

Subject :	Equality Outcomes 2025-2029
Purpose :	This report proposes new Equality Outcomes for the IJB and is seeking:- <ul style="list-style-type: none"> • Approval
Recommendation :	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.

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

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

1.	EXECUTIVE SUMMARY
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"> 1. Improved access to community mental health support and information 2. Increased participation in leisure and healthy activity 3. Improved access to support for those in a caring role 4. Improved information and communication

2.	BACKGROUND
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"> • eliminate discrimination, harassment and victimisation • 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), • 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).
2.2	<p>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.</p> <p>The development of these equality outcomes should:</p> <ul style="list-style-type: none"> • 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. <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"> • Locality Engagement: Engagement was carried out with community groups with shared characteristics in September 2024 which reached 206 participants across 23 community groups. • 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. • 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.

	<ul style="list-style-type: none"> • 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. • 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. • 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.
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 th 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"> 1. People with Complex Care needs are supported to live independently at home for as long as possible

	<ol style="list-style-type: none"> 2. People and Communities who make North Ayrshire their home can effectively access the health and social care services they need 3. Children and Families in need are supported to live healthy and safe lives 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
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.
3.	PROPOSALS
3.1	<p>It is recommended the IJB:</p> <ul style="list-style-type: none"> • Review the contents of the attached report • Agree the proposed Equality Outcomes for 2025-2029 • Review and agree the proposed actions to support the achievement of the proposed outcomes • 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.
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.
4.	IMPLICATIONS
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’.
5.	CONSULTATION
	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

For further information please contact **Seony Ross, Team Manager – Strategic Planning and Equalities,**
seonyross@north-ayrshire.gov.uk

Appendices

- Appendix 1, Equality Outcomes 2025-2029

North Ayrshire HSCP Equality Outcomes

2025-2029

Contents

Equality Outcomes for 2025-2029.....	3
Introduction	4
Background.....	4
Ayrshire Equality Outcomes	5
Outcome 1: Improved access to community mental health support and information	6
Outcome 2: Increased participation in leisure and healthy activity.....	11
Outcome 3: Improved access to support for those in a caring role	16
Outcome 4: Improved information and communication	21
Equality Outcomes Matrix: Protected Characteristics	25
Appendix 1: Interim Equality Outcomes and Mainstreaming Report 2024-2025	27
Appendix 2: Details of Outcome Development.....	31

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.

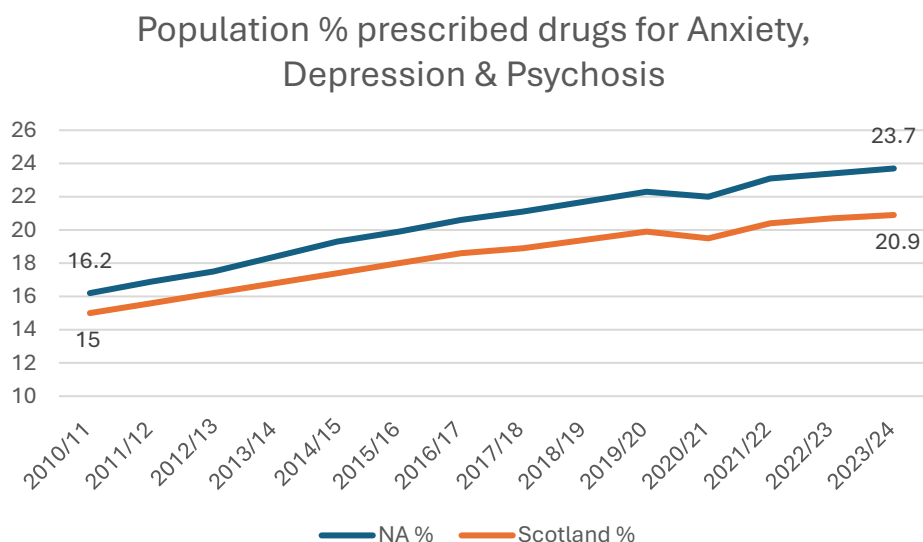


Figure 1: Prescribed Drugs for Anxiety, depression and psychosis, North Ayrshire and Scotland, Scotpho, 2024

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.

