo’s to support Kinship families who have been affected by substance use, similarly we have also been able to expand the Neurodevelopmental Empowerment and Strategy Team to ensure that that families receive appropriate advice and guidance to meet the needs of children and young people with neurodevelopmental differences.</p>

3.8	<p>The Children’s Hearing Improvement Practice group have been working together to better support children and young people to feel confident and comfortable to attend their Children’s Hearing. Child friendly scheduling has been introduced to give the young person greater control in determining when their hearing takes place and also helping to ensure that barriers which may prevent young people and their families from attending are minimised and will therefore prevent children’s hearings from being deferred.</p> <p>A pre hearing checklist will also be rolled out to ensure that children and young people are supported to access child friendly information alongside offering the opportunity to visit a Children’s Hearing centre prior to their hearing in order to better prepare those who need to attend a Children’s Hearing.</p>
3.9	<p>The above provides a sample of improvement activity that has been undertaken by multi agency partners on our collective journey to keep The Promise. All activity within North Ayrshire will be captured within reporting periods of the Corporate Parenting Action Plan.</p>
4	<p><b><u>Anticipated Outcomes</u></b></p>
4.1	<p>All care experienced children and young people in North Ayrshire grow up feeling loved, safe and respected so they can realise their potential.</p> <p>The number of children and young people coming into the care system decreases. However, if statutory measures are considered necessary, then we always consider ‘family first’.</p> <p>There is an increase in more preventative, early intervention and community-based supports for children, young people and families.</p>
4.2	<p><b><u>Measuring Impact</u></b></p> <p>Specific actions from the North Ayrshire Corporate Parenting Action Plan are being monitored via the performance management system, Pentana and will be reported back through the Corporate Parenting Steering Group and Children’s Services Strategic Partnership. Appropriate and timely updates will be submitted to IJB.</p> <p>National progress will be tracked through the dedicated Plan 24-30 website, using The Promise Progress Framework.</p>
5	<p><b>IMPLICATIONS</b></p>
5.1	<p><b><u>Financial</u></b></p> <p>The report details specific funding received from the WFWF which is the most significant funding received to date to keep The Promise. Further financial implications are likely and expected as services undergo various stages of re-design to meet our commitment to The Promise.</p>

	<p>Financial implications will be identified at the earliest stage in planning and development processes as our work towards achieving The Promise actions are progressed. There is a significant risk of realising the full ambitions of The Promise if the system is not sufficiently resourced or funded to respond and change.</p>
5.2	<p><u>Human Resources</u> There will be an impact on staff as we reframe how some our services support care experienced children and young people. The specifics of this will be clarified as more detailed plans emerge.</p>
5.3	<p><u>Legal</u> Unknown at this time however it is likely that legislation will follow as The Promise contains the commitment to legislative reform.</p>
5.4	<p><u>Equality/Socio-Economic</u> The vision of The Promise seeks to address the inequality of outcome experienced by our children and young people who have been or are in the care system. When the ambitions of The Promise are realised, not only will there be improved outcomes but also a reduction, and ideally, an elimination of the inequity that exists between care experienced children and young people and children and young people with no experience of care.</p>
5.5	<p><u>Risk</u> None</p>
5.6	<p><u>Community Wealth Building</u> None</p>
5.7	<p><u>Key Priorities</u> Implementation of The Promise aligns and supports the work of the Councils and IJBs strategic plans</p> <ul style="list-style-type: none"> <li>• The United Nations Convention on the Rights of the Child (UNCRC).</li> <li>• Kinship Care Strategy.</li> <li>• Getting it Right for Every Child (GIRFEC).</li> <li>• North Ayrshire Council's Corporate Parenting Plan 2023-2026.</li> <li>• Children's Services Plan 2023 -26.</li> </ul> <p>The Promise features heavily as part of North Ayrshire's work to tackle child poverty, and the implementation of The Promise is a key ambition of the HSCP Tackling Inequalities Strategic Commissioning Plan 2022-2030: Caring Together.</p> <p>The work and resultant actions also supports the spirit of The Children and Young People (Scotland) Act 2014.</p>

	The Promise is a key aspect of the work of NHS Ayrshire and Arran's Corporate Parenting Steering Group, Corporate Parenting Taskforce, Infant Children and Young People's Board and Child Poverty Board.
<b>5.</b>	<b>CONSULTATION</b>
	Throughout the programme of work associated with keeping the Promise, there will be ongoing consultation and collaboration with service areas, national bodies, third sector colleagues and consultation and co-production with service providers, young people, families, and carers.

**Caroline Cameron, Director**

**Author : Elizabeth Stewart, Head of Children, Families and Justice (estewart@north-ayrshire.gov.uk)**

Appendices

- Appendix No 1, Oversight Board Report 3



# the oversight board

for the promise

Report THREE February 2025





**We grow up loved,  
safe, and respected  
so that we realise  
our full potential.**

Scotland's ambition for  
children and young people.

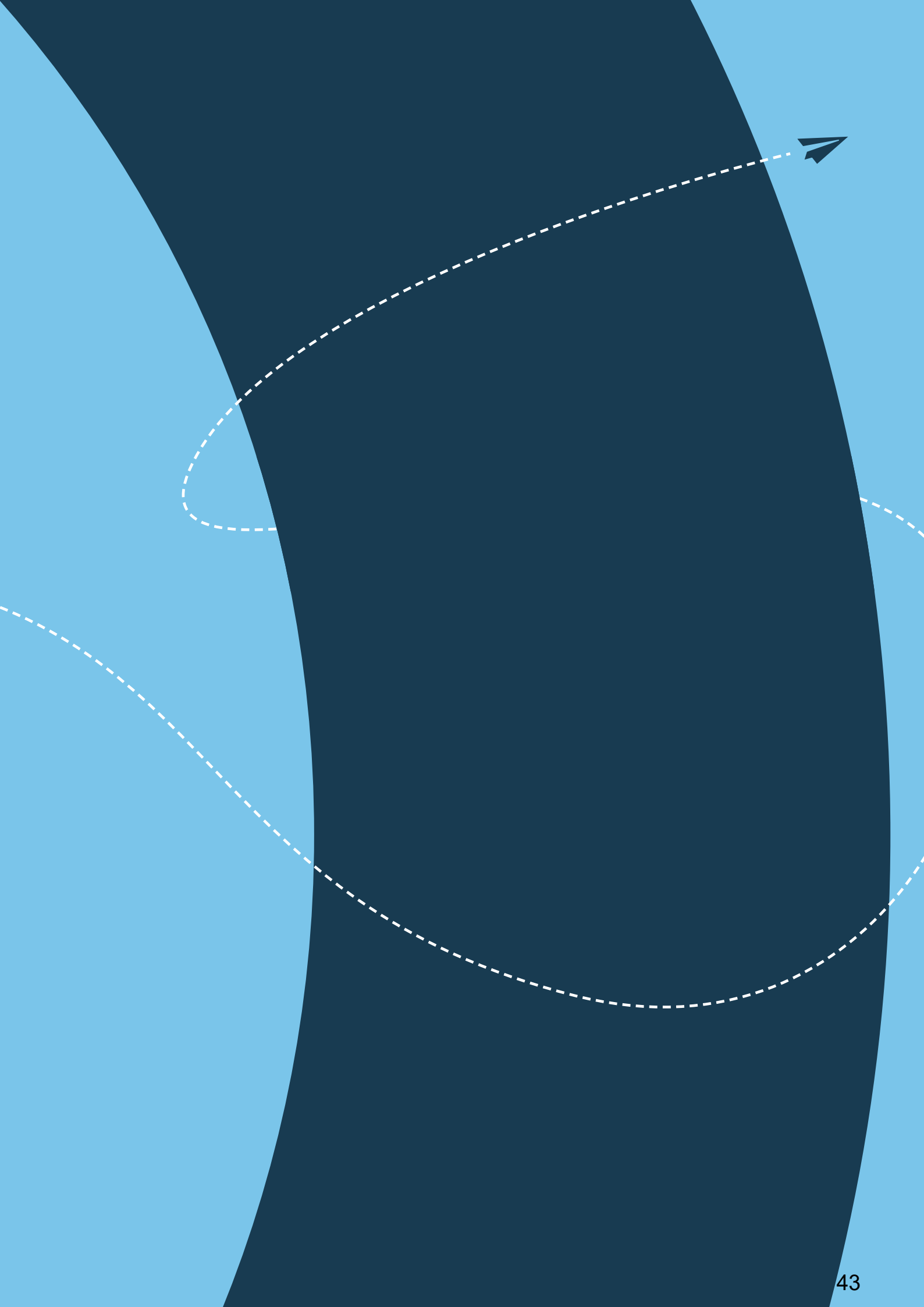


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# Foreword





# Foreword

When the Independent Care Review reported and told us, through the voices of all those who contributed, what needed to change to fulfil the promise, we knew the extent of the challenge — and the responsibility that came with it.

The conclusions set out everything that could and must be achieved to keep the promise by 2030.

This report, five years into that ten-year programme, marks the halfway point in time only.

The extent of the challenge was such that it needed every one of those with responsibility to commit to keeping it. Those commitments were promised.

2025 marks the midway point since the promise was made to when it must be kept. **But Scotland is not halfway towards keeping its promise.**

There have been unexpected events, delays, and unnecessary barriers. This means there are children and young people not receiving the care and support they need. That means for some in the care community the promise has already been broken.

The journey is behind schedule — but still on course. The destination is clear, and Scotland is heading in the right direction. **It requires pace, renewed purpose, and for everyone to play their part to smooth the path ahead.**

This is about Scotland's children and young people. There is no task which is more important. **The progress made thus far demonstrates that the necessary change is still possible.**

The duty to keep the promise lies with each and every single one of us. But there is no escaping the truth that some people have more power and influence than others to make that a reality.

As the board with the duty to check up on Scotland's progress, we recognise all those who embody the promise in their everyday work. People who live and breathe its principles, and its potential to change lives. Some of whom have been doing so long before the promise was made.

**Let there be no misunderstanding: we recognise and value the many individuals who are working hard to deliver the promise.** We too are also the workforce. When we highlight where work is still needed and identify barriers to progress, we do this to assist those who are faced with impediments to supporting children and their families. Be that through a lack of resources, funding issues, waiting times, or any other system-derived issue.

**However, some people, some organisations, and some systems are not yet doing enough, and this risks the country as a whole failing to deliver the promise.** Barriers to delivery include some leaders failing to prioritise the changes needed, and a fear of sharing power, budgets, and responsibility.

There are still some who do not see how delivering for care experienced young people not only improves the lives of their families and communities, but society as a whole. This needs to change so that further change happens.

While it is not the responsibility of the Scottish Government alone to keep the promise, it cannot be done without it. It took too long to produce a delivery plan and too long to respond to the serious concerns raised in our first two reports.

However, we acknowledge their continued commitment and support. **We encourage them to redouble their efforts now and act where the evidence tells us they need to.** Political commitment needs to be translated into drive for change that is felt by children and families.

The relationship between Scottish Government and local government is creating unnecessary tension in delivering the promise. This needs addressed, and requires collective effort and focus, without buck-passing or blame.

Local Authorities play a critical role. All Local Authorities need to accept their responsibilities and act now in those areas where progress is slow.

The Children and Young People (Scotland) Act 2014 named specific public bodies as “corporate parents”. Each of them has a range of responsibilities to care experienced children and young people, some more than others. Effectively, they form the “corporate family”, and all of them need to fulfil their responsibilities if children and young people are to get the support they need from across the system.

The promise won’t be delivered without all Local Authorities and corporate parents playing their part in full. We call on each of them to focus efforts, work together, and ask for and accept support where necessary.

**The upcoming Promise Bill to be lodged in Parliament represents an opportunity and a risk.**

On one hand, it is critical to create the environment and the approach required in law to keep the promise. But it is also a ready-made excuse to slow the process down and to seek further consultations on issues, some of which Scotland has long known the answers to. This is borne out in the feedback we received from across support services.

## **What we need is action.**

Action around spending decisions; bravery to do things differently; courage to count what matters rather than what is easy or politically palatable.

We remain hopeful and determined. Scotland’s promise can still be fulfilled by 2030, but there is not a moment left to waste — and no room for excuses.

**The promise can and must be kept.**



# Introduction





# Introduction

In 2020, Scotland made a promise: by 2030, all of Scotland’s children and young people will grow up loved, safe and respected. That promise was made five years ago. That means there are just under six years to go.

Keeping the promise is non-negotiable. To keep it by the 2030 deadline, Scotland must bring about the change demanded by the *Independent Care Review*, which published its findings in a series of reports on the 5th of February 2020. At that time, the Scottish Parliament expressed its unanimous support for the conclusions of the Independent Care Review, and renewed its collective commitment in a *debate on the 6<sup>th</sup> of November 2024*.

This is the third report from *The Oversight Board* on the progress Scotland is making to keep the promise. We report to the care community and the Scottish Parliament, but this report is also for the workforce and everyone who has some part to play in keeping the promise.

The Oversight Board and *The Promise Scotland* are two separate things: we exist to check up on whether the promise is being kept, while The Promise Scotland exists to support people and organisations as they work to keep it. The Promise Scotland provides secretariat support to us, including information and project management support. The contents and conclusions in this report belong to The Oversight Board.

The *members of our board* bring both expertise and lived experience of care to our role. We use a detailed assessment of progress provided by a range of organisations and encourage change to happen by highlighting what is and is not working. At times, we will make specific asks of those organisations with responsibility for keeping the promise.

## The Oversight Board holds Scotland to account





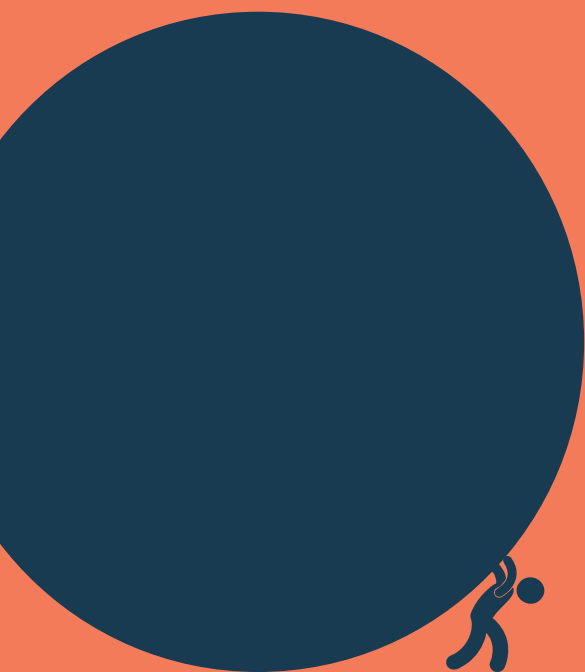
# Scotland made a promise in 2020

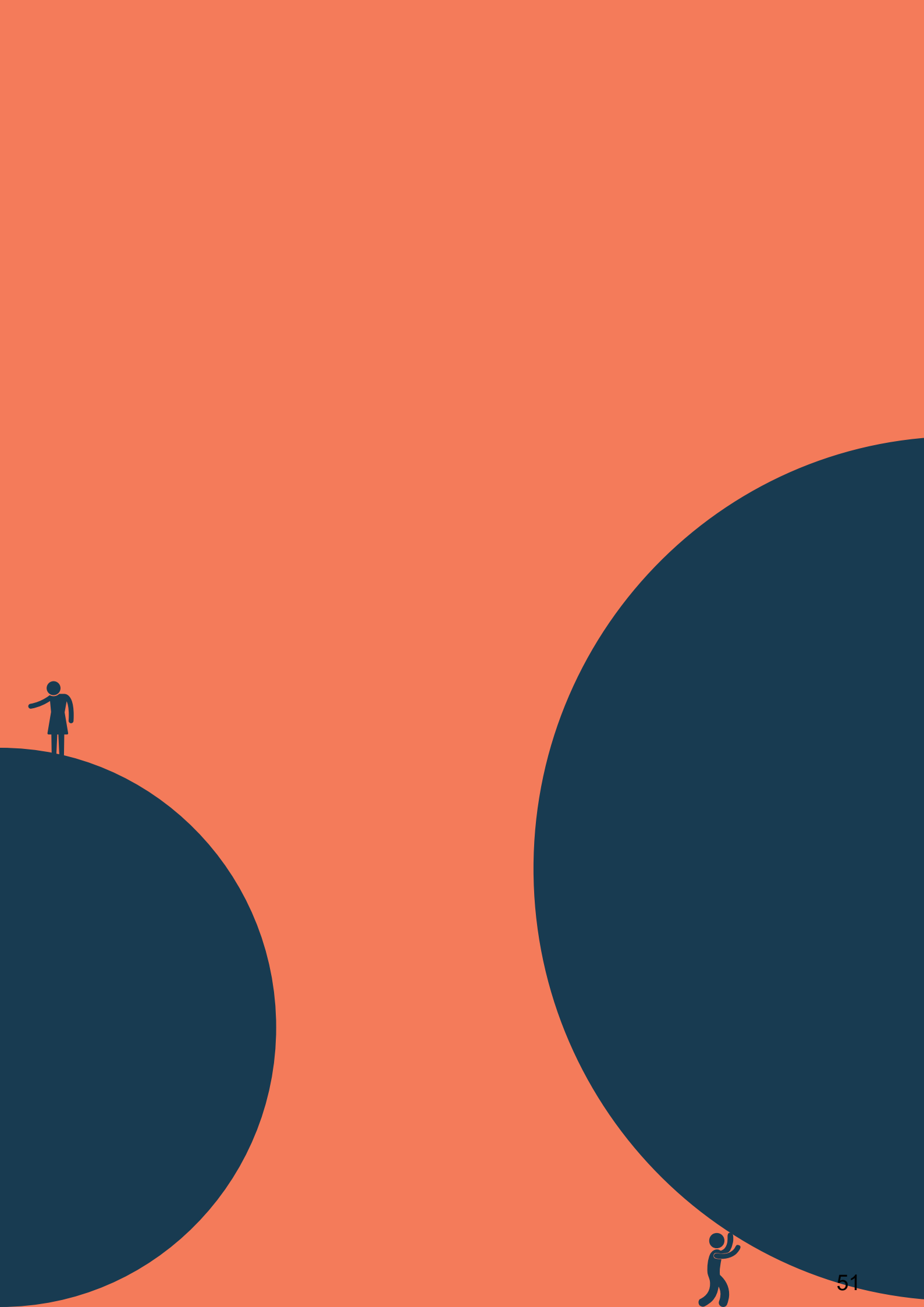


The Promise Scotland  
supports organisations  
to change



# Keeping the promise by 2030: the halfway point





## Has Scotland delivered Plan 21-24?

In this section, we reflect on whether Scotland has delivered *Plan 21-24*, which was the first plan setting out how Scotland can keep the promise.

Confirming our assessment in *Report TWO*, several objectives set for 2024 remain unmet, while for others there is significant variation between different areas in Scotland. This means **Scotland has not fully delivered Plan 21-24**.

