

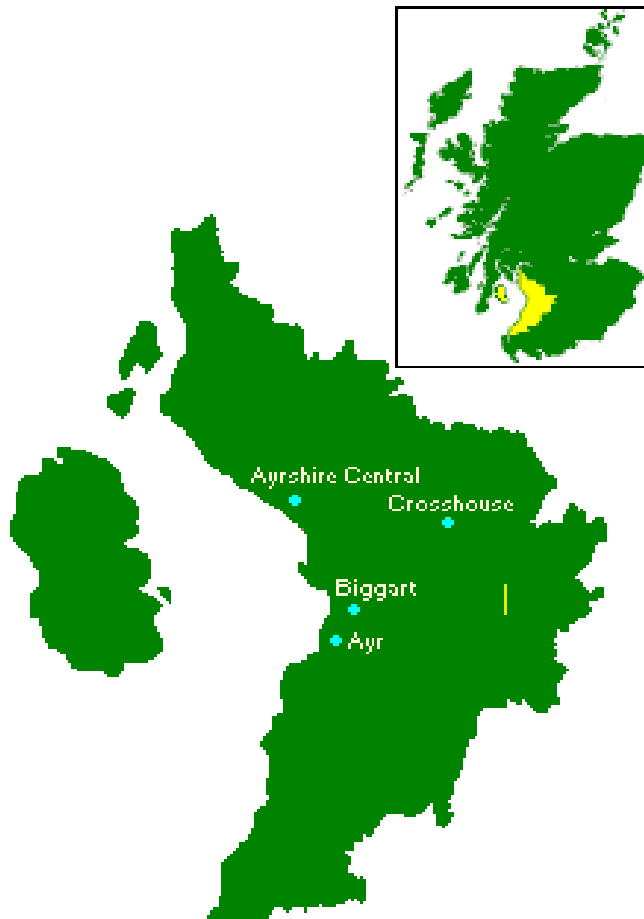


Working together to achieve the healthiest life possible for everyone in Ayrshire and Arran



NHS Ayrshire & Arran

Mainstreaming Report 2017-2019



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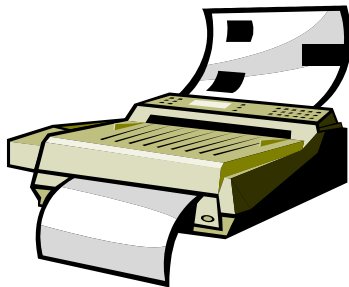
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SECTION 1

1.1 Introduction

This is NHS Ayrshire & Arran's third Mainstreaming Report since the inception of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. These reports aim to inform our service users, their carers, visitors, staff and partner organisations how we as an organisation work towards ensuring that equalities is being mainstreamed into the functions and activities of our organisation. They also provide information on our employees, reported by their protected characteristics, and demonstrate the ways in which we are meeting the general and specific duties as set out in the Equality Act 2010.

In this report we highlight what we have done over the two-year period since setting our second set of equality outcomes. It also communicates our commitment to ensuring the ever-changing demography and multiple identities of our population are person-centred and that our core function of providing health care and prevention of ill-health for all meets the needs of those who access it.

It should be noted that the content of the report highlights progress up to and including 31 December 2018 to allow for our internal governance processes prior to publication in April 2019.

1.2 About Us

NHS Ayrshire & Arran is here to help our population stay healthy and provide safe, effective and person-centred care if you become ill. We are committed to providing a safe and high-quality service designed to meet the needs of patients and their carers and families. Our purpose is:

“Working together to achieve the healthiest life possible for everyone in Ayrshire and Arran”

NHS Ayrshire & Arran is also committed to ensuring patients, carers, families and staff are treated with dignity and respect, no matter their protected characteristics. We strive to provide the best care and treatment we can, within the resources available to us, while ensuring everyone working in the NHS has the right training and skills for their job within a safe and clean environment.

NHS Ayrshire & Arran delivers a wide range of comprehensive services across East, North and South Ayrshire. Changes to the delivery of public services have resulted in integrated services being provided through Health and Social Care Partnerships (HSCPs), who are the joint and equal responsibility of health boards and local authorities via Integrated Joint Boards.

As a result of the changes to the landscape, NHS Ayrshire & Arran set their second set of equality outcomes in partnership but accountability for delivery of the actions remains with each individual partner. This report highlights both the work towards delivery of the shared actions as well as the individual specific actions of NHS Ayrshire & Arran.