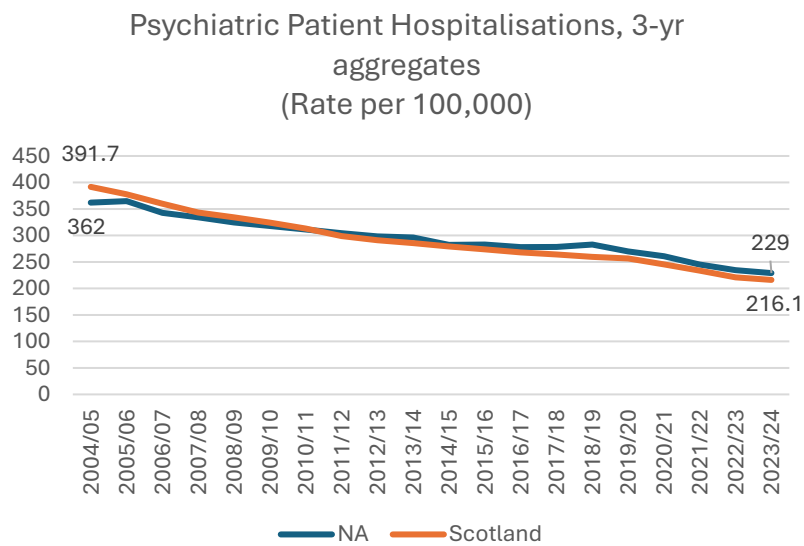


Figure 2: Psychiatric patient hospitalisations, 3-year aggregates, North Ayrshire and Scotland, Scotpho, 2024

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.

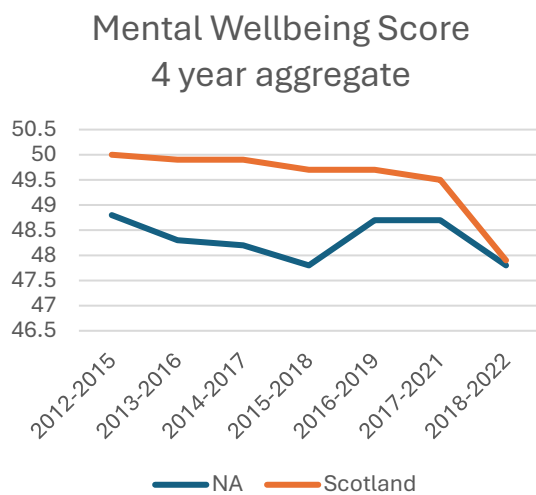


Figure 3: WEMWS, Scotpho, 2024

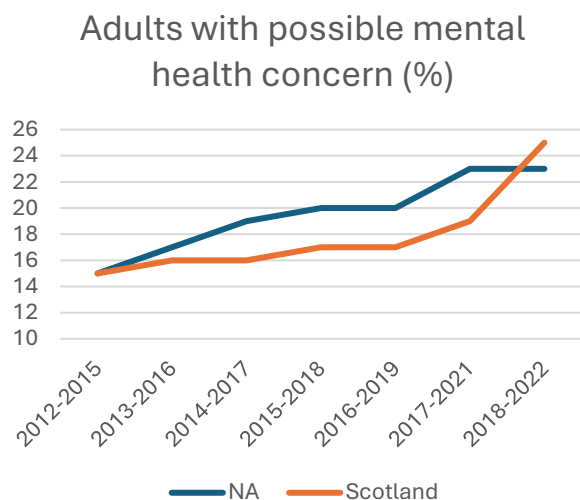


Figure 4: Mental Health Concern %, Scotpho 2024

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 issue¹ 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%². 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

¹ Recovering our Connections 2023-2026, Scottish Government

² 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 report³ 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 survey⁴ 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 2019⁵ 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.

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

⁴ Life in Scotland for LGBT young people, LGBT Youth Scotland, 2022

⁵ 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.