However, it is not all bad news. Scotland has made progress. For example, the passing of the Children (Care and Justice) (Scotland) Act 2024, while it should have happened earlier, has ended the imprisonment of children. There is now a *national minimum recommended allowance for foster carers and kinship carers*. We have seen commitment nationally and locally, and there are positive changes happening in every local authority area. But no part of Scotland is doing everything well, and there are still many instances where progress is too slow.

## Does this mean Scotland will not deliver the promise?

Plan 21-24 was rightly ambitious in its aspirations for where we would be as a country at this point in the journey. We accept the circumstances in which it was launched. The effects of the pandemic and subsequent cost-of-living crisis are still being felt. However, the failure to deliver Plan 21-24 does not mean that keeping the promise is unachievable.

**It can still be kept by 2030, if everyone involved plays their part and works together constructively with children and their families.**

The continued commitment to the promise is both welcome and encouraging. Most government reviews end up sitting on shelves with very little action, but that is not the case here. We acknowledge everyone who has worked to make improvements — sometimes in the face of the current ‘system’ that feels like it is still designed to stop them doing the right thing.

However, while we need that ongoing commitment and passion, we will not keep the promise unless we also align the formal planning, delivery, and governance structures behind this work.

**Given the progress that has been made and the commitment and goodwill, we think it is still possible for Scotland to keep the promise by 2030. But only if key issues, such as those in our calls to action, are addressed immediately.**

# The five priority areas and key milestones for Plan 21-24



## 1

### A good childhood

All children in Scotland's 'care system' will have a good, loving childhood. They will **feel loved**. They will have their **needs met**. And they will **have their rights upheld**.

## 2

### Whole family support

To realise a child's rights, you have to **support their family** – whether it is one they are born into or not.

And all families need support at different times.



## 3

### Supporting the workforce

Children experience the 'care system' through people – and those people **need better support**.



## 4

### Planning

Scotland needs to plan for services that **#KeepThePromise**, and make sure these have the money they need. And it needs to make sure these exist everywhere: not just in certain parts of our country.



## 5

## 4

### Building capacity

A lot needs to happen to build a system of care that **puts children and families at the centre**. Right now, Scotland must establish its foundations.



# How did we come to our views on progress?

In writing our third report, it was frustrating that there is still no clear plan showing who needs to do what and by when, or a comprehensive set of data being collected and reported. However, we did have a range of information we could draw from, including:

- *Who Cares? Scotland's research* across all 32 local authorities.
- *STAF, in association with The Promise Scotland, 100 Days of Listening*
- The *Promise Progress Framework*, launched on 18 December 2024
- *An evaluation of Plan 21-24* commissioned by The Promise Scotland.
- The Scottish Government's implementation plan update report, *Keeping The Promise*.
- COSLA's report on *local government and the promise*.
- Reports from Parliamentary committees
- Meetings with organisations and individuals for whom keeping the promise directly impacts.
- The skills, knowledge, and experience of The Oversight Board members, over half of whom have their own experiences of care, and all of whom who are working to keep the promise.

We were therefore well placed to fulfil our duty of oversight of where Scotland is on the journey and to identify action that we know will deliver better lives for children and families.

**For a breakdown of our assessment of Plan 21-24 and for detail on the organisations we heard from, please see the Further Information document on our website.**



# What needs to happen to deliver the promise by 2030?

In our previous reports we highlighted that Plan 21-24 was too broad, lacked clear measures of success, and included some goals that simply could not be achieved in three years. This was confirmed in an *evaluation* commissioned by The Promise Scotland.

## In *Report TWO* we asked for:

- Work at pace to ensure effective governance arrangements are in place across both national and local systems. These must provide clarity on roles and responsibilities for making change and enable effective decision making and accountability.
- Explicit leadership and drive from Scottish Government and scrutiny bodies to articulate a clear set of principles, outcomes and milestones that will guarantee the promise is kept.
- A strategic investment plan to deliver the required change.

**This has not happened.** Looking back, we made the mistake in Report TWO of not being clear enough about specifically who we expected to do what, and by when, on these issues. We have learnt from this, and in this report we clearly identify who we think needs to deliver our calls to action.

If Scotland is to keep its promise to care experienced people, we need to see the following issues addressed.

## 1. Children and families need every organisation that has a role in delivering the promise to prioritise action

Delivering the promise is not just a responsibility for local authorities. It needs many organisations to play their part. In *Report ONE*, we highlighted the “cluttered landscape” of those that are accountable. Every corporate parent and all support services must step up to the challenge.

### Who is responsible for delivering this?

By the end of October 2025, we expect to see all corporate parents detailing in their corporate parenting plans how they will keep the promise. We expect to see clear implementation plans showing genuinely collaborative approaches.

## 2. Scotland urgently needs a cohesive plan through to 2030

Action has been taken to develop a more detailed *plan for 2024-2030* to implement the measures required to deliver the promise. This work has been led by Fiona Duncan, Independent Strategic Advisor on the promise, supported by The Promise Scotland. We note that The Promise Scotland has supported the development of this plan and is now working with organisations and individuals across Scotland to develop the more detailed route maps which they say will ensure delivery of Plan 24-30. We urge everyone involved to participate fully and seek support where necessary.

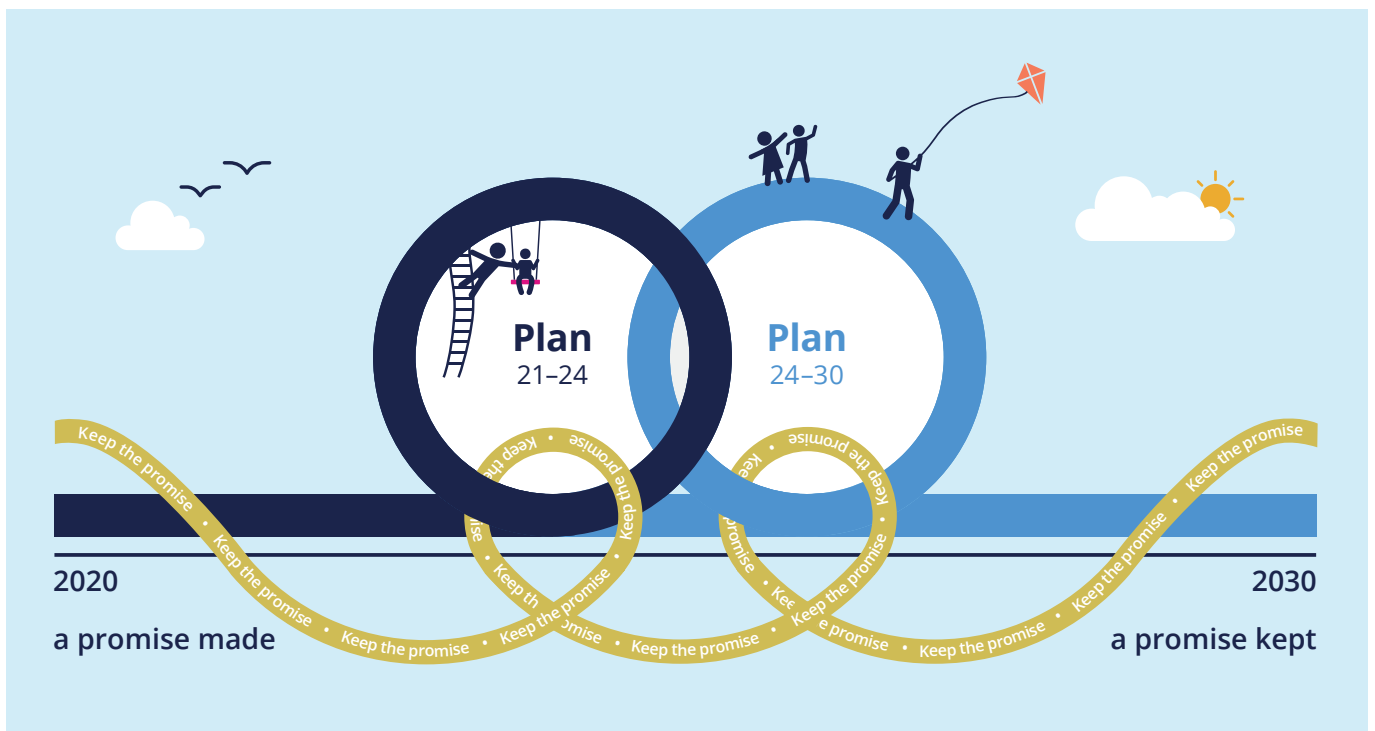
At the time of writing this report, that plan was still in the process of being refined. Rather than analyse a document mid-development, we have outlined in our Further Information document (which can be downloaded from *The Oversight Board website*) the criteria that Plan 24-30 must meet for us to consider it a credible plan.

### Who is responsible for delivering this?

The Independent Strategic Advisor, supported by The Promise Scotland, has taken on the responsibility for producing *Plan 24-30*.

As part of this work, The Promise Scotland team is supporting and facilitating the development of 25 route maps (high-level plans). There is an urgency to this work and we would expect to see these completed by the end of 2025.

**We expect to see all relevant organisations engage in this process and we will follow up on this in our next report.**







### 3. Measuring progress

In both our previous reports, we called out the need to accelerate progress on the collection of meaningful data to assess progress. While progress has been slower than we would have liked, it is our view that progress is now being made.

We note that The Scottish Government, COSLA and The Promise Scotland have jointly committed to the *Promise Story of Progress*, that recognises the importance of answering all three of the questions above.

We welcome the publication of the first iteration of *The Promise Progress Framework*, which is populated with national level data aimed at answering the question, ‘how is Scotland doing in its progress towards keeping the promise?’. Whilst we all accept the limitations of assessing progress through just looking at existing national indicators, they have an important part to play and, as highlighted by the publication:

*“they can help to guide the ‘system’s’ understanding of where progress is being made, and which areas warrant further attention.”*

We welcome the commitment made by the Scottish Government, COSLA and The Promise Scotland and reiterated in the Progress Framework to ensure that, over 2025, the mechanisms required to answer the organisational and care experienced community level questions in The Promise Story of Progress will be developed.

The *Who Cares? Scotland* report highlighted us the value of assessing progress at an individual local authority level by exposing the significant variation that currently exists. However, we recognise that delivering the promise locally is not solely the responsibility of local authorities; the actions need to be owned across the whole local ‘system’.

**For those actions which sit with children’s services, that means the Children Services Planning Partnerships (CSPPs). Those which sit with adult services need to be owned by the Community Planning Partnerships (CPPs). However, this cannot and must not result in a dilution of responsibility.** We need organisations to play their part both individually and in partnership with others. And we need a way of assessing whether this is happening.

There is an urgent need for a clear structure that local organisations can use to understand their progress on delivery and the priorities for further work. There also needs to be a clear approach agreed to report progress. Therefore, **the commitment made by The Scottish Government, COSLA and The Promise Scotland to progress putting in place the mechanisms to answer the question, ‘How are organisations doing in their work to keep the promise?’ must be actioned within the agreed timeline (by end of December 2025).**

This would enable our reporting on the second half of Scotland’s journey towards keeping the promise to differentiate between those local authorities, organisations, and bodies that are doing what is necessary, including the extent to which they are working in constructive partnerships with others, and those which need to do more.

Finally, and most importantly, the mechanisms for understanding whether the care community feels the impact of the promise being kept must be improved. This does not mean asking people to retell their stories. It means determining how they are experiencing support.

Again, we welcome the commitment from The Scottish Government, COSLA and The Promise Scotland to develop this in 2025. Given we are five years on from the promise being made, it is vital this timeline doesn’t slip and that, by the end of December 2025, we have meaningful data to answer this question.

### **Who is responsible for delivering this?**

Scottish Government, COSLA and The Promise Scotland have committed to jointly developing the mechanisms required to answer the organisational and care experienced community level questions in The Promise Story of Progress, which will be developed by the end of December 2025.

We recommend that this includes an approach not just to assessing individual organisational progress, but also to looking at local progress through the Children’s Services Planning Partnerships and Community Planning Partnerships.

## 4. Reform of funding alongside a clear investment plan to deliver the required change

In every conversation we have, the issue of short-term funding that is not joined-up is raised as a key barrier to progress.

We understand that restrictions are often put in place to try and ensure that money is used to provide services to those most in need, but the evidence is clear that they have the opposite effect.

We've also heard consistently about the problems that short-term funding is creating. Whilst we understand there are challenges in making long term commitments in a context of financial uncertainty, we don't accept that there is no better and more effective way of allocating money that would manage the financial uncertainty as well as (and maybe better than) the current arrangements.

We note the commitment to reconfiguring budgets in the *2024-25 Programme for Government*. Given that everyone at every level appears to agree that short-term and siloed funding is a problem that is leading to inefficient and ineffective services, we don't understand why more isn't being done to address it.

We've also heard consistently about the practical challenges in shifting resources to focus on prevention and early help and support. Work by the Independent Strategic Advisor on the promise is progressing around what is called 'investment and disinvestment modelling'. This is aimed at working through the very real barriers that currently exist in shifting resources, so that problems are prevented in the first place.

With funding for public services challenging at present, in our view this work presents the best opportunity to invest in activities that will prevent children entering the 'care system' in the first place. And where care is the best option for the child or young person, it can make sure that the care provided is the right care for that person.

We understand that this will take time, but we are impatient to see progress. Where we place our money as a country says so much about our values.

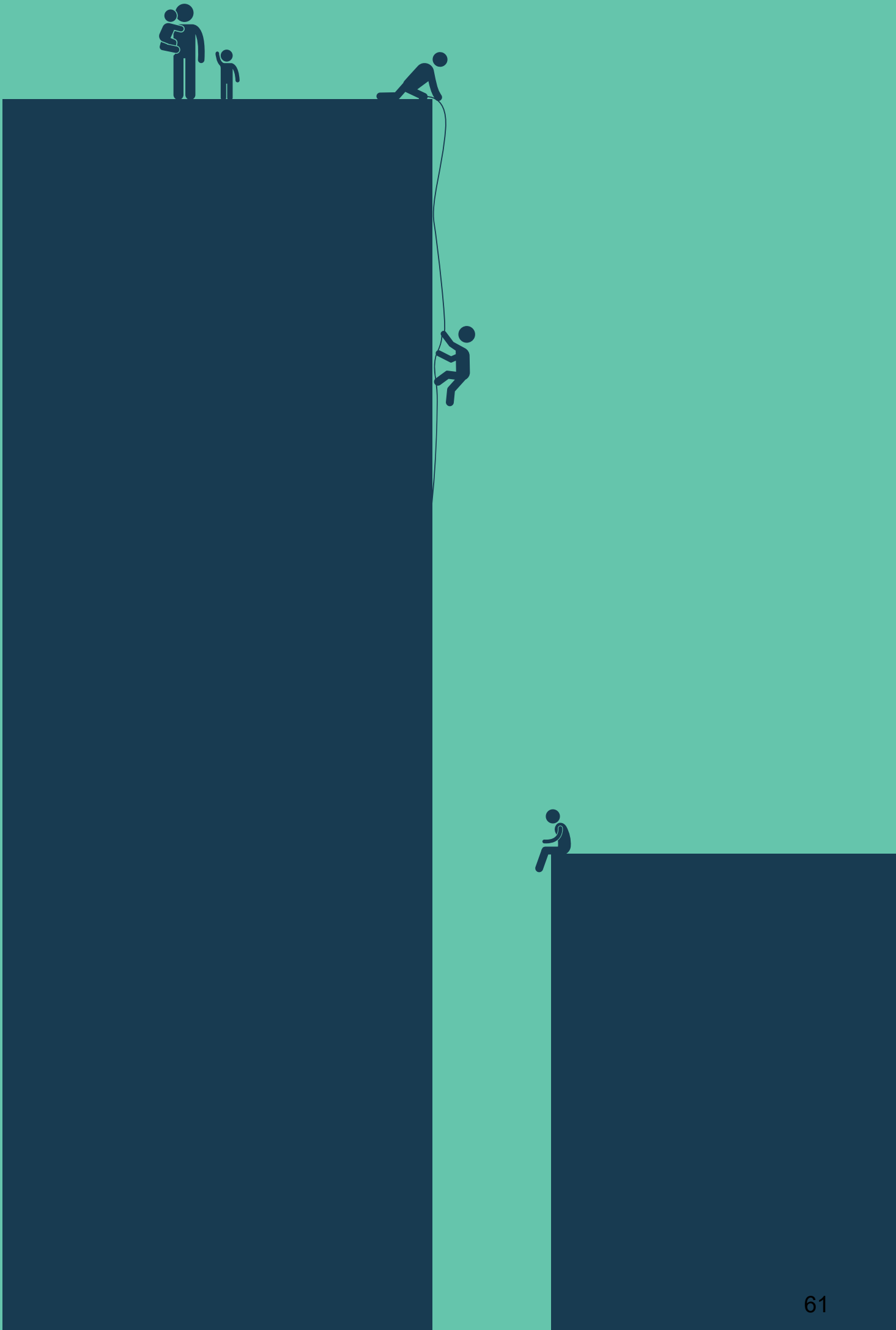
### Who is responsible for delivering this?

The Scottish Government ultimately controls most public spending in Scotland. The Independent Strategic Advisor on the promise, supported by The Promise Scotland, is developing a strategic approach to help inform investment/disinvestment decisions. If embedded in the budget process, it could be a game changer. It now needs to be operationalised.

The issue of short-term and restrictive funding plays out through multiple routes including how Scottish Government allocates money, how local systems commission services (particularly third sector) and how philanthropic organisations spend funds. A sustainable investment approach needs to replace short-term grant funding.

# Priority areas





# Priority area: whole family support

*“To realise a child’s rights, you have to support their family – whether it is one they are born into or not. And all families need support at different times.”*

Plan 21-24

## Why this matters

Whole family support is central to the promise, and it is essential that it reflects the many needs of Scotland’s diverse society. We know that families are not just those who have blood ties; communities are also families. If each person in every family – whatever that may consist of – is supported so that their own needs are met, then the promise has been kept.

There are 10 principles of intensive family support which should be embedded into the practice of all organisations that support children and their families, directly or indirectly:

- Holistic and relational
- Therapeutic
- Non-stigmatising
- Patient and persistent
- Underpinned by children’s rights
- Community based
- Responsive and timely
- Work with family assets
- Empowerment and agency
- Flexible.

We know that access to early help and support for families is a long-standing commitment by the Scottish Government and was restated in last year’s *Programme for Government*. In our first two reports, we highlighted both the progress made and the lack of adequate support. This report expands on our previous findings and focuses in on the key barriers that need to be addressed to see progress.



## Funding challenges

Organisations told us about the detrimental impact of short-term funding cycles. The endless work of applying for funding, complying with different criteria, disproportionate monitoring and reporting drains energy and capacity from everyone involved. It creates uncertainty and wastes time that could be much more usefully spent providing support to care experienced individuals. Too many grants are short-term and monitor activity rather than looking at the difference that is made to people's lives. Small charities in particular speak of a lack of help to access funding. It should not be beyond funders to proactively identify and offer support with applications to those charities in need of such aid. Charities are understandably worried about funding. They cannot create the outcomes and impacts expected of them without long-term support that allows them to focus on supporting people.