1.3 NHS Ayrshire & Arran’s population and health

National Records for Scotland (NRS) estimated the 2017 mid-year population of NHS Ayrshire & Arran to be 370,410. Of the three HSCPs areas in Ayrshire and Arran, East Ayrshire accounts for 33 per cent (121,940) of the total population, North Ayrshire 37 per cent (135,790) and South Ayrshire 30 per cent (112,680).

The population within NHS Ayrshire & Arran is older than the Scottish average and this pattern is expected to continue for the foreseeable future. It has been estimated that:

- over 23 percent of the population will be over 65 years of age in Ayrshire and Arran by 2020, compared to 19.6% across Scotland.
- the number of people aged 75 or over in Ayrshire and Arran is projected to increase by 33 percent by 2024, compared to an increase of 29 percent projected for Scotland.

Overall life expectancy in Ayrshire and Arran for both men and women has not changed significantly (from 76.6 to 76.5 years) for the period; 2014-16 and 2016-17 respectively. This is similar to the Scottish average which is also showing no increase in life expectancy for the same period. For the period 2015-17 male and female life expectancy in Ayrshire and Arran was 76.5 and 80 years respectively, similar to the Scottish average.

Figure1 Life Expectancy at birth, for East, North and South Ayrshire Council areas by Scottish Index of Multiple Deprivation (2016 Quintiles), 2013-2017, Males and Females

Males	Quintile 1 (Most Deprived)	Quintile 5 (Least Deprived)
East Ayrshire	72.7	80.5
North Ayrshire	71.7	81
South Ayrshire	72.4	81.4

Females	Quintile 1 (Most Deprived)	Quintile 5 (Least Deprived)
East Ayrshire	76.2	83.9
North Ayrshire	76	84.2
South Ayrshire	77.5	84

www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/life-expectancy/life-expectancy-in-scottish-areas/life-expectancy-for-administrative-areas-within-scotland-2015-2017

Figure 1 shows the gap in life expectancy; people living in most deprived areas of East, North and South Ayrshire have a shorter life expectancy than those living in the least deprived areas. The confidence intervals are narrow for these data implying that these estimates are fairly accurate.

There were 3,281 live births in 2017, Ayrshire and Arran has a similar birth rate at 52.8 per 1,000 women aged 15 to 44 compared to the Scotland rate of 51.3 per 1,000 women. There were 4,544 deaths in Ayrshire and Arran in 2017. The three major causes of mortality were cancer, heart disease and stroke and these accounted for over 50 percent of all deaths during 2017.

SECTION 2

2.1 Mainstreaming

Mainstreaming is a specific requirement for public bodies in relation to implementing the Equality Duty 2010. In simple terms it means integrating equality into the day-to-day working of NHS Ayrshire & Arran, taking equality into account in the way we exercise our functions. In other words, equality should be part of everything we do.

The Equality Act 2010 introduced the public sector equality duty (PSED) which requires public authorities, including Health Boards, in the exercise of their functions, to have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited under this Act
2. Advance equality of opportunity between people who share a relevant protected characteristic and those who do not share it;
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The protected characteristics referred to in the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Our previous mainstreaming reports have demonstrated NHS Ayrshire & Arran's commitment to embed equalities into our functions and our continued approach is outlined hereafter.

2.2 NHS Ayrshire & Arran's Approach

2.2.1 Leadership

NHS Ayrshire & Arran's approach to continuous improvement and embedding of equalities into our functions continues through visible leadership, organisational commitment and staff training amongst other initiatives, including the Board workshop on Equalities in November 2018.

NHS Ayrshire & Arran has approved three integrated organisational statements – Board Purpose, Board Commitments and Board Values – which together help to define the organisation, provide clarity of Board purpose and goals and outline the key principles for how it will operate. This is outlined within the strategic framework Our Health 2020: A health and wellbeing framework for NHS Ayrshire & Arran (<https://www.nhsaa.net/media/2499/our2020vision.pdf>). The Board has also agreed a strategic matrix which identifies key leads for overall delivery and leadership which flow from the strategic framework and ensures appropriate governance processes are built into the delivery of services.