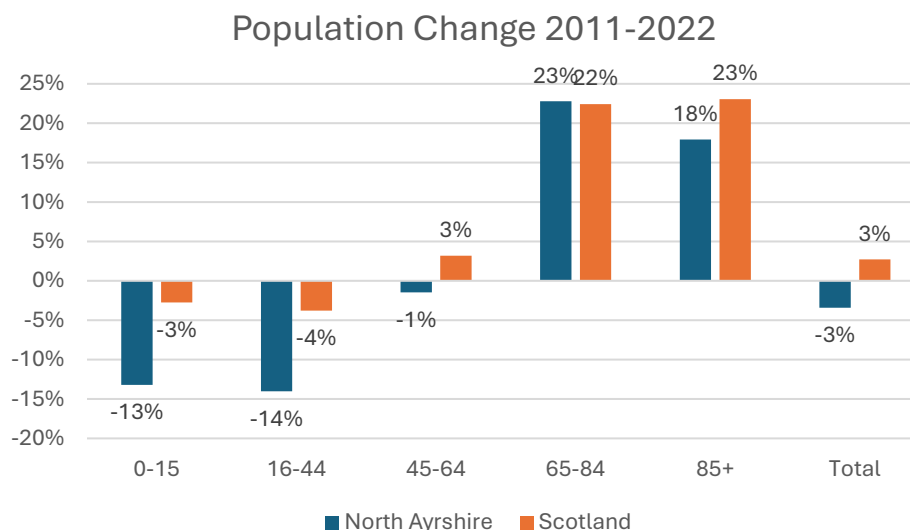


Figure 5: Population Change by age group, 2011-2022, Census 2022

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

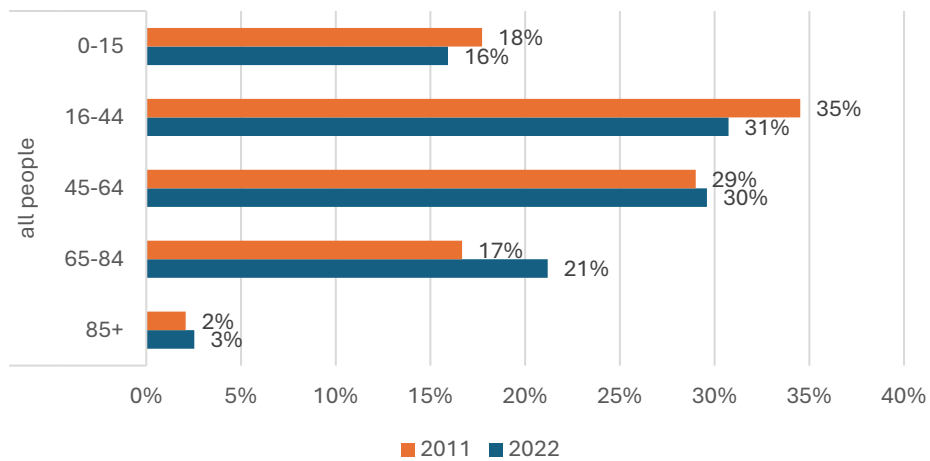


Figure 6: North Ayrshire population % by age group 2011-2022, Census 2022

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 population⁶, 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 report⁷ 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

⁶ Preventing people with a learning disability from dying too young, Nuffield Trust, 2024

⁷ 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’.⁸

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 5th highest proportion of carers when compared to the total population.

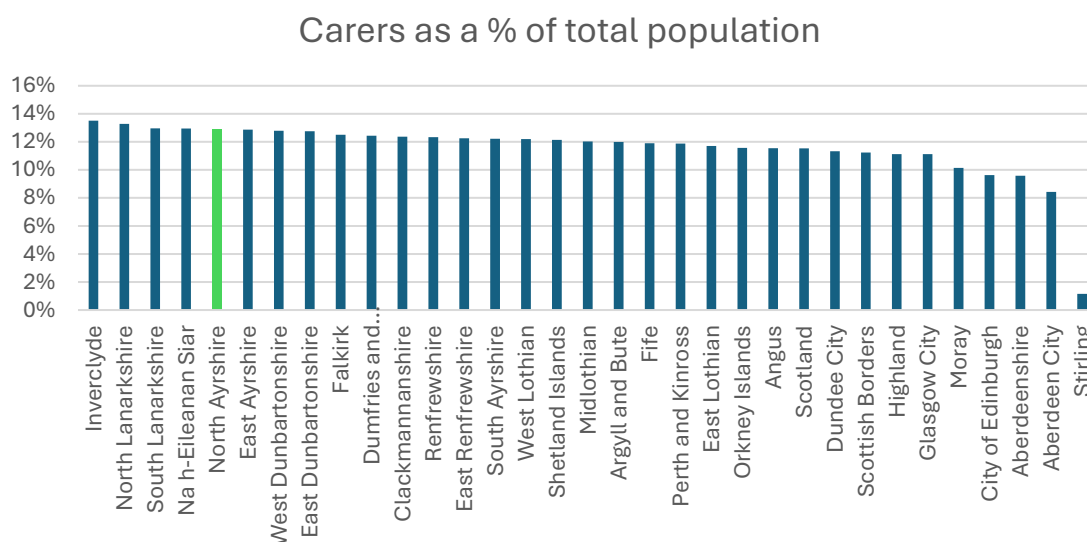


Figure 7: Percentage of carers by Local Authority, Census 2022

⁸ 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 survey⁹ 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

⁹ State of Caring: The impact of caring on health, Carers UK 2023

disadvantage.¹⁰ 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 study¹¹ 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'.¹² 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 community¹³, 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

¹⁰ MECOPP Briefing Sheet 13: Informal Caring within the LGBT Community

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

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

¹³ 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'.¹⁴ 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 committed¹⁵ 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

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

¹⁵ 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 Commission¹⁶ 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 Government¹⁷ 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

¹⁶ Health and Social Care: Scotland, Equality and Human Rights Commission, 2023

¹⁷ 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

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

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