This is evidenced in *the briefing on The Promise Partnership fund* which has already come and gone. Over £20 million has been invested and has supported good work. But feedback from local authorities and charities highlighted the need for consistent and multi-year funding, with short-term funding seen as a barrier to progress. It prevents stability and security, which are essential to a good childhood.

The lack of funding to upscale or even just to ensure survival also emerged as a theme in discussion with adoption, fostering, and kinship services. The Whole Family Wellbeing Fund has enabled some excellent work but consistently shows a significant underspend whilst critical services are struggling to pay the bills. The Scottish Government has stated in its *evaluation of the Whole Family Wellbeing Fund* that lessons have been learnt and that funding will change. We recognise this development and expect to see a change in feedback when we consult for our next report.

It doesn't have to be this way, Scotland has the ability to do things differently. This is evidenced in Inspiring Scotland's *Our Future Now* evaluation. **There is an urgent need to move to long-term, trust-based funding that allows the focus to**

**be on the provision of high-quality care and support.**

We are yet to see a clear timeline to reach the pledge that at least 5% of all community-based health and social care spend will be on whole family support. We have asked for this in both our previous reports and still think it is important.

## Data

There is still a lack of clarity and transparency in some data collection. It is hard to determine the reality of a situation when the available data does not provide a clear and linked picture. For example, school exclusions, reduced timetables and non-attendance can be interlinked. Data sets must be connected to give a clearer picture of what young people need in order to thrive. The *Promise Story of Progress*, once complete, must be able to tell us how children, young people and their families experience support and therefore what is missing to assist in maintaining attendance and achievement. **This change is overdue.**

We recognise that the journey of change has started, with a real effort to ensure better data collection and use, for example in further and higher education. But those responsible can and must do better, and quantitative data must be underpinned by listening to what matters to children and families.

We have heard directly that major bodies such as the Care Inspectorate are beginning to collate statistics that include the experience of the children and families concerned. We've also heard about work by Public Health Scotland and Education Scotland to link health, social care and education data at a school level. This has the potential to provide key insights about the experiences of care experienced school age children across a range of critical areas. We welcome this work, whilst also noting the need for collaboration for the work to progress at pace. **Clear plans are needed to ensure the data is then used to drive improvements.**

## Housing barriers

### Availability of affordable housing

Having a home is a fundamental right for everyone in Scotland. We have stated in both previous reports that housing should be a priority for the Scottish Government. This was a strong message in the *100 Days of Listening report*. Yet 2023 saw a decrease in *approvals for affordable housing*. This is having a direct impact on many families, especially those experiencing poverty.

We acknowledge the funding announced to tackle homelessness in the recent budget. However, the latest data in the *Promise Progress Framework* shows that there were 10,110 children in temporary accommodation at 31 March 2024. The absence of a stable home increases the pressures on families and increases the likelihood of children in those families being taken into care.

### Availability and quality of supported housing

People deserve supported housing options that ensure they can thrive. This can only happen when they are provided with a well-maintained space which not only addresses their basic needs but has the potential to become a safe, loving home.

We know that inadequate housing adversely impacts care experienced young people, with some falling into homelessness as a result. There are still young people being placed in unsuitable housing based on their age as opposed to their readiness. Loopholes exist that leave young people unsupported at this critical time in their lives.

Corporate parents must work together to ensure the availability of high-quality supported housing. Projects like the *Local House Project* show this can be done.

### Homelessness prevention pathway

We have twice requested that the government reinstates the housing support route — or 'pathway' — for care experienced people, but we are yet to have confirmation this is to be done.

**Despite both written and in-person discussions, we have had no reasonable explanation of why this has not happened.**

The Oversight Board does not accept the Government's *recent reply to our latest prompt* indicating their belief that current action is sufficient. Their interpretation of data does not match our own. We strongly urge the Government to either reinstate or replace this provision. **The right to a home is fundamental to the promise being kept.**

### Housing provision for larger families

Kinship care, fostering, and adoption all report capacity issues when it comes to housing provision for larger families. This impacts on work to keep brothers and sisters together. It also impacts on wellbeing when a lack of housing leads to instability and insecurity. The difference between geographical areas remains a barrier to the promise being kept. Relatively simple changes, for example around building extensions to existing accommodation, could be made in the short term.

## Adoption, kinship and foster care

**Adoption** services and adoptive families have long felt they have not received the support they need. To ensure the impact of this lack of support can be properly understood, all local authorities should record breakdown of adoptions. It is recognised that the adoptive process is often complex and needs the full range of support available for families. While some progress has been made since 2020, it should be the case that the relatively small number of adoptive families in Scotland are well-supported.

Services have long stated that post-adoption services are not uniform or delivered at a level adequate to support the children and families who need them. It is not beyond the organisations concerned to ensure that timely support is provided, and progress has been too slow.



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Those we spoke to told us that advertised services in local authorities are not always accessible and available as and when they are needed.

Direct feedback from adoption services has indicated there is an imbalance between pre and post support. **Post-adoption support is critical, yet support is discretionary when it should be mandatory.** Services believe a requirement in this respect would be helpful. A joint mapping exercise would be a positive development, and one that could see any geographical anomalies fixed through targeted action.

Adopted children must have life story work throughout their entire experience of care. They should have a sense of identity from a young age that tells of their life before adoption, and that continues as they grow. All adoptees must be offered support to learn their life story and to access their care records, if they want to.

We heard that social worker retention and recruitment are having a detrimental impact on **foster care** support provision. At the same time, a shortage of foster carers is increasing the pressure on social workers.

The work led by Scottish Government on the future of foster care is welcomed, and must progress at pace. The consultation on this work closes after our publication, and we urge action on what was heard during the Independent Care Review and subsequently.

The planned national foster care recruitment campaign is a welcome step, and we hope that together the work on the future of foster care and recruitment and retention sees both an increase in the number of carers, and that they are supported to develop strong relationships with those they care for. Government must focus on addressing systemic issues like lengthy approval processes or strict eligibility criteria, attracting new carers and supporting existing carers, enabling local efforts, streamlining processes, and ensuring robust support systems.

We welcome the new national minimum recommended **allowance** for foster carers and kinship carers, introduced in 2023. However, the wider difficulties caused by the lack of inclusion of informal **kinship care** (when a child is raised in the care of a friend or family member) by legal definition should be dealt with immediately.

Not only do 'informal' kinship carers not receive statutory support, but this can also be the difference between receiving kinship care allowance or not. This is putting financial strain on many kinship families, who receive no additional income for the children they are bringing up.

Support for kinship carers varies across Scotland, with some local authorities offering support and others offering the bare minimum. There is also very little support or resource available to help families during a crisis, which often leads to long-term caring for a child. Support must be made available to kinship carers to guide them through the crisis and, as part of this, to help them to respond effectively to trauma.

The promise is clear that where they are loved and where it is safe to do so, children should stay with their families. Approximately one in five 'looked after children' in Scotland are **cared for at home**. This group of children — just under 2,500 as of 31 July 2023 — often receive less support than other groups. This is why it is so important that all families, especially those in contact with the care system, have access to early and ongoing help and support that is free of stigma and designed to meet their specific family circumstances and needs.

Organisations with a focus on supporting fostering, kinship, and adoption told us that **the development of 'communities of practice' set up to aid joined-up working have been helpful**. Where these had been put in place, and care and time had been taken to support and develop them, they were found to produce good results by strengthening connections between organisations and ensuring shared direction and activity.

## Brothers and Sisters

In *Report TWO* we highlighted that: *We need an accurate picture of whether brothers and sisters are living together, with a simple metric for measuring this.*

For the first time, the official statistics around care experienced children and young people will include data on sibling and sibling-like relationships. The data should be reported in the spring of 2025. This is a welcome, albeit long overdue, development. It means, however, that we are currently still without reliable data about the extent to which brothers and sisters are able to stay together. There are also concerns about whether this data will be able to tell the story we need to hear. We recommend that the Scottish Government reviews the data and approach after the first publication.

In the meantime, we are encouraged by the work of the *Community of Practice for Siblings*, which has become a vibrant place for learning and sharing work across the country. This is a good example of how collaboration can help support practice across the country, and identify and overcome the barriers that are getting in the way of people being able to do the right things.

However, workforce capacity issues (explored in more detail in the next chapter) impact negatively, and housing issues (referred to above) remain a barrier to progress.



## Other issues

- **Whole family group decision making:** this area has shown success over the long term. It is in line with the promise if it is led by the families involved, gives power to children, and is aimed at being support that comes before any involvement with the hearings system. We welcome the publication of *national standards for family group decision making* and, while it now exists in some form in 23 local authorities, **there is a need to ensure it is available to everyone who would benefit from it wherever they live in Scotland, and that it is sustainably funded.**
- **Peer and community support:** we have heard that meaningful support exists and, where it does, the results demonstrate how necessary it is. However, this support needs to grow further and will require continued funding and effort for there to be any chance that the promise is kept. We have heard of too many small charities unable to see a future due to funding issues. **It is not for a Local Authority to determine what is 'essential' to a family. It is those individuals themselves who will often know what works best for them.**
- **Consultations:** there is a widespread opinion that further consultations on the case for change are unnecessary, because this information already exists. The focus must be on addressing issues that have long been highlighted. A common theme emerged from those we heard from, many of whom spoke of the need to move from a culture of consultation to action to take forward the recommendations from research already carried out. **People are tired of restating the same thing and the retelling of stories must stop.** While consultation on detailed legislative proposals will always be required, we urge the Scottish Government to keep a tight focus.
- **Mental health provision:** everyone should have access to high quality mental health support to support them through adversity. Mental health support for care experienced children, young people, and adults is at best reactive. Care experience is lifelong, and the mental health support which is offered should reflect this.

- **Anti-racism action:** we know that Black, Asian and Minority Ethnic families are at an added disadvantage within the system, and the actions required to change are not adopted as widely as they could be. Organisations we spoke to told us that there is a significant need, and opportunity, to urgently progress anti-racism in the care sector to improve the care and support provided to all families. This should feature in all organisations' strategic plans.
- **Accessing support:** There are persistent problems related to availability and accessibility of support:
  - Too many cannot access the right family support when they need it.
  - Some do not know about their rights to support or the assistance available to help them realise these rights.
  - Families should be able to self-refer and reach out for what they need when they need it.
  - Added to this, time-consuming funding applications and consultations are frustrating service providers and placing an unnecessary burden on all involved.

When finance is difficult to come by, there is a real risk that we stop funding the things that prevent problems developing in the first place. This means we just end up moving more funding to support the consequences of not intervening early, which leads to further cuts in the preventative work. And the negative spiral continues, with more and more complex need presenting because we failed to take preventative action. We have outlined above the action we expect to see around funding reform.

## Our Calls to Action

- Scotland must address the imbalance of support and resource, including the difference between support for those experiencing foster care, formal and informal kinship care, and care at home.
- Funding must be long-term and trust-based, allowing the focus to be on the provision of high-quality care and support.
- The recommendations of the *100 Days of Listening* work led by Staf and The Promise Scotland must be progressed as per Plan 24-30. This includes the production of a shared set of standards and principles that will guide systems and practice to support those moving on from care.
- The National Family Group Decision Making Steering Group *National Standards and Practice Guidance* must be embedded across Scotland.
- National Bodies must work collaboratively to streamline consultation and reporting, including sharing information to enable collaboration and avoid duplication.
- Where consultation is absolutely necessary, it needs to be led by voice, including ensuring that the voices of children, families and care experienced adults are truly heard and they are not repeatedly asked to share their views and experiences without seeing action.



# Priority area: supporting the workforce

*“Children experience the ‘care system’ through people – and those people need better support.”*

Plan 21-24

## Why this matters

Scotland must hold the hands of those who hold the hands of the child. This refers to the paid and unpaid workforce supporting care experienced children, young people and their families across Scotland. When we talk about the workforce, we mean all of those who work with, or on behalf of, care experienced people and their families, as well as the wider children’s sector. We use a broad definition because children and their families have relationships with a wide range of people, who are tasked with specific roles to ensure our children are loved, safe and respected.

We recognise the pivotal role of social workers. The workforce comprises more than social workers, residential care workers and foster carers, and includes a range of professionals from housing support, teachers, the police, a variety of health professionals including GPs and other primary care providers, befrienders, mentors etc. They may work in the public, third or private sectors. **Each person has their own responsibilities, based on their job, their professional codes of practice and their level of power or influence.**

To deliver the promise by 2030, we need empowered workers, bold leaders and determined change-makers.



## The impact of the pandemic and the cost-of-living crisis

The cost-of-living crisis has pushed more children, young people and families in our communities into poverty. *The Joseph Rowntree Foundation's 'Poverty in Scotland'* report, published in October 2024, once again paints a stark picture of poverty in Scotland, and it is shameful that Scotland continues to have around a quarter of a million children living in poverty. And whilst the pandemic has had an impact on everyone, it was much harder on those who were already living in poverty and/or facing discrimination. And as well as affecting children and families, this has impacted on the workforce.

The workforce is already struggling in the face of enormous and growing pressure on public finances and services. And they are not only trying to keep the promise, but also responding to calls for action to address child poverty and action focused on improving support for early childhood development. All three are important and overlapping, but too often the asks on the workforce are disjointed. At any one moment in time, the totality of the changes the workforce is being asked to action across all three programmes of reform is too much.

At the same time, the continuing debate around the National Care Service and its knock-on impact on the creation of a National Social Work Agency has delayed progress.

And all of this sits alongside the challenge of dealing with high levels of stress and poor work-life balance, cited in the *CELCIS Children's Services Workforce report* as contributing to high rates of sickness absence and turnover. At the same time, some workers are also personally experiencing the cost-of-living crisis and all that life brings. **We understand how incredibly difficult this is; many members of The Oversight Board are also part of the workforce.**

Scotland is still waiting for the Joint Workforce Improvement Plan, promised in the *Keeping the Promise Implementation Plan Update* and due in autumn last year.

The challenges facing families and communities, and those that work with them, are a dangerous mix that leaves everyone at risk. The importance of supporting and nurturing the workforce so that they can do their best is essential to keeping the promise. **A well-supported and well-resourced workforce can deliver the promise; an overstretched and under-resourced workforce cannot — no matter how much it wants to.**

## Funding challenges

The workforce wants to deliver high quality support, and we have seen promising practice across Scotland. The *Keep the Promise Fund* distributed over £5 million of funding across the country, with a focus on 'supporting the workforce'. However, **these projects are time limited due to short-term funding.**

*Recent research by CELCIS*, and our conversations with Social Work Scotland, tell us that the children's services workforce urgently needs a joined-up plan and the necessary investment to deliver it. There needs to be a long-term commitment from national and local leaders, which moves the workforce from a position of constant precarious funding cycles and successive cuts to a position of stability and security. We recognise that the context for leaders is challenging; however we know that decisions on resourcing and funding are choices made by people according to their priorities. *There is clear evidence* that early help and support is cost effective in the long term and has a real impact. We urge those in positions of power and influence to work together to **ensure we protect our children's longer term future by investing in prevention focused services in the here and now.** A practical example of action here is supporting work on the investment and disinvestment modelling.

## Jobs people want to do

We also know that vacancies can be hard to fill, and staff hard to retain. We know that attempts to convince people to join or stay in professions which are stressful, undervalued, or unsupported will be unsuccessful. Instead, leaders must consider how they can ensure working environments for those supporting children and their families that are, at their core, rewarding and enriching. While this includes rethinking the purpose and tasks that people are employed to do so that they are reoriented towards what matters to children and their families, it also includes shaping organisational cultures which value, respect and nurture staff.

**We believe that an empowered, supported and trusted workforce is our greatest asset in keeping the promise.**

The commitments of the promise and keeping it are everyone's responsibility. Investing in the workforce allows them to deliver the quality of support and services the care experienced community deserves, and helps them to keep the promise. Those in positions of power must work together to ensure the conditions, support and investment needed by the workforce are delivered.

We believe a national focus is needed to ensure consistent standards, involving professional bodies like Social Work Scotland and Education Scotland. Local delivery should be managed by local children's services partnerships, community planning partnerships, NHS Boards, and third sector collaboratives, who should be empowered to design and deliver services which meet local needs.





## Our Calls to Action

None of what we are highlighting here is new: the issues are known. What we need now is action to address them.

- The Scottish Government and COSLA must produce the Joint Workforce Improvement Plan that was due in autumn 2024 as a matter of urgency.
- Ways of working should be reviewed to ensure that people are able to focus on what they are there to do, to drive out duplication and wasted effort. For example, strategic identification and allocation of referrals to third sector agencies working in the same local authority could cut down waiting times.

Scotland is not a big country. It is therefore entirely possible for the responsible parties to come together to create one joined-up workforce strategy. All strategic partners are currently engaged in work to address the need for change. We call on them to organise themselves with a view to producing the specific national plan needed to change things in time for the 2030 deadline. This should happen no later than 2025.



# Opportunities





**As we look ahead to the next five years, we can see opportunities to maximise Scotland’s ability to keep the promise and to improve the lives of all children, young people and families.**

## The Promise Bill

Consultation has been taking place on elements to be included in the forthcoming Promise Bill. The period to early summer 2025 provides an opportunity to influence the drafting of the Bill. As it progresses through the Scottish Parliament in the latter part of the year there will be further opportunities to influence its scrutiny, such as giving evidence to committees.

The Independent Care Review’s report on *The Rules* sets out what is required in legislation, and it is an opportunity to simplify the complexity of the legal landscape. At the time of writing, it is still unclear what will be included in the Bill. It appears that the redesign of children’s hearings, foster care, moving on from care and the definition of “care experienced” will be included. This does not cover everything in The Rules report, with protections for unaccompanied asylum-seeking children an obvious omission, as well as a right to advocacy. **Given that life-long advocacy is a key element of the promise and the need to ensure the significant number of unaccompanied asylum-seeking children in Scotland are properly supported, these issues must be included.**

There is a danger that the progress of the Bill will be disrupted by a variety of different asks and a desire to fix everything through legislation. We therefore recommend that the scope of the Bill is defined as soon as possible, that it is proportionate, and focused on addressing the recommendations in The Rules report. It is important that any other legislation being developed in parallel does not undermine or conflict with The Promise Bill. **There is enough confusion due to the number of laws already in place. Care must be taken to simplify matters whilst ensuring rights are comprehensive.**

## UNCRC incorporation

The United Nations Convention on the Rights of the Child (UNCRC) was incorporated into Scots Law in July 2024. That means children’s rights must be embedded across public policy and the actions of public authorities. The UNCRC could be used to secure further positive changes for care experienced children and young people.

However, for this to work properly, the scope of the legal competence of incorporating the UNCRC needs to be addressed by the UK Government following a legal challenge instigated by the previous Westminster administration. **The UK Government must make the appropriate changes to the Scotland Act to allow the UNCRC to be implemented fully and without hindrance.**

## The Promise Progress Framework

*The Promise Progress Framework*, published by Scottish Government, COSLA and The Promise Scotland in December 2024, is an opportunity to get much more meaningful and useful intelligence which can be used to drive change. This is just the first part of the *Story of Progress*. We look forward to accessing information about how organisations are doing in their work to keep the promise in time for our next report. Crucially, the Story of Progress will also tell us whether the care community feels the impact of changes.