As well as having our strategic framework in place one key initiative is the ongoing Leadership Walkround Programme where our leaders engage with staff in our acute and community hospitals. This helps to build valuable relationships between our leaders and our clinicians whilst at the same time engaging with staff members to discuss what

achievements they are most proud of and what they consider to be the main challenges they face. It also provides an excellent opportunity to engage with our patients to discuss are good experiences or concerns they have.

2.2.2 NHS Ayrshire & Arran Board Member Recruitment

When new appointments are required the NHS Board works closely with the Public Appointments team to ensure that the recruitment process complies with the standards required for public appointments. When vacancies arise for Non Executive members the Head of Corporate Governance provides information to a wide range of stakeholders and the Chairman is available to speak with anyone who wishes to find out more about the role.

During the period 2017 - 2019, NHS Ayrshire & Arran took positive actions steps as part of its advertising plan to ensure it was wide ranging and inclusive to deliver wide engagement and capture as diverse a range of possible applicants as possible to represent the local population in the decision-making process.

Targeted advertising was undertaken using a variety of methods with our advertising poster seeking applications from particular groups which are under-represented on our Board.

2.2.3 Organisational Commitment

NHS Ayrshire & Arran continues to remain committed to putting equality at the heart of our organisation by shifting the focus from being a “bolt on” aspect of delivery to an integral part of the way we perform our functions.

As referenced in section 1, changes to the delivery of public services have resulted in integrated services being provided through HSCPs, and within NHS Ayrshire & Arran we work closely with three HSCPs. This has resulted in the development of a Board Delivery Plan which is shared and aligned with the strategic plans of the Integration Joint Boards.

As well as the changing landscape, the economic climate and changing demography has had further impact on how we deliver services. Aligned with this, NHS Ayrshire & Arran has developed a Transformational Change Improvement Plan to support financial discussions and budget planning. The Plan is set against the drivers of the Quality Strategy and has a set of defined guiding principles to support us in planning for the future. Our approach makes best use of data to understand our population, to allow us make decisions and to plan services that will be sustainable at a local, regional and national level.

Our engagement strategy to support continued engagement of stakeholders underpins the progression of agreed strategies of the Board and ultimately the policy direction of the Scottish Government.

Interested in becoming a member of the NHS Board?



NHS Ayrshire & Arran is looking for a new member to join its Board. This is a challenging and rewarding role which will have a real impact on health services for local people.

The Board will particularly welcome applications from groups currently under-represented on Scotland's public bodies, such as women, disabled people and people aged under 50.

If you would like to speak to someone informally about what it means to be a Board member, the Board's chair, Dr Martin Cheyne will be happy to answer your questions. Call 01292 513628 to find out more.

For an application pack and full details of these and other public appointments, please visit the website: www.appointed-for-scotland.org.

Closing date for applications is Friday 1 February 2019

Working together to achieve the healthiest life possible for everyone in Ayrshire and Arran

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2.2.4 Equality Impact Assessment (EQIA)

NHS Ayrshire & Arran continues to ensure the ongoing importance of embedding equalities into the organisation through the use of equality impact assessment. With much work taking place to improve and streamline services across the NHS and HSCPs, the NHS is keen to ensure the continuation of equality impact assessment and is re-launching training opportunities for staff during 2019 and 2020. As part of this work inclusion of the Fairer Scotland Duty has been incorporated and staff will be reminded of the importance of consideration of the socio-economic impact on decisions.

NHS Ayrshire & Arran continue to access information on the Scottish Government [Equality Evidence Finder](#). This tool makes it easier for people to locate and access equalities information, and provides a wealth of data and other evidence with accompanying commentary, background papers, and links to further information. The Scottish Government updated and re-launched this tool at the end of 2018 which now receives data updates more frequently and has a number of enhanced interactive data visualisation options.

2.2.5 Ayrshire and Arran's Equality Profiling

Good equality data underpins the performance of the public sector equality duty. NHS Ayrshire & Arran recognises the importance of this in order to best meet people's needs, as well as providing a sound basis for planning and service delivery in the context of local and national developments. Understanding the experience of people with protected characteristics also helps us to meet the public sector equality duty and have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.

Our internal systems routinely collect the characteristics of age and sex. NHS Ayrshire & Arran committed to improving the gathering of ethnic recording and continues to remain above the Scottish average for the collection of this data as at September 2018. Our data with a valid ethnic group for our inpatient data at has increased from 58.6% to 83% (Scottish average is 81%) and new outpatient appointments increased from 28.1% to 80% (Scottish average is 73%).