## Plan 24-30

*Plan 24-30* is an opportunity to ensure that people across the system are clear about what they need to do and by when. The process of developing route maps should foster collaboration, ownership and buy-in.

## New UK Government

The new Government in Westminster is an opportunity for the UK and Scottish Governments to work together and address some of the most significant causes of poverty.

The UK Government has set up a poverty taskforce, and the Secretary of State for Scotland has been clear he wants to see Scotland's particular needs reflected. The taskforce is due to report in Spring 2025. It must look across the whole system, and start from the viewpoint of children, families and households rather than institutions. If done correctly, this could be a very significant opportunity for a real shift in poverty and inequality.

As referred to above, the court case in which the previous UK Government challenged Scotland's ability to incorporate the UNCRC and the European Charter for Local Self Government *ruled* that any amendments to Scots Law can only apply to laws created by Holyrood. **This impacts on the ability to bring challenges under the UNCRC, limiting it to matters enacted by the Scottish Parliament following its formation in 1999. The UK Government could change that, and we support the Human Rights Consortium Scotland's calls for change.**

*The Children's Wellbeing Bill*, introduced to the UK Parliament in December 2024, provides some positive developments and **it is important that the Scottish Government works closely with its counterparts in Westminster to ensure that learning is shared and any opportunities for cross-border working are maximised.**

## Sharing good practice to encourage progress

Every year, there are opportunities for different parts of the 'system' to keep up momentum on progress, at both a national and local level. National conferences and events — such as the Social Work Scotland conference, The Promise Scotland Stories of Change conference, the COSLA conference and the NHS conference — create chances for good practice, success, and learning to be highlighted and shared — helping to keep a focus on Scotland's ambition to keep the promise. Webinars and events in different local authority areas encourage cross-sector collaboration and change.

In considering this point, The Oversight Board has asked The Promise Scotland to support a gathering between the Scottish Social Services Council, higher and further education institutions, The Care Inspectorate and placement providers to bring focus to the issue of social work and social care education. Whilst it is not the job of The Promise Scotland to organise or facilitate such a thing in the longer term, we believe that it would be useful for the purpose of sharing ideas and practice and developing plans and strategies to ensure workforce training issues are more unified and cohesive. Scotland needs a well-trained workforce to keep the promise.

Everyone feels daunted from time to time when trying to make such a seismic change. Sharing our learning and bringing our focus back to children, young people, and their families helps to deliver hope and action. We call on everyone involved in keeping the promise to maximise these opportunities. The halfway marker on the journey to deliver the promise will prompt a host of events, local and national. Let's use them to redouble our efforts in a focussed manner and plan ahead to achieve the promise we have all made.

# Calls to Action





## From Halfway Section:

- All corporate parents must detail how they will keep the promise in their corporate parenting plans by the end of October 2025.
- The development of the route maps in Plan 24-30 must be supported by The Promise Scotland and completed by the end of 2025.
- The Promise Story of Progress should look at local progress through Children's Services Planning Partnerships and Community Planning Partnerships.
- Investment/disinvestment approaches need to be operationalised.
- A sustainable investment approach must replace short-term grant funding.

## From Family Support Section:

- Scotland must address the imbalance of support and resource, including the difference between support for those experiencing foster care, formal and informal kinship care, and care at home.
- Funding must be long-term and trust-based, allowing organisations to focus on the provision of high-quality care and support.
- The recommendations of the *100 Days of Listening* work led by Staf and The Promise Scotland must be progressed as per Plan 24-30. This includes the production of a shared set of standards and principles that will guide systems and practice to support those moving on from care.
- The National Family Group Decision Making Steering Group *National Standards and Practice Guidance* must be embedded across Scotland.
- National Bodies must work collaboratively to streamline consultation and reporting, including sharing information to enable collaboration and avoid duplication.
- Where consultation is absolutely necessary, it needs to be led by voice, including ensuring that the voices of children, families and care experienced adults are truly heard and not repeatedly asked to share their views and experiences without seeing action.



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## From Workforce Section:

- The Scottish Government and COSLA must produce the Joint Workforce Improvement Plan that was due in autumn 2024 as a matter of urgency.
- Ways of working should be reviewed to ensure that people are able to focus on what they are there to do, to drive out duplication and wasted effort. For example, strategic identification and allocation of referrals to third sector agencies working in the same local authority could cut down waiting times.
- COSLA, the Scottish Government, Social Work Scotland, the Scottish Social Services Council and The Care Inspectorate should come together to focus on producing a unified workforce strategy that is aimed at keeping the promise by 2030.





# About The Oversight Board

*The Oversight Board* was established in January 2021. We were recruited based on a set of agreed values reflecting those under which the Independent Care Review operated, and we continue to reflect and hold to those values in how we undertake our work:

- Committed to realising the vision of the Independent Care Review.
- Determined to support change.
- Brave, with a willingness to hold those with responsibility to account.
- Dynamic and flexible.
- Approachable.
- Compassionate, with a willingness and ability to listen carefully to alternative perspectives.
- Honest, with very high levels of personal integrity.

As a board, we have responsibility for the task of monitoring, tracking and reporting on Scotland's progress to keep the promise. There are real challenges in how we undertake our monitoring and reporting task and what information we use to check up on progress, but our commitment is to be honest while maintaining our belief that the task can be achieved.

In undertaking our role, we are supported by The Promise Scotland, a non-statutory company set up to support the work of change. The Promise Scotland has work underway that will support us in monitoring, tracking and reporting. We do not have governance responsibility for those projects, but the organisation helps us as we fulfil our role.

## Board members

**Anna Fowlie**

**Carrie McLaughlan**

**David Anderson Chair**

**Emma Brennan** (joined January 2024)

**Euan Currie**

**Jasmin-Kasaya Pilling**

**Jemma Kerr**

**Kelly Parry** (joined January 2024)

**Kezia Dugdale**

**Lisa Mason** (joined January 2024)

**Lorraine Moore** (joined January 2024)

**Maria McGill**

**Oisin King** (joined January 2024)

**Ruth Glassborow**

**Ryan McShane** (joined January 2024)

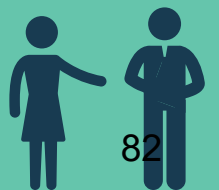
**Taliah Drayak**

**Ewan Aitken, Fiona Duncan, Dr Helen Whincup, Iain MacRitchie, Professor Morag Treanor, Neil Squires, Dr Patricia Watts, Sharon McGhee and Tracey McFall** stepped down before this report was developed. We thank them immensely for their contributions to our previous reports and their legacy of insight, ideas and ways of working.

All members of The Oversight Board have a connection with the 'care system', whether that involves lived experience and/or expertise. You can see details of our financial and non-financial interests on our [Register of Interests](#). It is inevitable that there will times when those interests come into conflict with The Oversight Board's purpose — to report on Scotland's progress to keep the promise. We have a robust process to identify and manage conflicts in our meetings and in the writing of this report.







**Integration Joint Board**  
**1<sup>st</sup> May 2025**

<b>Subject :</b>	<b>Equality Outcomes 2025-2029</b>
<b>Purpose :</b>	This report proposes new Equality Outcomes for the IJB and is seeking:- <ul style="list-style-type: none"> <li>• Approval</li> </ul>
<b>Recommendation :</b>	To approve the proposed Equality Outcomes. The outcomes are a requirement for the Integration Joint Board, additional to the requirements of the NHS and Local Authorities.

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

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	Public Sector Bodies are required to develop Equality Outcomes at least every 4 years and report on progress made towards achieving these outcomes every 2 years. The previous set of IJB Equality Outcomes were for a 3-year period from 2022-2025 in order to align with North Ayrshire Council and the other member organisations of the Ayrshire Equality Partnership. This report presents the new proposed Equality Outcomes for 2025-2029.
1.2	Progress reports on equality outcomes and mainstreaming activity are required every 2 years, but because the previous plan was for 3 years, the previous report was completed in April 2024. As such, an interim update for 2024-2025 is included in Appendix 1 and the next 2-year progress will be published by April 2027.
1.3	The proposed IJB Equality Outcomes for 2025-2029 are: <ol style="list-style-type: none"> <li>1. Improved access to community mental health support and information</li> <li>2. Increased participation in leisure and healthy activity</li> <li>3. Improved access to support for those in a caring role</li> <li>4. Improved information and communication</li> </ol>

<b>2.</b>	<b>BACKGROUND</b>
2.1	<p>The Equality Act 2010 identifies a set of protected characteristics for which people cannot be discriminated against, and established the Public Sector Equality Duty which places an obligation on public bodies to consider these protected characteristics and have due regard to the need to:</p> <ul style="list-style-type: none"> <li>• eliminate discrimination, harassment and victimisation</li> <li>• advance equality of opportunity (by removing or minimising disadvantage, take steps to meet their needs, and encourage participation in public life or activities with low participation from protected characteristics),</li> <li>• foster good relations between persons who share a relevant protected characteristic and persons who do not share it (in particular, the need to tackle prejudice and promote understanding).</li> </ul>
2.2	<p><a href="#">The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012</a> places additional duties on Scottish public bodies to identify a set of equality outcomes to further the Public Sector Equality Duty for those that experience discrimination and disadvantage.</p> <p>The development of these equality outcomes should:</p> <ul style="list-style-type: none"> <li>• Relate to specific protected characteristics.</li> <li>• Involve engagement with people with relevant protected characteristics and those that represent these groups.</li> <li>• Consider relevant evidence relating to people that share relevant protected characteristics.</li> </ul> <p>This duty requires NHS Ayrshire and Arran, North Ayrshire Council, and North Ayrshire Integration Joint Board to develop their own sets of Equality Outcomes relevant to their functions and services.</p>
2.3	<p>The proposed IJB Equality Outcomes for 2025-2029 were developed between September 2024 and February 2025 using the following information:</p> <ul style="list-style-type: none"> <li>• Locality Engagement: Engagement was carried out with community groups with shared characteristics in September 2024 which reached 206 participants across 23 community groups.</li> <li>• Additional Engagement analysis: the analysis drew from engagement carried out earlier in the year with the Gypsy Traveller community and service users and carers from the Learning Disability Service.</li> <li>• Evaluation of current Equality Outcomes: a review of the current plan was carried out to determine evidence of improved outcomes and how well actions set out in the plan were achieved. A report is available, and a summary is included in the attached appendix via the interim outcomes and mainstreaming report.</li> </ul>

	<ul style="list-style-type: none"> <li>• Data: An overview of equalities statistics from the 2022 census was considered, and further data was used to support the development of outcomes once the themes were developed.</li> <li>• Policy review: a total of 31 national and local policies were reviewed in order to ensure consistency and identify any existing commitments to be included, a list is included in Appendix 2 of the attached document.</li> <li>• National Learning: National data and surveys with groups of shared characteristics was used to determine key disadvantages. This included 18 additional sources, including journals, briefing sheets and national surveys.</li> </ul>
2.4	Draft Outcomes were developed, with specific aims for protected characteristics (on page 3 of Appendix), and agreed by the Partnership Senior Management Team on 27 <sup>th</sup> February 2025. These ambitions remain despite the IJB's financial context and challenges in striving to continue to improve outcomes, as we move forward our focus and scale of ambition will require consideration of how we are able to deliver progress against a backdrop of reducing resource and capacity.
2.5	<p>Each outcome in the attached report contains:</p> <p><i>Aims:</i> Equality outcomes must outline which protected characteristics are targeted and the aims outline the goals for protected characteristics under each outcome.</p> <p><i>Overview of the issue:</i> Each section outlines the general situation of the issue at hand, for example the first outcome is about mental health so this section provides headline mental health data in North Ayrshire.</p> <p><i>The Issue for Protected Characteristics:</i> This section outlines the evidence found that led to the identified outcomes and aims and provides context for where different groups face disadvantage.</p> <p><i>Where we are now:</i> This section outlines current services or projects in place that already support protected characteristics in relation to the outcomes.</p> <p><i>How we will improve outcomes:</i> this provides an overview of activity to be carried out in order to improve outcomes, either through programmes that are already planned, or through further activity.</p>
2.6	The content of each outcome section was supported by relevant officers across the partnership, as well as relevant partners, including CVS Arran, the learning disability service, KA leisure, the Alcohol and Drug Partnership, Carers Gateway, Refugee Support, and NHSAA. This allowed the identification of relevant current activity, planned activity and achievable actions.
2.7	The proposed Outcomes replace the Equality Outcomes for 2022-2025, which were: <ol style="list-style-type: none"> <li>1. People with Complex Care needs are supported to live independently at home for as long as possible</li> </ol>

	<p>2. People and Communities who make North Ayrshire their home can effectively access the health and social care services they need</p> <p>3. Children and Families in need are supported to live healthy and safe lives</p> <p>4. Through improved engagement practices and access to a greater range of health and social care opportunities, people with a learning disability, or those with complex health conditions, achieve better health outcomes</p>
2.8	It is hoped that by including aims for improvement for specific protected characteristics within each of the Proposed Equality Outcomes for 2025-2029, the IJB will be working to advance opportunity and enhance equality of access and outcomes across our services.
<b>3.</b>	<b>PROPOSALS</b>
3.1	<p>It is recommended the IJB:</p> <ul style="list-style-type: none"> <li>• Review the contents of the attached report</li> <li>• Agree the proposed Equality Outcomes for 2025-2029</li> <li>• Review and agree the proposed actions to support the achievement of the proposed outcomes</li> <li>• Note the requirement for the biennial progress and mainstreaming reports and agree that an interim report will be reviewed by the Strategic Planning group in Spring 2026 to ensure equality outcomes are on track.</li> </ul>
3.2	<u>Anticipated Outcomes</u>
	The proposed outcomes aim to advance opportunity and/or minimise inequalities for protected characteristics when accessing North Ayrshire Health and Social Care Partnership services. Extensive research and engagement was carried out to understand where protected characteristics may experience disadvantage or underrepresentation, and the outcomes aim to improve these. Although there are 4 proposed outcomes, there are 20 specific aims which identify specific characteristics and aim to improve outcomes for these groups.
3.3	<u>Measuring Impact</u>
	The attached appendix outlines a list of actions on how outcomes will be improved, which will be monitored. There are no direct performance indicators included due to the nature of improved equality being difficult to quantify. The Equality Outcomes are required to be reported on every 2 years and a report will be presented to North Ayrshire IJB in Spring 2027, however it is proposed the outcomes are measured annually via the Strategic Planning Group to ensure Equalities is continually monitored.
<b>4.</b>	<b>IMPLICATIONS</b>
4.1	<u>Financial</u>

	Delivery of the outcomes will be required from within existing services and progress will require to take into consideration any resource requirements and constraints.
4.2	<u>Human Resources</u> None.
4.3	<u>Legal</u> The attached report fulfils the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.
4.4	<u>Equality/Socio-Economic</u> The attached report aims to advance opportunity for protected characteristics and sets the Equality Outcomes that the whole organisation should work to achieve. An ECRIA was completed for the proposed outcomes and found no negative impacts and therefore no mitigating actions are required.
4.5	<u>Risk</u> Demography and Inequality Pressures are included on the Strategic Risk Register as a high risk and revised Equality Outcomes is included as a proposed control measure as it aims to address or minimise health and care inequalities for protected groups.
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> The proposed outcomes support the delivery of the Council Plan priority Wellbeing: “We will reduce inequalities by targeted support to improve individual, family and community health and wellbeing.” The proposed outcomes support the delivery of the HSCP Strategic Plan priority ‘Tackling inequalities’ and has proposed actions to deliver on the priorities of ‘engaging communities’ and ‘improving mental health and wellbeing’.
<b>5.</b>	<b>CONSULTATION</b>
	Community groups with shared characteristics were engaged with in order to identify specific issues and barriers for particular groups. Further existing engagement results with groups of shared characteristics were also utilised.  Services and partner organisations were consulted to support the development of outcomes.  Partnership Senior Management Team were consulted on the proposed outcomes to ensure they were feasible to deliver within their services.

**Caroline Cameron, Director**

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Appendices

- Appendix 1, Equality Outcomes 2025-2029

# North Ayrshire HSCP Equality Outcomes

2025-2029



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## Equality Outcomes for 2025-2029

### **Outcome 1: Improved access to community mental health support and information**

1. Reduced social isolation in older people
2. Reduced social isolation for new and stay at home mothers
3. Improved opportunities and awareness of mental health support for people with physical and/ or learning disabilities
4. Improved opportunities and awareness of mental health support for people in the LGBTQIA+ community
5. Improved opportunities and awareness of mental health support for men

### **Outcome 2: Increased participation in leisure and healthy activity**

6. Improved mobility and balance health in older people
7. Increased opportunities for leisure and activities for people with physical and/or learning disabilities
8. Reduced barriers to accessing leisure and activities for people in the LGBTQIA+ community
9. Reduced alcohol and drug consumption in men

### **Outcome 3: Improved access to support for those in a caring role**

10. Improved support for older or ageing carers of adults with learning disabilities
11. Improved support for people with disabilities in a caring role
12. Improved support for people from the LGBTQIA+ community in a caring role
13. Improved support for people in a caring role from cultural backgrounds that may have a differing cultural view of caring.
14. Improved support for women in a caring role

### **Outcome 4: Improved information and communication**

15. Improved information about health and care support for trans people
16. Increased number of staff participating in training about trans and nonbinary health and care needs
17. Improved support to access health and care services for those with different fluency levels of English
18. Increased engagement and participation opportunities for those with cultural barriers
19. Increased availability of information in alternative languages
20. Improved information available regarding women's health services

## Introduction

Public Sector Bodies are required to develop Equality Outcomes at least every 4 years and report on progress to achieving these outcomes every 2 years. This report outlines North Ayrshire Integration Joint Board's Equality Outcomes for 2025-2029. Each outcome has a set of aims relating to specific protected characteristics, and the rationale for identifying each is given within this report.

The previous set of Equality Outcomes were for a 3-year period from 2022-2025 in order to align with North Ayrshire Council and the other members organisations of the Ayrshire Equality Partnership. As such, a two-year progress report was produced in March 2024. An interim update for 2024-2025 is included in Appendix 1 and the next two-year progress report for the outcomes outlined in this report, will be published by April 2027.

The Equality Outcomes were developed between September 2024 and January 2025. The process to develop the outcomes included:

- Evaluation of the current outcomes: The Equality Outcomes Plan for 2022-2025 was evaluated to determine how well actions were achieved and what evidence there was of improved outcomes.
- Policy review: A review of national and local policies related to the Equality Act 2010 and protected characteristics were considered.
- Engagement: Engagement was carried out with community groups with shared characteristics in September 2024. There was a total of 198 participants engaged with from 22 groups. Other engagement carried out over the previous 2 years with relevant groups was also considered.
- Data: An overview of equalities statistics was considered, and further data was used to support the development of aims once the outcomes were developed.
- National learning: National data and surveys with groups of shared characteristics was used to determine key disadvantages.

The identified Equality Outcomes do not relate to:

- Marriage and civil partnership: The Public Sector Equality Duty does not apply to the characteristic of marriage and civil partnership, so this characteristic was not explored.
- Religion or belief: This characteristic was included in the research, but there were no significant challenges identified.

## Background

The Equality Act 2010 identifies a set of protected characteristics for which people cannot be discriminated against. These are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

The Act sets out the Public Sector Equality Duty which places an obligation on public bodies, including North Ayrshire Integration Joint Board, to consider these protected characteristics and have due regard to the need to:

- a) Eliminate discrimination, harassment, and victimisation.
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it (by removing or minimising disadvantage,

take steps to meet their needs, and encourage participation in public life or activities with low participation from protected characteristics).

- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it (in particular, the need to tackle prejudice and promote understanding).

This Duty does not apply to the characteristic of marriage and civil partnership and has some exceptions in terms of provision of services for children.

[The Equality Act 2010 \(Specific Duties\) \(Scotland\) Regulations 2012](#) places additional duties on Scottish public bodies to identify a set of equality outcomes to further the Public Sector Equality Duty for those that experience discrimination and disadvantage. The development of these equality outcomes should:

- Relate to specific protected characteristics.
- Involve engagement with people with relevant protected characteristics and those that represent these groups.
- Consider relevant evidence relating to people that share relevant protected characteristics.

## Ayrshire Equality Outcomes

The Ayrshire Equality Partnership supports the mainstreaming agenda across all Ayrshire public bodies and ensures collective action in the improvement of equality outcomes across Ayrshire. In 2017 it agreed a set of high-level Equality Outcomes which were reviewed in 2021 and agreed by all partners.

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

The North Ayrshire HSCP Equality Outcomes for 2025-2029 are consistent with the first 3 outcomes and through delivery of our outcomes will contribute to the goals of the Ayrshire Equality Partnership. The HSCP is not an employer, so it does not directly contribute to the fourth outcome, though in our Strategic Plan we aim to support a diverse and inclusive workforce.

## Outcome 1: Improved access to community mental health support and information

### Aims:

1. Reduced social isolation in older people
2. Reduced social isolation for new and stay at home mothers
3. Improved opportunities and awareness of mental health support for people with physical and/ or learning disabilities
4. Improved opportunities and awareness of mental health support for people in the LGBTQIA+ community
5. Improved opportunities and awareness of mental health support for men

### Mental health in North Ayrshire

North Ayrshire Health and Social Care Partnership has delegated responsibility for mental health services and delivers both community and in-patient mental health support services for adults and children. Additionally, it has Lead Partnership responsibility for Mental Health services, including psychiatry, psychology, Child and Adolescent Mental Health Services (CAMHS) and inpatient services, meaning North Ayrshire HSCP manages those services across Ayrshire on behalf of NHS Ayrshire and Arran.

Mental health is not something that is easy to measure. Some people may be struggling with their mental health and not seek support so it goes unreported, and others may self-report differently so evidence of how people are feeling may differ between people. However, there are a few measures that can be used to make comparisons about how people may be experiencing mental health concerns over a period of time or compared to other places.

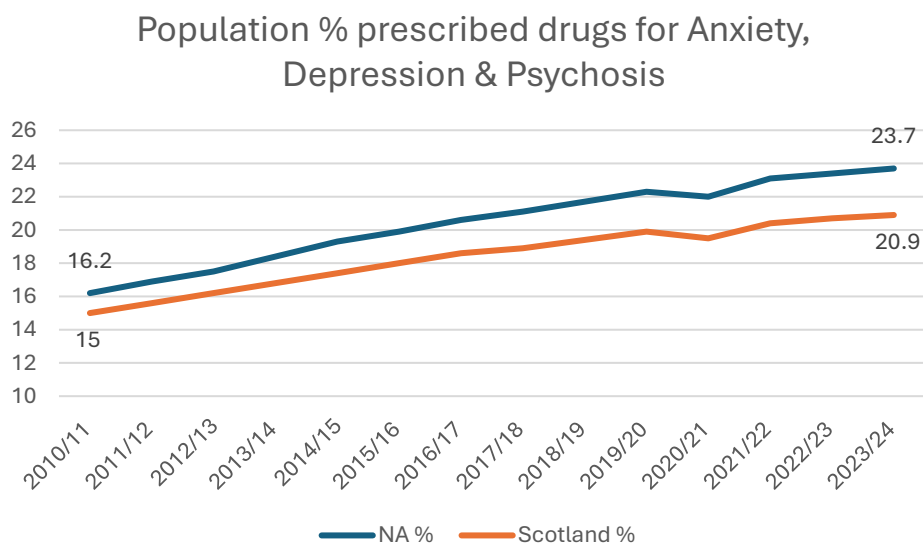


Figure 1: Prescribed Drugs for Anxiety, depression and psychosis, North Ayrshire and Scotland, Scotpho, 2024

The percentage of the population in North Ayrshire and nationally being prescribed drugs for anxiety, depression and psychosis is increasing over time, going from 15% to 20.9% nationally and from 16.2% to 23.7% in North Ayrshire. Figure 1 also shows that the percentage of the

population prescribed the medication in North Ayrshire is consistently higher than Scotland. Conversely, the rate of psychiatric patient hospitalisation is decreasing over time, as shown in figure 2.

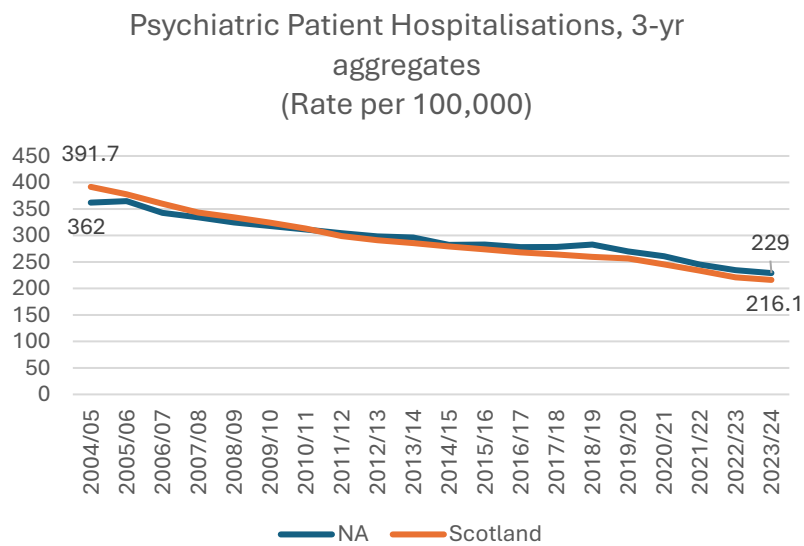


Figure 2: Psychiatric patient hospitalisations, 3-year aggregates, North Ayrshire and Scotland, Scotpho, 2024

These 2 indicators could be related given that more people are receiving medication for managing some mental health conditions, which, in addition to community mental health services, could result in fewer hospitalisations.

The Warwick-Edinburgh Mental Wellbeing Score is measured through the Scottish Health Survey with the score ranging from 14 to 70. Figure 3 contains the 4-year aggregate and shows that North Ayrshire residents consistently score lower than the national average, but in the most recent year available, Scotland’s score dropped to just above the North Ayrshire score.

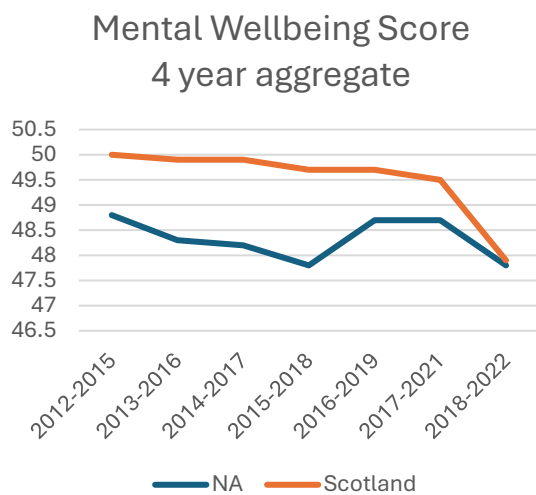


Figure 3: WEMWS, Scotpho, 2024

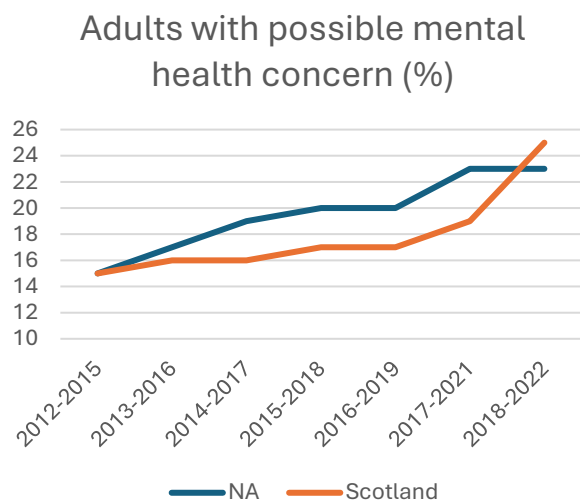


Figure 4: Mental Health Concern %, Scotpho 2024

Figure 4 shows the percentage of adults within a possible common mental health problem, which is also self-reported through the Scottish Health Survey. This has increased significantly in North Ayrshire as well as across Scotland, though as with some of the other indicators, this does not necessarily evidence an increase in prevalence but could also indicate awareness and understanding of mental health conditions.

### **Protected Characteristics and Mental Health**

Mental Health services are available across North Ayrshire and the HSCP provides a variety of resources for supporting good mental health, though people with different shared characteristics can be more likely to experience different situations that may affect mental health differently.

Older people are more likely to experience loneliness or social isolation as a result of their likelihood of spending less time in social situations, for example work or family life. In a survey for people aged 50+ by Age Scotland, 49% of respondents said they felt lonely sometimes, 7% said most of the time and 2% said all of the time. Only 14% reported poor or very poor mental health but 23% reported a decline in mental health over the previous 2 years, with 12% of those citing loneliness or isolation as a reason, 12% citing their deteriorating physical health, and 10% citing caring responsibilities. In North Ayrshire, residents have raised concerns that mobility issues and lack of accessible transport can increase the risk of social isolation for older people, and that some don't have the family support in the area to support them.

The Scottish Government recognises social isolation and loneliness as a public health issue<sup>1</sup> and notes that the World Health Organisation has researched its impact on physical health for older people. It suggests loneliness can affect cardiovascular disease and stroke, as well as cognitive decline and dementia, and also cites some evidence of a link to limited mobility.

In Scotland, 9.9% of all households are lone parent households, and in North Ayrshire it is 11.9%<sup>2</sup>. Lone parent households are more likely to be female parents; previous data used by the Scottish Government shows that 92% of lone parent families are led by women and the Scottish Household survey 2020 found that 64% of lone parents reported loneliness. Local engagement that took place in September 2024 included visiting local Bookbug groups in North Ayrshire libraries. Some new mothers reported that they feared attending GP appointments in case they were assumed to have post-natal depression, and that some think that new mums overreact due to it being their first child which can lead to them not being taken seriously. One parent said that being a stay-at-home mum came with 'its own element of isolation'.

The Equality and Human Rights Commission reported a higher proportion of disabled people reporting poor mental health, stating 33.5% reported poor mental health in 2018 compared with 12.5% of non-disabled people. It also reports that the increase in reporting poor mental health from 2015 until the pandemic in 2020 was larger for disabled people (7.4 percentage points) than for non-disabled people (1.5 percentage points). North Ayrshire engagement found that some people with different disabilities felt there was insufficient mental health support and a feeling that they were a burden to medical professionals. In local engagement with learning disability service users, the importance of social connection was highlighted, and social isolation was identified as a barrier for staying well. A survey carried out with the service during

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<sup>1</sup> Recovering our Connections 2023-2026, Scottish Government

<sup>2</sup> Scotland's Census 2022

lockdown identified that not being able to attend clubs and events by the service had an impact on mental health.

A report<sup>3</sup> into the health needs of the LGBT+ community in Scotland found that 73% of the community reported feeling lonely in the previous 2 weeks compared to the 19% of all adults in Scotland. Many raised a lack of LGBT spaces as a contributing factor for this. It also reported that loneliness and isolation were most common in the trans and non-binary community. The study reported on mental health in particular and found that 54% said they had a mental health problem, and 1 in 3 had attempted suicide, highest in trans men where 49% had attempted. Self-harm is high within the community, with 83% of trans men, 82% of non-binary, and 60% of trans women, with a history of self-harm, and gay and bisexual men were the most likely to give responses indicating risk of alcohol related harm.

For LGBT young people in Scotland, a 2022 survey<sup>4</sup> also found prevalence of mental health concerns, with 77% reporting anxiety, 54% reporting depression, 50% suicidal thoughts, 43% self-harm, and 26% reporting an eating disorder. It also found that participants' feeling of support from mental health services reduced from 74% in 2017 to 55% in 2022. 57% of participants said that they have received formal classes on mental health, however within these classes just 19% of participants saw LGBTI topics discussed. During local engagement, young people reported that the health websites are difficult to navigate to find local information, and that there wasn't enough information in school about specific mental health conditions. They highlighted concern that the waiting list for CAMHS being so long meant further mental health deterioration while waiting for treatment, and the wait for gender affirming care and lack of peer-support for trans people in the area was also raised as impacting on mental health.

In Scotland there were 792 probable suicide deaths in 2023 and almost three quarters of them were male, and although the overall increase was 30 on the previous year, this was an increase of 34 for males and a decrease of 4 for females. In North Ayrshire, the number of male suicides in 2023 was 14 and the number of female suicides was 5 so around two thirds of suicides in North Ayrshire last year were male.

In 2019<sup>5</sup> the number of men in the UK who had suicidal thoughts when feeling worried or low had doubled to 10% since 2009. The number of women who had suicidal thoughts when worried increased more than threefold but was still lower than men at 7% (up from 2% in 2009). Almost three in 10 men aged 45 to 54 said they wouldn't think that feeling worried or low was important enough to act on, which correlates with ONS data that shows that men aged 45–49 have the highest rate of suicide of all ages in the UK. However, the survey found that men were almost three times more likely to see a therapist when worried or low than in 2009. They were 10% more likely to look for information, 12% more likely to see their doctor, 5% more likely to talk to family, and 5% more likely to talk to a friend. In local engagement, community assets such as men's sheds are viewed as a great source of community for men that can help improve mental health and can encourage older men in particular to talk about their problems. One group highlighted that they thought older men don't typically ask for help so ensuring people are aware of the support out there is important.

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<sup>3</sup> Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people, infographic summary, June 2022

<sup>4</sup> Life in Scotland for LGBT young people, LGBT Youth Scotland, 2022

<sup>5</sup> Get it off your chest: Men's mental health report, MindUK, 2019



## **Where We Are Now**

The HSCP delivers mental health services across North Ayrshire and is the lead partnership for mental health services across East and South Ayrshire. Most services are referral based and can be accessed via the GP, social work, education or other services and partners.

For Community Mental Health Support, the HSCP works with a range of community and third sector organisations, with some groups targeted at supporting specific groups either in direct support of mental health or as a social activity. For example, there are a number of Men's Sheds or She Sheds across North Ayrshire that aim to improve wellbeing and reduce loneliness by providing a social activity with resources available if anyone needs support. There are a number of support groups across North Ayrshire for unpaid carers, dementia, sensory impairment, amputees etc. and the HSCP signposts service users to these groups through the Community Link Service, which is based out of GP surgeries, as well as through other services with which people are engaged.

The Third Sector Interface administers the Community Mental Health and Wellbeing Fund which funds projects that focus on improving mental health, reducing social isolation, developing self-care and coping skills, and preventing suicides, some with a specific emphasis on addressing the impact of the cost of living. They support equalities by prioritising marginalised groups and ensuring that services are tailored to their needs, empowering communities through early intervention, prevention, and financial inclusion. This has included the creation of a Suicide Prevention Toolkit which is both digital and available in paper copies. The toolkit is designed to be a first step in Suicide Prevention support, for volunteers and organisations to use as part of inductions, continued learning and to raise awareness of Suicide Prevention issues within organisations.

## **How We Will Improve Outcomes**

- Through locality planning, promote existing groups providing mental health support or social activities for targeted groups.
- Continue partnership working with Neighbourhood Networks and other third sector organisations to ensure opportunities for people with learning disabilities to participate in social and wellbeing activities.
- Continue work in Trindlemoss day services to provide activities, including a focus on the arts, and networking with service users, and explore further opportunities for activities that promote mental wellbeing.
- Continue to build on engagement with the Learning Disability Service to understand how to improve mental health supports and support service users to build a robust social network outside of the service.
- Through the Transformation Programme, review low level social support provided to learning disability and mental health service users to ensure an equitable approach.
- Through the Participation and Engagement Strategy, carry out engagement with identified priority groups to gain feedback regarding community mental health support.
- Review online resources and communication regarding new and existing community-based mental health support.
- Work with partners to continue to promote the Suicide Prevention toolkit across North Ayrshire.

## Outcome 2: Increased participation in leisure and healthy activity

### Aims:

6. Improved mobility and balance health in older people
7. Increased opportunities for leisure and activities for people with physical and/or learning disabilities
8. Reduced barriers to accessing leisure and activities for people in the LGBTQIA+ community
9. Reduced alcohol and drug consumption in men

### North Ayrshire's population

Across Scotland, the demographics of the population is changing with higher proportions of older age groups. While the population of Scotland increased by 3% between the 2011 and 2022 Censuses, the population of North Ayrshire decreased by 3%. Figure 5 shows the percentage change between the 2011 census and the 2022 census for different age groups.

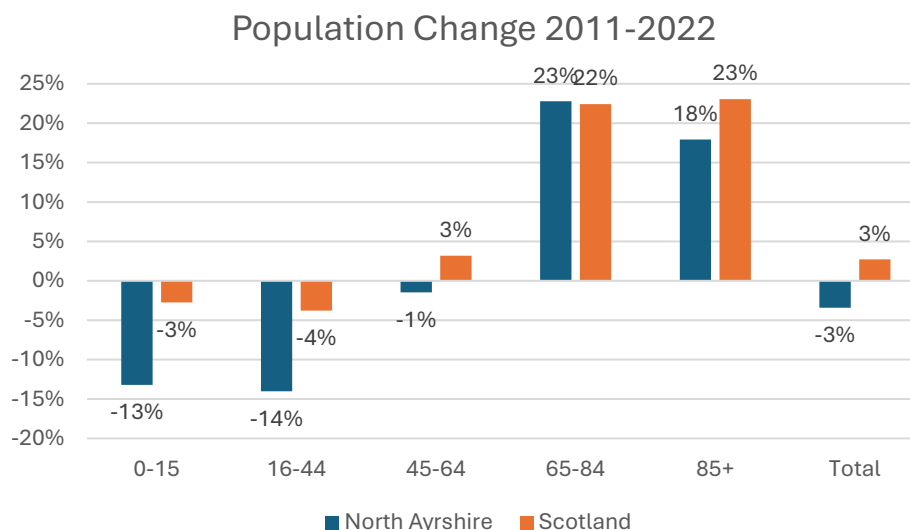


Figure 5: Population Change by age group, 2011-2022, Census 2022

The percentage of children and working age adults have overall decreased while the number of those aged 65 and over has increased. The overall proportion of older people has also increased, as shown in figure 6. In 2011 the proportion of those aged 65 and over was 19% and has now increased to 24% in 2022.