As referenced in previous mainstreaming reports, the collection of data for patients with additional support needs is a national issue and further work nationally is being taken forward to support Boards to better plan patient care. We still await the next core change to InterSystems to incorporate the fields and data items to support recording of additional support needs and this is expected to be implemented by Boards in 2020. NHS Ayrshire & Arran continue to use other methods to better support patients with additional support needs.

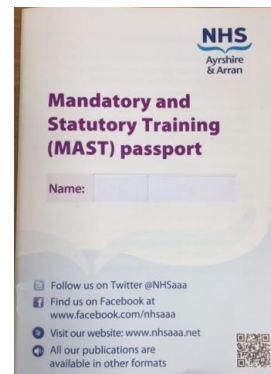
As well as our own internal patient management system, NHS Ayrshire & Arran accesses information from a variety of other sources such as the NRS, Census data and information received through consultation and engagement.

2.2.6 Staff Training

As part of NHS Ayrshire & Arran's Corporate Induction Programme, all staff require to complete 12 mandatory and statutory training modules. One of these modules is an Equality and Diversity Overview. Building on the numbers of staff who have already

undergone the training aligned with this programme, 2,031 staff have completed the equality and diversity module between 1 April 2017 and 31 December 2018.

In addition to the eLearning module, there is a two-hour equality and diversity classroom session within the Programme which outlines our policies and demonstrates acceptable and positive behaviours expected of NHS Ayrshire & Arran employees. This training also links with our Staff Governance Standards and our organisational values of Safe, Caring and Respectful.



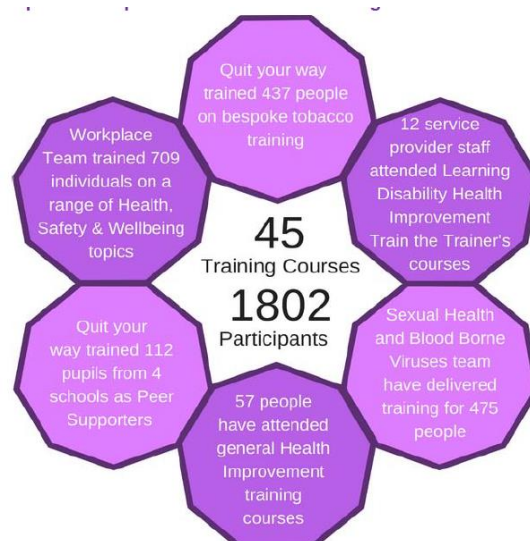
Additional equality related eLearning modules are promoted to staff to build upon the learning from equality and diversity training. This includes Gender Based Violence, Introduction to Learning Disability, Human Trafficking – Adult and Stonewall: Lesbian, Gay, Bisexual and Transgender (LGBT) Good Practice. NHS Ayrshire & Arran recognise that equality and diversity is not a standalone subject area and it is integral to everything we do therefore we continue to mainstream equality and diversity into other classroom based sessions, where appropriate.

Another area where NHS Ayrshire & Arran have focussed their attention is with staff relationships, in particular reducing bullying and harassment situations. The organisation rolled out the Give Respect, Get Respect guidance note for all employees to help build a dignified workplace and promote the values of NHS Ayrshire & Arran – Caring, Safe and Respectful. To avoid lengthy and stressful situations, Give Respect, Get Respect aims to provide a means of resolving interpersonal conflict informally and at the earliest opportunity. Our human resource managers and staff side representatives have been working across the organisation to roll the programme of work out through the provision of team based sessions and briefing notes. Since rolling the programme out the organisation is witnessed a reduction from over 50 bullying and harassment cases down to eight cases as at 31 December 2018. This framework lends itself to supporting members of staff who feel, due to their protected characteristics, they are being bullied, victimised or excluded.

Furthermore, during the period April 2017 to December 2018, NHS Ayrshire & Arran's Health Improvement Teams provided a wide range of courses. A number of these were scheduled via a training programme, but there were also a number of bespoke sessions delivered on an ad-hoc basis.

From the numbers recorded, 3,609 members of staff have accessed these courses. This can be broken down to 1,802 for the period April 2017 to March 2018 and 1,807 for the period April 2018 to December 2018. This also includes delegates from partner organisations as well as primary care practices such as pharmacy.