## North Ayrshire population by Age

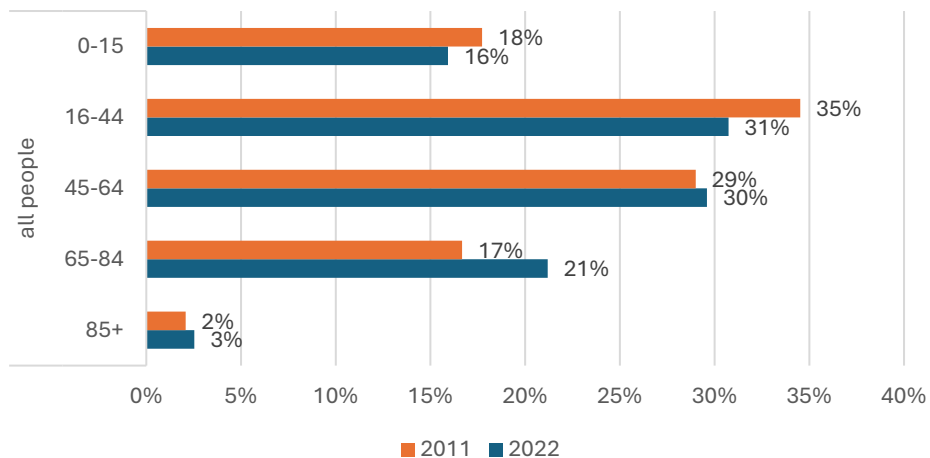


Figure 6: North Ayrshire population % by age group 2011-2022, Census 2022

North Ayrshire HSCP has delegated responsibility for a number of services that aim to keep people healthy and independent for longer, including rehabilitation medicine, community nursing, Allied Health Professions, services for older people, and services which aim to promote public health.

Table 1: Number of people who reported a health problem that limited their day-to-day activities a little or a lot by age, 2011 - 2022, North Ayrshire, Census

Age	2011	2022	% Change
0-15	1259	1851	47%
16-49	7222	9192	27%
50-64	8417	10120	20%
65-84	11865	14175	19%
85+	2425	2768	14%

Table 1 shows the increase in people reporting a limiting health condition between the 2011 census and the 2022 census, which shows an increase for all age groups. An important part of maintaining a healthy population and minimising the pressure on health and care services is promoting healthy behaviours and activities to try to prevent the deterioration of health.

### Protected Characteristics and general health

As outlined above, the population is ageing, and as it ages it is important that people are supported to stay independent for as long as possible. A national survey of people aged 50+ by in 2023 Age Scotland asked respondents about their health and wellbeing and general health. It found that 52% of respondents exercised, 35% didn't get out as much as they used to but were still mobile, 9% were not able to exercise at all, and women were more likely to remain active than men. Mobility was cited as the key barrier to undertaking exercise, mentioned by 90% of those who did not undertake physical activity. Additionally, 32% reported being unhappy with their muscle strength and 29% were unhappy with their balance.

During engagement with local community groups in September 2024 mobility was raised by some of the groups with older people, particularly in relation to travelling to and from health

care services and appointments, and in relation to public transport and pavement quality. The rehabilitation classes at The Portal in Irvine were raised as a positive, as were balance classes at the David White Centre for maintaining strength to minimise fall risk. However, some people felt there were barriers to accessing facilities for physical disabilities, particularly around hydrotherapy which can have an impact on rehabilitation or strength and mobility maintenance. During engagement with service users from the HSCPs Learning Disability Service in February 2024, there were references to leisure opportunities with some people saying they would like more opportunities to participate in more affordable activities, and support to go swimming. A barrier to health and wellbeing was not feeling comfortable attending exercise classes in the community due to not being able to keep up with the instructions. Low levels of physical activity and a higher prevalence of obesity are long standing issues within the learning disability population<sup>6</sup>, with a variety of factors contributing to this, including the greater likelihood of people with learning disabilities living in areas of socioeconomic deprivation, but also failures to adapt activities, information, and intervention to make them more accessible.

A national health needs assessment of LGBT people in June 2022 found that loneliness and isolation were common, particularly in trans people, with many attributing this to a lack of LGBT+ friendly spaces for socialising - particularly anywhere not focussing on alcohol. Many respondents wished to participate in physical activity such as the gym, classes or sports, but did not; for example only 5% of trans women reported currently using a gym but 39% wanted to. Barriers reported included homophobia and transphobia in sports, lack of LGBT+ friendly facilities in clubs, and lack of appropriate changing areas. The LGBT Youth Scotland report 2022 reported that participants felt a sense of community and connection when in LGBT+ specific spaces which impacted their mental and physical health.

MindUK found that men were more likely to participate in unhealthy coping mechanisms when feeling low than women, including drinking more alcohol (15% vs 10%), smoking more (7% vs 6%) and taking recreational drugs (2% vs 1%). When asked to choose three ways they most like to relax when feeling worried or low, men are more likely than women to drink alone (13% vs 9%), go to the pub with friends (13% vs 6%), or take recreational drugs to relax (4% vs 1%). A report<sup>7</sup> to the UK Parliament also found this, outlining that symptoms of depression such as irritability, anger, aggression, drug and alcohol use, gambling and other risk-taking behaviours are all more common among men than women.

For all adults in Scotland, harmful drinking is decreasing over time, dropping from 34% in 2003 to 22% in 2022, and non-drinking rising from 11% to 19% in that time. It is decreasing for both men and women, going from 47% to 31% for men and 23% to 15% for women in that timeframe, but it is still much higher for men. The rate of alcohol-specific death was more than twice as high for men than women in 2022, with males aged 45 years or older being most at risk. The proportion of men classified as drinking to hazardous or harmful levels was highest among those aged 55-64 (37%) and 16-24 (37%). Among women, hazardous or harmful drinking was most prevalent among those aged 35-64 years old (17-20%). Levels of hazardous or harmful drinking were lowest for men and women aged 75 or over (25% of men and 8% of women).

In Scotland, drug-related death has more than doubled over the last decade, from 527 in 2013 to 1,172 in 2023. For males, it increased from 393 to 805 and for females it increased from 134

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<sup>6</sup> Preventing people with a learning disability from dying too young, Nuffield Trust, 2024

<sup>7</sup> Men's Health, UK Parliament POSTbrief 56, December 2023

to 367. In North Ayrshire, deaths have more than tripled, from 11 to 36. For males it increased from 10 to 25 and for females it increased from 1 to 11.

## **Where we are now**

### *Activity/ Leisure*

KA Leisure is a public organisation that runs the leisure and sports facilities in North Ayrshire, and it has a variety of programmes that support the health and wellbeing of North Ayrshire residents and HSCP service users. Active North Ayrshire is a physical activity referral programme onto which a GP or health professional can refer individuals to get support with physical activity. In 2023 there were 897 new referrals to the programme, of which 10% were for fall prevention, 5% were for Parkinson's and 21% were for MSK/ Ortho Prehab and Rehab.

Invigor8 is a specific exercise intervention designed to reduce the risk of falls by improving mobility, strength and balance and give a person the correct coping strategies should they have a fall to help them get up and build up their confidence. All KA Leisure instructors who deliver the Invigor8 fall prevention classes have completed the Postural Stability instructor (PSI) training programme and deliver a prescriptive, evidence-based falls management exercise (FaME) programme which is proven to reduce the risk of falls. In the UK, women aged 65 and over with a history of recurrent falls halved their risk of falls with 9 months of weekly FaME group sessions combined with twice weekly home exercises. Participants can take part in the class both seated and standing, therefore the class is suitable for a range of ability levels. Invigor8 PLUS is a more advanced class which is designed to improve participants' mobility, strength and balance helping to reduce the risk of falls and help improve activities of daily living.

The Learning Disability Service helps people to access a range of opportunities within their communities, through collaboration with a variety of Third Sector and other partners, as well as providing direct support to clients active to the service. Trindlemoss day Opportunities works closely with partners, including KA Leisure and Neighbourhood Networks, to ensure opportunities for physical activities and other social activities. The Integrated team supports learning and development for groups of individuals engaged with the service, including topics such as healthy eating and exercise. KA Leisure runs 3 additional support needs weekly sessions: one in Dalry and one in Saltcoats for young people, and one for adults in Irvine. Carers or support workers may accompany activities free of charge in a support role.

The KA Leisure Active Lifestyles Team has supported the Arran Pride event annually by providing health checks on board the Activator mobile health unit, promoting leisure opportunities and chatting to anyone looking for further information. Of the 4 leisure pools operated by KA Leisure, 3 have changing villages as opposed to the more traditional separate male and female areas. Toilet facilities do remain separate however there are unisex disabled toilets in all facilities. Additionally, the Terrence Higgins Trust Scotland delivered Trans awareness training to the Active Lifestyles Team.

The Community Mental Health and Wellbeing Fund has funded work in North Ayrshire through LEAP Sports Scotland (Leadership, Equality and Active Participation in Sports for LGBTI people in Scotland). It works for greater inclusion for LGBTI people in sport and against homophobia, biphobia and transphobia in a sports context.

### *Drug and Alcohol Support*

North Ayrshire Drug and Alcohol Recovery Service (NADARS) has a range of support available such as support to stop or reduce consumption safely, Alcohol Brief Interventions, medication and prescribing, recovery focussed 1-1 and group work, social work assessment and peer recovery support. There is an inpatient addictions service which provides a flexible, person-centred service including detoxification, residential support, mental health and wellbeing assessment and a structured day service programme.

Turning Point Prevention Early Intervention and Recovery Service (PEAR) is an alcohol and drug support service which promotes a culture of recovery across North Ayrshire. Turning Point Scotland deliver the service and offer support to reduce or abstain from drug or alcohol use. The service offers one-to-one, group, and family/carer support. Anyone can refer into the service.

The North Ayrshire Alcohol and Drug Partnership works to promote available services and carries out engagement with service users. It also provides funding for community projects and works with education to carry out sessions with young people. It hosts a drop-in service on Fridays to offer support and signposting. It also works in partnership with KA Leisure to deliver a programme to ensure health and fitness facilities are accessible for people in recovery. The Champions for Change programme makes 3 month gym memberships available to help people to sustain their recovery and improve their mental health and wellbeing.

Harbour Ayrshire is a pan Ayrshire charity, working to empower individuals who are recovering from drug and/or alcohol addiction, assisting them to become independent and supporting their integration back into the community. They provide men only, women only and family support groups in each Ayrshire local authority as well as providing weekly online support, and received support from the North Ayrshire Community Mental Health and Wellbeing Fund.

### **How We Will Improve Outcomes**

- Work with KA Leisure and the North Ayrshire Wellbeing Alliance to explore further opportunities for activities to improve mobility and balance in older people, and leisure opportunities for people with physical and/ or learning disabilities.
- Work with partners and local communities to advertise existing programmes to targeted groups, such as Active North Ayrshire and Invigor8.
- Review local options for physical activity in terms of accessibility.
- Explore current options and opportunities for hydrotherapy, rebound therapy, and other therapies for people with physical disabilities using existing facilities or new or existing partnerships.
- Through delivery of the Learning Disability Learning Plan, explore further opportunities for working with Third Sector and other partners to develop inclusion, connectivity and accessibility within communities, particularly regarding building social networks and opportunities for physical activity and leisure.
- Build on the engagement carried out with service users of the Learning Disability service carried out for the development of the Learning Plan, and explore how to embed a continuing conversation to support service design.
- Increase participation in service design of those with lived experience of substance use
- Explore further opportunities for community development work to reduce alcohol and drug consumption.
- Further exploration of the issue of drug related deaths through the drug death prevention group and further research.

## Outcome 3: Improved access to support for those in a caring role

### Aims:

10. Improved support for older or ageing carers of adults with learning disabilities
11. Improved support for people with disabilities in a caring role
12. Improved support for people from the LGBTQIA+ community in a caring role
13. Improved support for people in a caring role for cultural backgrounds that may have a differing cultural view of caring.
14. Improved support for women in a caring role

### Caring in North Ayrshire

The Carers (Scotland) Act 2016 recognises the importance of identifying and supporting caring roles and defines a carer as ‘an individual who provides (or intends to provide) care for another person’. North Ayrshire HSCP has delegated responsibility from the Local Authority to provide support for carers as outlined in the Carers (Scotland) Act, and it defines carers as ‘someone who looks after a family member or friend who needs support due to illness, disability, mental health, addiction issues or needs extra help as they grow older’.<sup>8</sup>

According to the 2022 Census there are 17,222 unpaid carers in North Ayrshire, though it is estimated to be higher because many people don’t consider themselves to be carers, often due to the relationship with the person for whom they provide care. The proportion of people providing care in North Ayrshire is high when compared to other areas; it has the 5<sup>th</sup> highest proportion of carers when compared to the total population.

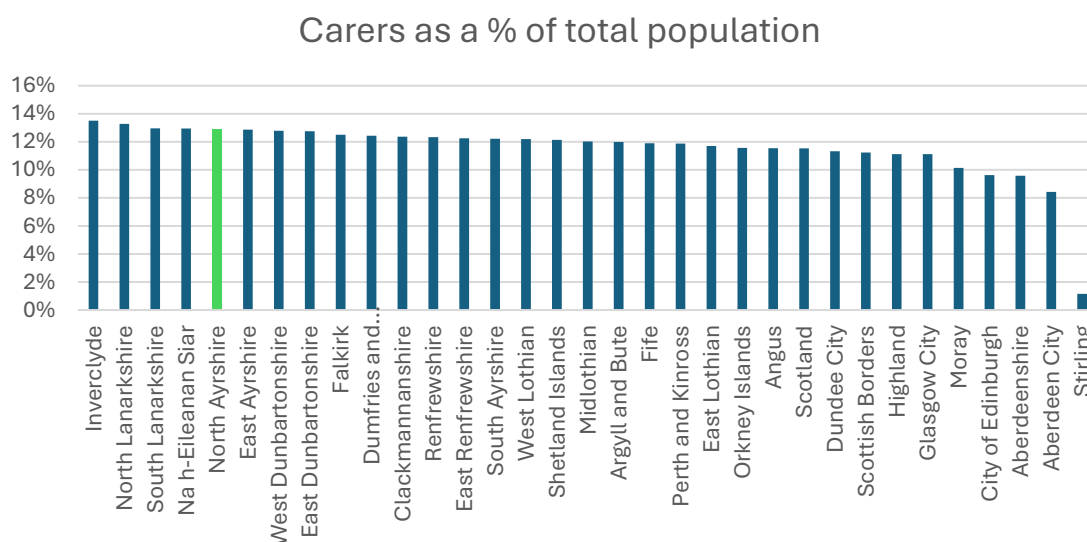


Figure 7: Percentage of carers by Local Authority, Census 2022

<sup>8</sup> Building Caring Communities: North Ayrshire Carer Strategy 2023-2025.

In the 2011 census, 13,900 people reported providing unpaid care, so it has increased by 23.9%. In the current census, 51% of all carers report spending 1 to 19 hours per week providing care, and 27% spend 50 or more hours per week providing care.

Over the same period there was an 18.4% increase in the number of people with a health problem or disability that limited their day-to-day activities a lot, from 15,670 in 2011 to 18,562 in 2022.

### **Protected Characteristics and unpaid care**

In North Ayrshire, of the 17,222 that reported they provided unpaid care, 3,389 were aged 65 and over and 10,200 were aged 50 and over so caring disproportionately affects older people. The time spent providing care also increases with age – for all age groups other than 65+, more people provide 1-19 hours of care per week than higher totals, whereas in the 65+ age group, more people provide 50 or more hours of care per week than lower totals.

During engagement with local community groups in September 2024, some people spoke of their caring responsibilities. Some people in different groups for older people mentioned they would like to see more support for carers, with some saying they had not been aware there was a local carers service until it was raised during the discussions. Those that were aware of it felt they had great support available.

In a briefing by MECOPP about disability and care, it raised concern about the growing number of people with learning disabilities who are in or nearing the possibility of having older carers who may need care support themselves, creating a co-caring situation. It reported that around 30% of adults with a learning disability lived with a family carer, and of those, 72% lived with a parent carer, which can become challenging as both parties get older. One local group raised that anyone with a learning disability that wanted to attend the group had to be accompanied by a carer as the group wouldn't take responsibility for individuals in attendance. This may become more difficult as carers age, which could lead to further isolation for carers and the individual. Additionally, during engagement with carers of people with learning disabilities, some parents raised the concern that they were getting older, citing concerns about the uncertainty of the future, and what would happen if they were unable to provide care anymore. The majority of North Ayrshire Learning Disability service users are between the ages of 25 and 64 (83%) so this may be a prevalent problem already, and 18% of carers currently registered with the Carers Gateway Service in North Ayrshire who are aged 60 or over, currently support someone with a learning disability.

An Age Scotland survey found that 21% of respondents with a long-standing health problem reported that they were in a caring role, along with 20% of those with a disability. A Carers UK survey<sup>9</sup> found that 54% of carers said that their physical health had suffered due to their caring role and 18% reported their physical health to be bad or very bad, rising for those that had been caring longer and those that provided more hours of care. 23% of its respondents provided unpaid care while living with a disability of their own. Disabled people are already at a higher risk of poverty so their care responsibilities could put them further at risk.

Although many carer's issues will be the same regardless of sexual orientation, there are additional concerns that may be specific to the LGBT community that may cause

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<sup>9</sup> State of Caring: The impact of caring on health, Carers UK 2023



disadvantage.<sup>10</sup> For example, their family support system may not as robust if there are any estrangements as a result of their sexual orientation, so they may have less support, or not be out to the people they are caring for causing additional stress. They may also be caring for someone unsupportive of their identity. People in the LGBT community can be more likely to experience poorer mental health, as can carers, so this can create an additional risk. One North Ayrshire resident that participated in equalities engagement in September 2024 raised that they had mental health concerns and cared for a parent, and due to thresholds for Carer's Allowance, the household had to reduce their working hours in order to receive the benefit.

In the general population, women are more likely to provide unpaid care than men, but in the LGBT community men and non-binary people are just as likely as women to provide care. This can be as a result of an issue highlighted by older LGBT people, that they are more likely to be single and childless than other members of their family, so there are assumptions made that they have more time to undertake a caring role. A 2022 study<sup>11</sup> found that 23% of LGBT+ people with a limiting condition/illness in Scotland were carers, compared to 15% of other LGBT+ people.

Carers from minority ethnic communities face similar issues of health and wellbeing as carers of all ethnic groups. However, they are at a greater risk of being isolated if they or the person they care for have additional language or cultural barriers affecting them. There also may be cultural barriers to seeking support, such as care being more expected or viewed as a family situation so they may be less likely to access support.