The health improvement training courses all provide advice and guidance to help individuals support our communities with particular themes including the wider determinants of health and health inequalities, health literacy, social isolation and loneliness. A snapshot of the courses covered includes:



- Better Health

- Health Behaviour Change – Weigh To Go
- Health Literacy
- Improving Health: Developing Effective Practice
- Quit Your Way
- Wellness Recovery Action Planning (WRAP) Workshops

Some specific areas where the health improvement teams have provided targeted equalities training includes:

- Learning Disability Awareness
- Mental Health and Wellbeing
- Mentally Healthy Workplace For Managers
- Sexual Health Awareness Training Sessions

We continue to work collaboratively with our partners, other agencies and organisations to promote the equalities agenda through joint learning and development. By doing so we are providing service providers across Ayrshire with consistent and clear direction.

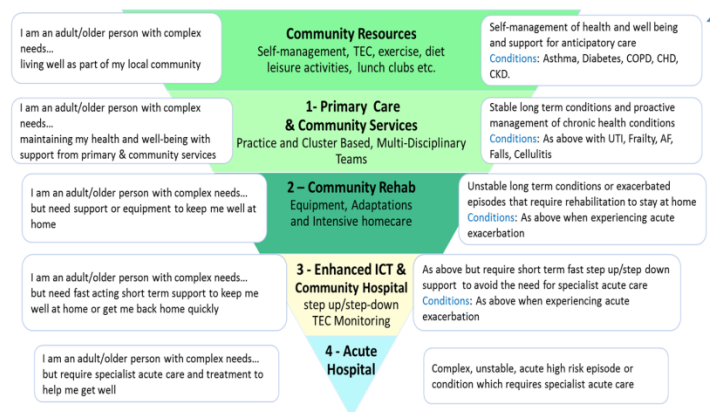
2.2.7 Equality of Access to NHS Ayrshire & Arran Services

North Ayrshire Enhanced Intermediate Care Team (ICT)

Within Ayrshire and Arran, in line with the rest of Scotland, people are living longer and as a result the older we become, the more complicated our health and social care needs tend to be.

The Pan-Ayrshire Model for Enhanced Intermediate Care and Rehabilitation focuses on providing high quality care and support through early intervention and preventative action. The aim is to help prevent older people and people with complex needs becoming unwell in the first place or supporting them to manage their conditions more effectively at home or a homely environment. The enablers for this include Technology Enabled Care (TEC) and locality based Multi-disciplinary teams ensuring the person is seen by the right service, first time.

The model supports people at different stages of their recovery journey and builds upon existing intermediate care and rehabilitation services. The model has a four tier approach depending on individual need. The model aims to reduce duplication and fragmentation of services across Ayrshire and Arran.



This new way of working offers a faster, more co-ordinated response to deterioration/crisis by preventing unnecessary acute hospital admission and where possible supporting people's recovery at home or a homely environment. This will:

- smooth the flow of people requiring hospital bed-based care
- improve the flow of people home from hospital (particularly over the weekend period)
- enable more people to remain at home

- ensure the provision of high quality care delivered by the right person, at the right time in the right place

Case study

Mr X had fallen from his bed after severe back pain and was unable to get back up. His wife Mrs X was unable to help him due to her own disabilities, so she had called an ambulance. An ambulance attended and the paramedic helped Mr X to sit up on a chair and assessed him, noting no obvious injuries. The paramedic phoned ICT and discussed Mr X's needs. ICT agreed Mr X would benefit from an urgent ICT visit.

The team visited Mr and Mrs X within two hours. Prior to the incident, Mr X had been independent and actively involved with his local community. He also helped to support his wife and they were both worried that Mr X would lose his independence and they would both need on-going support.

During the initial visit Mr X's GP called and recommended a change to his medication in case it was responsible for causing the pain. The ICT supported Mr X for ten days and he was also closely monitored by his GP. The ICT provided support to enable Mr X to become more independent in his home by providing advice and equipment. They gave information on pain relief management and transferring techniques to help reduce the amount of pain he was in and gave continued reassurance to Mr and Mrs X over the period.