For some ethnic minority communities in Scotland there is a stigma around accessing benefits and 'specific cultural expectations around 'self-sufficiency', and the notion that 'the family' should provide the necessary support rather than the state'.<sup>12</sup> There is often little family support due to them living far away, particularly for asylum seekers and refugees and barriers to accessing work, such as language barriers and right to work restrictions that put them at further risk of poverty.

In the Gypsy/Traveller community<sup>13</sup>, the proportion of that community that provides more than 50 hours of weekly care is twice that of the general population, but they are significantly less likely to access carer support services. Reasons for this includes lower self-identification as a carer as care was seen as part of their family life, lack of digital skills or literacy, and a lack of confidence in support providers to account for their cultural identity and customs.

In North Ayrshire only 2.1% of the community belongs to a minority ethnic group, compared to 7.1% of Scotland, so although there are smaller proportions of these communities, providing care may contribute to further isolation.

As already highlighted, women are more likely to provide unpaid care than men. In North Ayrshire, of the 17,222 people that reported providing unpaid care 10,271, were women which is 59.6% and slightly higher than the Scottish proportion of 58.8%. Out of all people in North Ayrshire providing unpaid care, 21.4% are woman aged 65 or over, 44% of whom are providing

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<sup>10</sup> MECOPP Briefing Sheet 13: Informal Caring within the LGBT Community

<sup>11</sup> Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people, infographic summary, June 2022

<sup>12</sup> Caring during crisis: the experiences of ethnic minority communities in Scotland during COVID-19, UWS-Oxfam Partnership, 2023

<sup>13</sup> MECOPP Briefing Sheet 15: Gypsy/Traveller Carers, 2020

50 or more hours of care per week. This means 9.62% of all North Ayrshire carers are women providing 50 or more hours of weekly care. Additionally, 75% of adult carers registered with Carers Gateway North Ayrshire are women.

### **Where We Are Now**

In 2023 the HSCP launched a revised interim local carer detailing clear aspirations for identifying and supporting carers. This was in conjunction with a 200% increase in investment in the re-provision and remodelling of the local carer service to deliver a more visible community-based approach with the intention to reach, involve and support more carers across all localities in North Ayrshire.

Carers Gateway North Ayrshire provides information, support, and advice to unpaid carers, and now operates on a community-based locality model. It offers one-to-one support sessions, planned activities, information and engagement sessions and peer groups in local venues.

The Service is currently working to increase carers registered from underrepresented groups and is progressing this aim well. It is working on community development and multi-language marketing, as well as participating in working groups such as the North Ayrshire Gypsy Traveller Working Group and the Supporting Ethnically Diverse Carers working group, which is Scotland-wide. It participated in Arran Pride and recently undertook staff workshops that focussed on implicit bias and trans awareness, and is signed up to the LGBT+ Charter and has identified a local champion in the service.

The service has carried out engagement with targeted groups including local groups for older carers and older people's forums which is shaping future support for older people. Engagement with people with disabilities has included work with adults with support needs, engagement at Trindlemoss day centre and the Dirrans centre. It recently organised an open day for carers from minority ethnic backgrounds in Irvine and the team recently participated in Minority Ethnic Older Persons Diversity Training delivered by MECOPP which encourages consideration of how to better engage with people of colour, Gypsy Travellers and New Scots.

### **How We Will Improve Outcomes**

Carers Gateway North Ayrshire is an independent information and support service and is tendered by the HSCP to provide this service. The HSCP works in partnership with the service to improve outcomes for carers across North Ayrshire and will continue to work collaboratively to improve outcomes for the protected characteristics identified in these equality outcomes as outlined below.

- Recruitment of a new Carer Support Officer with a focus on health, which will support carer identification and involvement in planning at the point of discharge from hospital and will be integral to enhancing the discharge process. This is more likely to impact older people and those with disabilities and will support people to live more independently at home.
- Improve strategies to identify and support hidden or minority carer groups such as minority ethnic groups, LGBTQIA+ carers, and the Gypsy Traveller community
- Explore options for LGBT+ Carers groups across North Ayrshire, as proposed in the LGBT Charter Action plan.
- Continued community mapping and partnership building to target specific groups and increase themed roadshows to support identifying carers within these groups.

- Increase carers' involvement in service design and ensure carers voices from underrepresented groups are heard through the establishment of a Carers Champion Board.
- Continue to work with community projects to advertise the Carers Gateway service.
- Continue to promote the Bridgit self-service information and support site. This ensures all information and platforms comply with minimum accessibility standards, can be converted to different languages and contributes to promoting digital access and skills in users.

## Outcome 4: Improved information and communication

### Aims

15. Improved information about health and care support for trans people
16. Increased number of staff participating in training about trans and nonbinary health and care needs
17. Improved support to access health and care services for those with different fluency levels of English
18. Increased engagement and participation opportunities for those with cultural barriers
19. Increased availability of information in alternative languages
20. Improved information available regarding women's health services

### Health Information and Communication

The Scottish Government aims to increase supports available across Scotland to better meet people's health literacy levels and embed health literacy improvement into policy and practice. Health literacy is having 'sufficient knowledge, understanding, confidence and skills to cope with the complex demands of modern health care'.<sup>14</sup> Barriers to health literacy could include reading and numeracy skills, memory skills, digital skills, and language differences.

People with lower health literacy tend to have poorer health, wait longer before seeking medical support, find it difficult to understand medication labelling, and are less likely to participate in screenings and other health promotion activity.

Additionally, many different groups of people experience barriers in finding the information they need if it is about very specific health care needs, and some people will have cultural differences that can lead to a mistrust in health professionals or have had bad experiences that discourages engagement with health care professionals in the future.

### Protected Characteristics and information about health and care

Communication is a key theme across engagement exercises undertaken by the HSCP, and access to information is seen as a barrier. This could be from not knowing where to look or not having the ability to seek it out, and some groups will experience more barriers than others which can impact health inequalities of marginalised groups.

In local engagement with community groups with shared characteristics, communication and the need for clearer information came up universally, with key points being raised around the use of plain language, information leaflets, more engagement with service users, education about available services, language and communication barriers, and technological barriers.

There was one group engaged with that raised a lack of support and resources in the local area for trans people and the need for opportunities for peer support. National engagement from the Scottish Trans organisation found that respondents felt there was a lack of knowledge around trans healthcare. The Scottish Government is committed<sup>15</sup> to ensuring that trans and non-binary people have access to transition-related care, and to fund mandatory training for primary care and mental health providers on trans and non-binary healthcare needs. A Scottish trans and

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<sup>14</sup> Making it easier: A Health Literacy action plan 2017-2025, Scottish Government

<sup>15</sup> Non-Binary Equality Action Plan 2023-2028, Scottish Government

non-binary experiences summary report from 2024 found that the biggest theme around GP services was lack of knowledge around trans healthcare, but also raised poor treatment and experiences.

The Equality and Human Rights Commission<sup>16</sup> reports that 61% of 289 trans and non-binary engaged with had not been to a sexual health clinic in previous 2 years, 24% of which said that this was due to fear and anxieties relating to their gender identity. Lesbian and bisexual women report barriers to accessing sexual health services, with a health needs assessment of LGBT people finding that they felt health professionals saw them as ‘low risk’ and were reluctant to do full sexually transmitted infection screenings.

Local engagement was carried out with the Syrian community, which raised communication as a barrier to accessing appropriate healthcare, specifically in relation to language. The group raised a lack of translators when calling services and challenges communicating symptoms in English at appointments. There is a reliance in the community on English-speaking family members for translations which can cause barriers when the translator is from a different age group or gender, as well as confidentiality issues within the family, and others have additional barriers when there is no English-speaking member of the family. Cultural barriers were also raised as an issue, for example the need for women with certain religious or cultural beliefs to have a female doctor. If the gender of the doctor is not communicated in advance this could lead to delays in care and wasted appointments for both the doctor and the patient. There was also some perception within the community that they had perceived discomfort or bias from a healthcare provider which can affect trust and future access to care. The Equality and Human Rights Commission reports that perceptions of being treated with care and compassion have declined over time going from 91.8% in 2017/18 to 74.4% in 2019/20.

In engagement with the local Gypsy Traveller community there were similar concerns about communication and accessing services, with people suggesting information needed to be simple and easy to read, with information supported by pictures for anyone with literacy concerns that respects their culture. The census found that the community was more likely to have higher rates of long-term conditions, with 37% compared to 30% for all adults, and were 5 times as likely to report very bad health. The Scottish Government<sup>17</sup> aims to ensure better health and wellbeing outcomes in minority ethnic communities by involving them in the development of user-friendly health and social care services which recognise specific needs. It also aims to increase participation and representation of minority ethnic people in local decision-making to ensure their experiences are better understood and valued and improve health literacy among different communities.

The Scottish Government had a Women’s Health Plan in place from 2021-2024, which outlines that there are inequalities at every stage of a woman’s medical journey. It found that many women experience difficulties in accessing services due to the challenge of getting an appointment that works around work commitments and caring responsibilities. The plan prioritises accessible health information and accessible services, particularly around menstrual health, endometriosis, and menopause, as well as their risk factors around heart health. Local engagement has suggested that women have experienced reduced accessibility in terms of women’s health screenings, and data shows that poverty and age impacts screening uptake. For the most deprived areas 62.4% of eligible women were screened for cervical cancer

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<sup>16</sup> Health and Social Care: Scotland, Equality and Human Rights Commission, 2023

<sup>17</sup> Race Equality Framework for Scotland 2016-2030, Scottish Government

compared with 73.1% of eligible women from the least deprived areas, and uptake is lowest in women aged 25-29 with only 53% uptake.

### **Where we are now**

The HSCP's website contains information about available services though there is nothing targeted for specific groups. The HSCP Learning and Development team offers training courses for staff to support promoting equality, including a course on Promoting Equality Awareness and LGBT awareness.

NHS inform contains information about different illnesses, conditions, self-help, tests, treatments, care and support. There is a specific page about screening information for the transgender community with a link to the National Gender Identity Clinic Network for Scotland. There are also a number of articles for women's health topics, which are split between younger women and girls, middle years, and later years to support the different conditions and concerns for different stages of life experienced by women. The website also highlights the information is also to inform transgender men, non-binary people and others with variations in sex characteristics. The HSCP signposts this information to service users when necessary and highlights information through our communications channels.

In terms of languages, there are currently options for language services, though it varies between languages and services. For example, there is some support for refugees including some translation support available for certain things, but they can't be provided translation services on an ongoing basis or for appointments. NHS Inform also translates a number of pages into other language, though this would require some level of English to access the page with other languages listed in the first place and doesn't have all of the information available in English translated into other language, and some languages have very little translated.

The HSCP has some existing groups with different cultural backgrounds that are engaged with in order to identify barriers, such as a Gypsy Traveller Development Group and Syrian Refugee group, however there is a need to further explore cultural differences and experiences to wider groups.

### **How we will improve outcomes**

- Review information available for the trans community regarding accessing health and social care services.
- Review current training available for partnership staff regarding trans and non-binary health and care needs.
- Investigate local barriers to accessing health and social care services in North Ayrshire and availability of alternative languages across services
- Review information available in public and community spaces, to ensure equitable access.
- Through the reviewed Participation and Engagement Strategy, ensure measures are taken to deliver inclusive engagement for strategy development and service improvement.
- Through the reviewed Participation and Engagement Strategy, produce toolkits for use across the partnership to ensure planned engagement is inclusive.
- Promote What Matters to You? engagement across the partnership as a tool for person-centred care.

- Review available information about women’s health and improve signposting where necessary.
- Consider how digital tools can support increased health literacy, particularly for protected characteristics.

## Equality Outcomes Matrix: Protected Characteristics

	<b>Mental Health</b>	<b>Healthy Activity</b>	<b>Carers</b>	<b>Information and Communication</b>
<b>Age</b>	Reduced social isolation in older people	Improved mobility and balance health in older people	Improved support for older or ageing carers of adults with learning disabilities	
<b>Disability</b>	Improved opportunities and awareness of mental health support for people with physical and/ or learning disabilities	Increased opportunities for leisure and activities for people with physical and/or learning disabilities	Improved support for people with disabilities in a caring role  Improved support for older or ageing carers of adults with learning disabilities	
<b>Gender identity</b>	Improved opportunities and awareness of mental health support for people in the LGBTQIA+ community	Reduced barriers to accessing leisure and activities for people in the LGBTQIA+ community	Improved support for people from the LGBTQIA+ community in a caring role	Improved information about health and care support for trans people  Increase number of staff participating in training about trans and nonbinary health and care needs
<b>Pregnancy and Maternity</b>	Reduced social isolation for new and stay at home mothers			Improved information available regarding women's health services
<b>Race</b>			Improved support for people in a caring role for cultural backgrounds that	Improved support to access health and care services for those with



			may have a differing cultural view of caring.	<p>different fluency levels of English</p> <p>Increased engagement and participation opportunities for those with cultural barriers</p> <p>Increased availability of information in alternative languages</p>
<b>Sex</b>	<p>Reduced social isolation for new and stay at home mothers</p> <p>Improved opportunities and awareness of mental health support for men</p>	Reduced alcohol and drug consumption in men	Improved support for women in a caring role	Improved information available regarding women's health services
<b>Sexual orientation</b>	Improved opportunities and awareness of mental health support for people in the LGBTQIA+ community	Reduced barriers to accessing leisure and activities for people in the LGBTQIA+ community	Improved support for people from the LGBTQIA+ community in a caring role	

## Appendix 1: Interim Equality Outcomes and Mainstreaming Report 2024-2025

*Evaluation of Equality Outcomes 2022-2025: evidence of improved outcomes*

### **Equality Outcome 1: People with complex care needs are supported to live independently at home for as long as possible**

- Day services for older people were remobilised following the pandemic with outreach to attract service-users.
- Anam Cara Dementia Respite centre was repaired following damage to the building and reopened in March 2024. Respite is essential to support maintaining care to remain at home.
- Waiting list for Occupational Therapy assessment was successfully reduced which supports interventions for those who experience barriers to independence and provides equipment and home adaptations to allow people to remain in their own home for longer.
- Multi- Disciplinary Teams to support people with complex care needs are now in place across all localities, which meet monthly. These teams are community based and ensure professionals are working together to support patients and service-users to remain at home for longer.
- Prior to discharge, people who have received a period of care within Acute receive a comprehensive assessment is undertaken by the Care at Home Hospital based team. Referrals are made to community-based services including Care at Home, Community Alarm, Appetito meals, Community Connectors as well as Primary Care services to facilitate a safe discharge home. The hospital will also liaise with community teams to support the patient in their home, enabling them to be as independent as possible.

### **Equality Outcome 2: People and communities who make North Ayrshire their home can effectively access the health and social care services they need.**

- The Resettlement Team, providing health, housing and wellbeing assessments and screening, ensured the delivery of long-term council tenancies and registration with GP practices. It is through this GP registration that the new Scots can access suitable early years, public health screening, mental health, immunisation, dental services, and other health/social care supports as required, and that access to mainstream health services is as timeous and efficient as possible.
- In May 2023, a new nursing team was established to support the initial health assessment and screening of Ukrainian Displaced People, including physical and mental health assessments, migrant screening, and immunisations. The team empowers individuals and families to access mainstream health supports as quickly as possible, only remaining open to new Scots for a short initial period. This team has now been expanded to include asylum seeker arrivals, Unaccompanied Asylum Seeker Children, and trafficked young people.
- The HSCP contributed to the North Ayrshire Refugee Task Force position statement which engaged with all services and GP clusters. This statement highlighted the current service pressures, specific locality issues, gaps and opportunities faced by HSCP services in accommodating additional new arrivals.

### **Equality Outcome 3: Children and families in need are supported to live healthy and safe lives.**

- The HSCP is implementing the ‘Signs of Safety’ strength and safety organised approach to social work case work that analyses detailed information for a balanced risk assessment. It is a relationship-based model working within the context of child welfare and protection and will provide a practice framework that revolves around balanced risk assessment, risk management and effective safety and care planning.
- The Child and Adolescent Specialist Substance Team has been in place since February 2021, working with 5–21-year-olds affected by their own or parental drug and/or alcohol use. Currently, the CASST team is running with a collective caseload of 60. The team is based within the Three Towns Locality, but the team covers all of North Ayrshire and works closely with Children & Family Social Work, Justice Services and NADARS
- During the 2023 Summer holiday period, CASST team ran a hip-hop dance therapy summer scheme for children and young people affected by trauma and impacted by their own or parental drug or alcohol use, teaching dance classes to aged 5–11-year-olds and 12+. The aim of the dance therapy sessions was as an intervention to help with attention and focus, to improve communication, and to reduce feelings of isolation, social anxiety, and chronic pain. Overall, 24 children and young people attended across the summer holidays.
- In January 2024, new templates for the Equality Impact Assessments used by the Council and the HSCP were issued which recognises ‘care experienced’ as a local consideration. This ensures care experienced is treated as a protected characteristic and impacts on the group are considered in the IJB’s decision making process.

### **Equality Outcome 4: Through improved engagement practices and access to a greater range of health and social care opportunities, people with a learning disability, or those with complex health conditions, achieve better health outcomes.**

- A dedicated Engagement Officer for Learning Disability was recruited on a temporary basis in October 2022. Ongoing engagement has been framed around the question of ‘What Makes a Good Life’, but other engagement with clients has taken place on topics such as respite provision, and mental health and wellbeing. This post has enabled service users and their carers to feed into service reviews on a regular and ongoing basis.
- The commissioning team has regular communication with providers and currently complete biannual contract management meetings with services that are commissioned, annual visits, and daily communication where any concerns may arise within services. This ensures any concerns are addressed early and gaps in service can be identified early.
- The Community Link Worker Service hosts drop-in events for informing community members of available local services.
- The Mental Health service has facilitated a local Mental Health Arts festival in October 2023 and 2024 to support the national festival that has been in place since 2007 and aims to explore how the arts can improve mental wellbeing. In addition to hosting arts shows and performances, partners presented their work to raise awareness of local services, including: Beith Community Development Trust, in-patient mental health

services, Tidelines, Trindlemoss Day Opportunities, and North Ayrshire Wellbeing & Recovery College.

- The HSCP is reviewing the Transitions Processes from children's to adults services used within different services and teams and carried out extensive periods of engagement. This included focus groups within targeted staff, semi-structured interviews with parents and carers of those with a learning disability or mental health condition and focus groups with young people about their transition experiences.

#### *Interim Mainstreaming update for April 2024-March 2025*

### **Transformation**

- A programme is ongoing to review services for people with Neurodevelopmental differences, which has included engagement with parents, carers, and children and young people has continued throughout 2024. A new Strategic Oversight Group was launched and options for a diagnostic service are being explored.
- A review of the Adult Community Mental Health Service commenced this year. Data and research was gathered to inform the project group of the current state and best practices from around the world. Staff and service user engagement was carried out and thematic analysis is currently taking place in order to inform identification of options.
- An Intensive Support team was launched in the Learning Disability Service with Nursing, Occupational Therapy and a Nurse Support Worker. The service has been supporting individuals experiencing delayed discharge within Ward 7A, and those living in the community but at risk of placement breakdown. Along with supporting individuals with interventions, linkage to their community, and connection with third sector partners such as TACT and Neighbourhood Networks, the team has also been supporting carers and staff teams. It has seen a variety of positive outcomes, including successful engagement with individuals who did not previously engage with services. Review of Out of Area placements has been ongoing via the Learning Disability Social Work team.