At the end of the ten days Mr X's pain was much more manageable and he was able to go out and about in the community again and take his wife to the shops. By implementing the Enhanced ICT system Mr X was able to recover at home with:

- No requirement to go to hospital
- No admission to hospital
- No initial GP visit
- Regained Independence

Largs Medical Practice

As part of the work to develop multidisciplinary teams (MDT) within primary care, Largs Medical Practice now have several additional individuals who work within the practice including a community link worker, pharmacist, pharmacy technician, physiotherapist, Advanced Nurse Practitioner trainee and a newly graduated nurse who is training with the practice. These individuals have helped to support the work that is carried out in General Practice and has helped to stabilise the team at a time when there are major challenges facing primary care.

The practice endeavour to ensure that patients are triaged to the most appropriate individual at the outset rather than the traditional model of seeing a general practitioner (GP) first for onwards referral. This makes best use of the clinical time available and streamlines the patient journey.

The physiotherapist provides four clinical sessions to patients each week. When individuals contact the practice with musculoskeletal problems they are booked directly with the physiotherapist without the need to see a GP. This has resulted in some very positive feedback from patients as well as providing support to the practice and reducing local musculoskeletal physio waiting times.

The physiotherapist has worked hard to integrate into the practice team and build good working relationships with all staff. This has allowed trust to be built up with this new way of working which has been a change not just for the practice but also their patients.

A recent example of this in practice involved a 55 year old lady who had injured her knee. This resulted in time off work and a loss of earnings as well as the pain of the injury. This lady was triaged to see the physiotherapist as a first point of contact. During the assessment the physio was able to give advice to help rehabilitate the injury and also liaised with the pharmacist within our MDT to secure a prescription for anti-inflammatory medication to help ease the pain and swelling. The patient was also signposted to the community link worker who provided information and resources regarding the financial issues as well as support to return to the work place. If further physio input had been needed or imaging required this can be arranged by the physiotherapist without the need for GP involvement.

2.2.8 Partnership Working

Kilwinning Locality Wellness Model

In recent years there has been an unprecedented increase in the mental and emotional health needs of children and young people. Evidence across Scotland has identified in both primary and secondary schools a reported increase in stress, anxiety, depression, low mood and self harm.

In North Ayrshire there are between 25-30% of young people who have additional support needs at any one time and the majority of these are around wellbeing. This demand has also been reflected by an increase in referrals to specialist Child and Adolescent Mental Health Service teams (CAMHS). Not being able to effectively support children and young people increases the strain on families, school staff and health services.

CAMHS in North Ayrshire (and in particular Kilwinning) embarked upon a quality improvement initiative taking a whole system approach to mental health support by developing a fully integrated approach aligning specialist child and adolescent mental health teams with developing initiatives in partnership with Ayrshire schools and other parts of the community. The model recognised the progressive challenges and pressures across the system, a shifting landscape in relation to opportunities around integration, and a desire for stronger engagement with primary care, local communities and their associated developments. Specifically, it reflects the following:

- There is a need to develop integrated sustainable models of support
- There are huge financial pressures across the public sector and an ever increasing number of young people being referred into a specialist mental health service.
- The current position is not sustainable and sustainable models have to be developed to meet future demands including shared outcomes both strategic and young person centred.
- Solutions cannot be found in traditional models of service and can only be done in partnership with a wide variety of stakeholders.
- The changing landscape built on integration and strategic alignment can help to facilitate supporting young people with the most appropriate person in the right place.

Four work streams were developed to take this initiative forward. Progress has been successful with great enthusiasm to work together to make this work. Working with the two GP practices, primary schools, secondary school, third sector and parents and carers has been essential to taking this work forward. Representatives from health, social care, education, school counselling service, Place2Be, family learning workers, and the named person service are all working together to improve young people's mental health and wellbeing, whilst building resilience and capacity as the work progresses.



One of the work streams (Access and Pathways) resulted in the mapping of all the services available to children and young people in relation to mental health. A short guide was produced for schools and GP's to show what services were available and this was split into preschool, primary school and secondary school. It also identifies gaps in service provision for the primary school children in relation to where they can access support. GP's were referring to CAMHS previously as they were not aware of all the other services that were available to children and young people in the locality. By doing this, young people are seen in the right place, by the right person at the right time. This has resulted in a much greater awareness of existing services for young people.