### **Locality Planning**

- A new Locality Planning process was launched in 2024 which involves biannual locality conversations to maintain ongoing dialogue with service-users and ensure their voices are continually involved in the strategic planning process within their communities, and biannual Review Groups to analyse engagement, data, and priorities in each locality.
- In September 2024 the Locality Conversations targeted community groups with shared characteristics with an aim of including voices from marginalised communities.

### **Engagement**

Engagement is carried out regularly in order to ensure people are involved in the design and review of our services. The following list provides an overview of the engagement carried out between April 2024 and March 2025, which reached 738 participants or respondents in total.

- April 2024, Learning Disability Strategy: Parents and carers of service-users of the Learning Disability Service were asked what a good life looks like for the person they support in a series of 1 to 1 interviews or focus groups.
- April 2024, Locality Conversations: Locality conversations were held in all localities apart from Arran exploring places and spaces, healthy living and services. Each session

we engaged with the public on three key areas of Health and Social Care: Places and Spaces, Healthy Living and Services. We asked what geographical aspects of their locality impacts their access to services, and if they felt there were any services missing from their locality. We asked what initiatives they thought had the most impact on positive community wellbeing, and we asked what health and social care services they felt needed improved or expanded and what was working well. Participants then chose 3 priority areas for that locality.

- April 2024, Mental Health Connect Event: This engagement event aimed to share more information about mental health services and supports available across North Ayrshire. Provide greater information relating to roles, remits and pathways across mental health services. Provide specific information relating to unpaid carers, advocacy, rights and entitlements, suicide prevention and peer support as per public feedback through previous engagement work.
- April 2024 – August 2024, ADP Lived Experience Panels: these panels were held in the Garnock Valley, Irvine, Arran and Kilwinning.
- June 2024, Ukrainian Community: The Refugee Support team were evaluating their offer of support to identify what health support service-users may need in the future. The engagement aimed to gather feedback from those who had accessed support to inform future offerings.
- August 2024, Gypsy Traveller Engagement: engagement was carried out at the Gypsy Mission event, as well as a survey and focus group to gather views about mental health and wellbeing in the community.
- September 2024, Locality Conversations/ Equalities Engagement: engagement was carried out across different localities with people with shared characteristics to identify any barriers in the area and for different groups.
- September – November 2024, Adult Community Mental Health Service: engagement with staff and service users currently engaged with the service.
- November 2024, Dementia Connect Event: To engage with those with lived experience of dementia, carers, family and friends. This event explored key themes identified within the Dementia Strategy.
- December 2024, What Matters to You?: An online survey was advertised to members of the public to collect views on how people want to be engaged with by the HSCP in the future. Responses will help to enhance how we engage with the community in the future when designing and reviewing our services, as well as informing our new participation and engagement strategy.

### **Equality Impact Assessments**

In the last report it was reported that the [website](#) was recently revised to ensure accessibility and the Equality Impact Assessments needed to be accessibility checked in order to be uploaded to the new website. This section of the website was revised to include previous Mainstreaming and Equality reports, and summaries of impacts assessments carried out each year from 2024.

## Appendix 2: Details of Outcome Development

### Policies Reviewed:

Legislation	Guidance	National	Local
<ul style="list-style-type: none"> <li>• Equality Act 2010</li> <li>• United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024</li> <li>• Armed Force Act 2021 (Armed forces covenant duty)</li> <li>• Social Care (self-directed support) Act 2013</li> <li>• Carer’s (Scotland) Act 2016</li> <li>• BSL (Scotland) Act 2015</li> <li>• The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012</li> </ul>	<ul style="list-style-type: none"> <li>• Fairer Scotland Duty: Guidance for public bodies, 2022</li> <li>• UNCRC (Incorporation) (Scotland) Act 2024 - part 2: statutory guidance</li> <li>• Armed forces Covenant Duty Guidance 2022</li> <li>• Social Care (Self-directed Support) (Scotland) Act 2013: statutory guidance</li> <li>• Equality outcomes and the Public Sector Equality Duty</li> <li>• Taking a children's human rights approach: guidance</li> <li>• Getting Ready for UNCRC Incorporation Framework</li> </ul>	<ul style="list-style-type: none"> <li>• Keeping the Promise Implementation Plan 2022-2030</li> <li>• Women’s Health Plan <u>2021-2024</u></li> <li>• The Strategy for Our Veterans - taking the strategy forward in Scotland: refreshed action plan</li> <li>• New Scots Refugee Integration Strategy, 2024</li> <li>• Race Equality framework for Scotland 2016-2030</li> <li>• Equally Safe 2024 and delivery plan</li> <li>• Non-Binary Equality action plan 2023-2028</li> <li>• Mental Health and Wellbeing Strategy, June 2023</li> <li>• Mental health and wellbeing strategy delivery plan 2023</li> <li>• Learning/intellectual disability and autism: transformation plan 2021</li> <li>• Making it easier: a health literacy action plan 2017-2025</li> </ul>	<ul style="list-style-type: none"> <li>• Pan Ayrshire Equality Outcomes</li> <li>• Ayrshire Shared BSL Plan 2024-2030</li> <li>• North Ayrshire HSCP Strategic Plan, ‘Caring Together’ 2022-30</li> <li>• North Ayrshire Partnership Plan 2022-2030</li> <li>• Building Caring Communities: North Ayrshire Carer Strategy 2023 – 2025</li> <li>• NAC Equality outcomes 2021-2025</li> </ul>

### Engagement

Equality Engagement: Engagement was carried out with community groups with shared characteristics in September 2024 which reached 206 participants across 23 community groups.

Additionally, the analysis drew from engagement carried out earlier in the year with the Gypsy Traveller community and service users and carers from the Learning Disability Service.

## **Data**

An overview of equalities statistics from the 2022 census was considered, and further data was used to support the development of outcomes once the themes were developed.

## **National learning**

National data and surveys with groups of shared characteristics was used to determine key disadvantages. Report used in the analysis included:

- Age Scotland 50+ survey 2023
- Get it off your chest: Men's mental health report, MindUK, 2019
- Gypsy/ Traveller Carers, MECOPP Briefing Sheet, 2020
- Health and Social Care Scotland Fact Sheet, Equality and Human Rights Commission, 2023
- Health Inequalities in Scotland review, University of Glasgow, 2022
- Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary People, infographic summary, Public Health Scotland, 2022
- Informal Caring within the LGBT Community, MECOPP Briefing Sheet, 2019
- Life in Scotland for LGBT Young People, LGBT Youth Scotland, 2022
- Men's Health, UK Parliament POSTbrief 56, 2023
- Monitoring Racialised Health Inequalities in Scotland, Public Health Scotland, 2023
- Scotland's Carers: An overview by disability and long-term condition, MECOPP Briefing Sheet 2019
- Scottish Health Survey 2022
- Scottish Trans and Non-binary Experiences: Summary Report, 2024
- Spiritual beliefs and mental health: a study of Muslim women in Glasgow, Amina, 2019
- Strategic Needs Assessment of Minority Ethnic Groups, Edinburgh HSCP, 2018
- Trans People's Experiences of Reproductive Health and Fertility Service in Scotland, 2019
- Vulnerability and access to care for South Asian Sikh and Muslims patients with life limiting illness in Scotland, British Medical Journal, 2009
- Women's Health Plan, Review of the Data Landscape, Scottish Government, 2023





**Minutes of North Ayrshire Strategic Planning Group Meeting  
Held on Tuesday 19 November 2024, 2:00pm  
Harbourside Hall, Fullarton Connexions, Irvine**

**Present:**

Joyce White (Chair)  
Paul Doak, Head of Service (Finance and Transformation), NAHSCP  
Scott Hunter, Chief Social Work Officer, NAHSCP  
Elizabeth Stewart, Head of Service (Children, Families & Justice), NAHSCP  
Seony Ross, Team Manager, Strategic Planning, NAHSCP  
Billy Brotherson, Independent Chair, NA ADP  
Sharon Hackney, Senior Manager, AHP  
Lisa Davidson, Assistant Director of Public Health (NHS)  
Vicki Yuill, Arran CVS and Arran Locality Lead  
David Cooke, Gateway Manager, Unity Enterprises  
Roseanne Burns, Senior Manager, Children, Families & Justice  
Lee Ballantyne, Senior Manager, Strategic Planning & Transformation, NAHSCP  
Sam Hodgkinson, Partnership Engagement Officer, NAHSCP  
Rebecca Black, Partnership Engagement Officer  
Victoria Jamieson, Partnership Engagement Officer  
Jennifer McGhee, Community, NAC  
Karen Campbell, Planning Manager, NAHSCP

**Apologies Received:**

Councillor Margaret Johnson  
Councillor Anthea Dickson, Provost, NAC  
Caroline Cameron, Director, NAHSCP  
Thelma Bowers, Head of Service, Mental Health & Learning Disabilities, NAHSCP  
Kerry Logan, Head of Service, Health & Community Care, NAHSCP  
Darren Fullarton, Associate Nurse Director/Lead Nurse, NAHSCP  
Betty Saunders, Contract and Commissioning Manager, NAHSCP  
Nicola Fraser, Interim Programme Manager Transformation  
Nicola Teager, Communication & Engagement Officer, NAHSCP  
Iain Jamieson, Clinical Director, NAHSCP  
Michael McLennan, ADP Lead Officer  
Gillian Arnold, Planning & Commissioning, NHS AA  
Michelle Sutherland, Interim Senior Manager, Primary Care and Communities, NAHSCP  
Fiona Comrie, KA Leisure



Item	Item	Action
1.	<b>Welcome and Introductions</b>	
1.1	<p><b><u>Update from Chair</u></b></p> <p>Joyce Whyte, Chair provided an update from the recent IJB meeting, which included an update from the Chief Officer; the meeting is available via CEMIS and group members were encouraged to read the meeting papers.</p> <p>Joyce highlighted key points from the IJB meeting including the annual audited accounts presented by Paul Doak and team, noting the satisfactory audit carried out by auditors.</p> <p>It was recommended that the group read the Director's report presented at IJB, which included details of the recent Wellbeing celebration held in the Redburn centre, amongst the other significant work going on.</p> <p>The IJB Finance Working Group was highlighted, which is allowing an opportunity for a subgroup of the IJB to look in more detail at cost analysis and identify with the leadership team where potential savings can be made. The working group in their next meeting be looking at recommendations following the 4<sup>th</sup> December budget meeting.</p> <p>The IJB were updated on the work of the Brighter Pathways programme, Chief Social Work Officer's report, and the 6-month financial report. It was noted that the financial report had no significant surprises but is challenging in the lack of detail from Health – though it is hoped that detailed financial analysis will be provided in due course.</p> <p>The next IJB meeting will take place in December 2024, and the Chair encouraged SPG members to attend if possible.</p>	
2.	<b>Minutes of Meeting held September 2024</b>	
2.1	The minutes from the previous meeting dated 19 September 2024 were agreed as an accurate reflection of discussion.	
<b>Focus on: Strategic Planning</b>		
4.	<p><b><u>2025 Meetings</u></b></p> <p>a. Survey Overview</p> <p>b. 2025 Meeting Planner</p> <p>The meeting plan for 2025, and results of the members survey circulated by Seony Ross in October were presented. It was noted from survey responses that Tuesday afternoon meetings, and the current location of these, may not be the best option, and responses indicate that members would prefer some meetings take place remotely.</p> <p>Seony noted that the survey has highlighted that some statutory membership is missing from the group, including Carers and service user representatives.</p>	



	<p>As previously discussed with the group, and as approved by the Chair, it has been agreed that meetings in 2025 will take place quarterly, and therefore based on survey results, a meeting planner has been agreed as below:</p> <ul style="list-style-type: none"> <li>- Wednesday 5<sup>th</sup> March, 10am – 12pm; Fullarton Connexions, Irvine</li> <li>- Wednesday 4<sup>th</sup> June, 10am – 12pm; online via MS Teams</li> <li>- Wednesday 3<sup>rd</sup> September, 10am – 12pm; Fullarton Connexions</li> <li>- Wednesday 26<sup>th</sup> November, 10am – 12pm; via MS Teams</li> </ul> <p>This meeting plan was agreed by the group.</p>	
<p>5.</p>	<p><b><u>Strategic Plan Refresh 2025-2028</u></b></p> <p>Seony Ross gave a presentation on the Strategic Plan Refresh 2025 – 28. The presentation outlined the Strategic Plan’s purposes in legislation and as a guidance document for the Partnership. In the context of the Strategic Plan, legislation outlines the requirements for IJBs in relation to strategic planning, including the establishment of the strategic planning group and the requirement to plan separately for different localities.</p> <p>The legislation outlines that in developing the strategic plan the IJB needs to consider the Integration Delivery Principles outlined in the Act, the national health and wellbeing outcomes, and the views of the Strategic Planning Group.</p> <p>Alongside the updated strategic plan, the team are working on a new Engagement Strategy which will inform the engagement element of the Strategic Plan. Seony noted the huge amount of engagement work undertaken in the last two years which will be collated and analysed. Engagement work has been carried out in localities, with different equalities groups, age groups, specific service user groups and with staff. Through the participation and engagement strategy the aim is to plan a programme of priority groups or services to engage with through the strategy. Seony highlighted the purpose of the annual performance report, which sets out an assessment of performance during the year.</p> <p>The annual performance report will be completed by July, and the final strategic plan should be reported to the IJB meeting in June 2025; therefore the 2026 performance report will report on the first year of the updated Strategic Plan.</p> <p>Seony advised that a final version of the updated Strategic Plan will be brought to a future meeting of the Strategic Planning Group in 2025, before being presented to IJB; and the aim is to have the final draft, delivery and</p>	



	<p>monitoring plan and participation and engagement strategy completed later in 2025.</p>	
	<p>Joyce, Chair, thanked Seony for providing an update on the progress on the review, and for the work done in creating the new updated Strategic Plan. The group discussed the scope for creating a new strategic plan, noting that the circumstances in 2022 were very different from 2024, and the fundamental strategic priorities are very different. It was discussed that the team looked at a longer term strategy last time, and the broad ambition at that time was long term; but in terms of the way budgets and demands are changing, shorter term plans are needed. Along with a Participation and Engagement strategy, an engagement plan identifying shorter term strategies of what can be achieved over the next couple of years would also form part of the strategic plan.</p> <p>A further update will be brought to the next SPG meeting in March 2025.</p>	
<p><b>Focus on: Enabling Communities</b></p>		
<p>7.</p>	<p><b><u>Engagement Overview</u></b></p> <p>Sam Hodkinson, Rebecca Black and Victoria Jamieson provided a presentation to update on the engagement work being done by the Strategic Planning team, which included Mental Health, Neurodevelopmental services and Learning Disability engagement.</p> <p>The engagement process involves individuals, groups, and organisations participating and collaborating to address issues, solve problems, and enhance the overall service user experience.</p> <p>The Partnership runs engagement processes to check the services and supports we provide are of a high standard and ensure the voices of services users are listened to and are involved in all stages of delivery.</p> <p>Since Jan 2023, the Partnership have engaged with more than 2,000 service users through a range of consultation and engagement opportunities relating to mental health and wellbeing across Ayrshire.</p> <p>The Aims and Results of the consultations undertaken are detailed in the presentation slides attached, and outline the Consultation work undertaken with Mental Health in Primary Care; Mental Health Wellbeing Digital Resources, Neurodevelopmental supports, assessments and pan-Ayrshire services; Infant Mental Health focus groups, Gypsy traveller engagement and a consultation on Adult Community Mental Health services.</p> <p>The presentation also highlighted the success of the Mental Health Arts Festival, now in it's second year, and engaging with over 250 people this year.</p>	



	<p>The team also updated on the Strategic Planning Engagement undertaken to develop and review our strategic priorities, which is our legislative duty as a Partnership.</p> <p>This included an update on the internal ‘What Matters To You’ consultation, which included an online and paper survey for staff to complete. It was noted that 51 responses have been received so far, and the survey closes on 6<sup>th</sup> December – members of the group were encouraged to complete this if not already done.</p> <p>The team also highlighted the Locality Conversation work being done this year, which up to September this year have involved 238 participants across 5 localities; and have allowed for priorities to be identified in each locality area.</p>	
<p>8.</p>	<p><b><u>Service Access Review</u></b></p> <p>Karen Campbell, Planning Manager, provided an update on the learning review currently being undertaken in Accessing Health and Social Care, which began in January 2024.</p> <p>Karen noted the progress that had been made since previously updating the Group earlier in the year, and this included Board Meetings, Reference Group meetings and the monthly Workstream meetings that have taken place in this time.</p> <p>The aims of the review have been identified as a result of uncertainty among communities; identifying a need to create a more person-centred approach to accessing services in the Partnership, and to move away from a transactional model approach. Karen advised this had also identified the value demand v failure demand, eg service users passed between services, not being directed to the correct services, services users having to chase waiting lists, etc.</p> <p>A snapshot of contacts received by frontline services in the week beginning 21<sup>st</sup> August 2024 highlighted that of 12,037 contacts made, 9,878 of these were relating to cases already open to service. The review aims to look at ways these numbers can be reduced, though it was noted that the reasons for these contacts were not recorded,</p> <p>As an outcome of the review taking place, decisions from the Board have suggested:</p> <ul style="list-style-type: none"> <li>- Establishment of a multi-disciplinary Team – the Service Access team currently in place, but it was noted that not all cases at the front door a social work cases, eg many passed from Social Work to OT waiting lists;</li> <li>- Creation of Community Touch Points – raising awareness in communities with regards to community support and the potential to link people to services</li> <li>- Developing the use of AI and automation – eg transcription tools and automation tools</li> </ul>	



	<p>- Development of the HSCP website, to be more responsive to peoples needs, links to support and encouraging self- management.</p> <p>Recommendations will be made to the Board at the next meeting on 25<sup>th</sup> November, and an update will be provided to PSMT on 30<sup>th</sup> January 2025. A further update can be brought to the Strategic Planning Group following the conclusion of the Accessing Services review in early 2025.</p>	
<b>Future Meetings:</b>		
8.	<p><b><u>Date of Meetings – 2025</u></b></p> <ul style="list-style-type: none"> <li>- Wednesday 5<sup>th</sup> March, 10am – 12pm; Fullarton Connexions, Irvine</li> <li>- Wednesday 4<sup>th</sup> June, 10am – 12pm; online via MS Teams</li> <li>- Wednesday 3<sup>rd</sup> September, 10am – 12pm; Fullarton Connexions</li> <li>- Wednesday 26<sup>th</sup> November, 10am – 12pm; via MS Teams</li> </ul>	
9.	<p><b><u>AOCB</u></b></p> <p>There was no other business raised, and therefore the meeting was closed. Next meeting is scheduled for Wednesday 5<sup>th</sup> March, 10am – 12pm, within Fullarton Connexions.</p>	