Participating in joint training and presenting at events, and having a local presence and community involvement has really helped with the ongoing work. Barriers have been broken down and appropriate sharing of information and conversations with schools, CAMHS and parents and carers have opened up a much better dialogue. Myths about CAMHS have been dispelled and it is hoped that only children and young people that actually need to come into a specialist mental health service come into the service.

Between August 2018 and December 2018 there were 16 young people that were referred through the Named Person Service and none of them required further referral to CAMHS. A variety of other services or interventions were put into place to support these young people within schools including; creating a 'worry box', referring to school counselling, some being seen by the Area Inclusion Worker and another liaised with Social Work and the young person's key worker.

There were three young people that had a routine referral that did not come through the Named Person Service. These were young people in further education, one of whom came through the Young Person's Support Team and was Looked After and Accommodated.

Due to the success of this initiative and the positive impact on young people's lives, the partnership are looking at other areas across Ayrshire to undertake similar approaches to support children and young people's mental health and wellbeing.

British Sign Language (BSL) Local Plan.

The Scottish Government wants Scotland to be the best place in the world for BSL users to live, learn, work and visit. This means that people whose first or preferred language is BSL will be fully involved in daily and public life, as active, healthy citizens, and will be able to make informed choices about every aspect of their lives.



Following on from the success of developing shared equality outcomes across the various partners in Ayrshire, a decision was taken to develop a shared BSL Local Plan. A BSL Action Plan Working Group was established in September 2017 to take forward a partnership approach to developing an Ayrshire Shared BSL Action Plan.

This group has representation from the three Councils, three HSCPs, NHS Ayrshire & Arran, Ayrshire College and representation from the Deaf community. The working group were keen that BSL representation were involved at every stage of the development and will continue to be involved as we move forward to delivery.

The Ayrshire Shared Plan sets out what the partners will do to support BSL users in Ayrshire, covering early years and education; training and work; health, mental health and wellbeing; transport; culture and the arts; justice and democracy. It describes the actions the eight partners will take between 2018 and 2024, including:

- Improving access to a wide range of information and public services in BSL
- Investigating the level of BSL of teachers and support staff in schools
- Enabling parents who use BSL to be fully involved in their child’s education
- Improving the experience of students who use BSL, when they move from school to college, university, training and the world of work
- Improving access to health care and mental health services in BSL
- Removing obstacles to BSL users participating.

Helen Morgans-Wenhold, Local Authority Lead, British Deaf Association welcomed the move as a positive step, “The Ayrshire Shared BSL Plan places the region in a great position for promoting access and inclusion for Deaf BSL users. We congratulate Ayrshire for involving BSL users in all levels from the start to the end. We wish you great success for the next six years.”



2.2.9 Procurement

NHS Ayrshire & Arran continues to ensure equality is mainstreamed into our procurement processes including:

- Carrying out public procurement, and mainstreaming the general equality duty, through use of the European Single Procurement Document by Scottish Government which is used as a template for the selection of suppliers including Equality and Diversity.
- Agreement that the degree to which equality and diversity requirements are specified and incorporated within procurement documentation would vary according to the goods, services or works being purchased and these are assessed on a case by case basis.

- The majority of the main suppliers to NHS Ayrshire & Arran are awarded contracts by National Procurement – an example of where equality and diversity is considered is the national uniforms contract which was awarded to Dimensions UK Ltd working with Haven PTS. This is a supported business and provides 30 jobs for disabled people.

NHS Ayrshire & Arran Procurement continues to recognise that our activities have an effect on the society in which we work, and that developments in society affect our ability to work successfully. NHS Ayrshire & Arran's Procurement Department is committed to achieving environmental, social and economic aims that tackle these effects.

Our tendering activity has increased in recent years and the governance increased through development of Standing Financial Instructions, Procurement Operating Procedures and work instructions in line with the Public Procurement Reform (Scotland) Act 2014 and Procurement Regulatory Requirements 2016. This ensures that the environmental, social, equality and diversity aspects of procurements are addressed appropriately.

NHS Ayrshire & Arran also actively promote the use of national frameworks, as mentioned above, and these have been awarded under the same procurement regulation requirements. The use of contracts is mandated through the use of electronic ordering from catalogues thus reducing off contract spend and maximising the environmental, social and economic benefits achieved.

SECTION 3

3.1 Equality Outcomes 2017 - 2021

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 stipulated that all Health Boards across NHS Scotland were required to develop and publish a set of equality outcomes to further one or more of the three needs of the Public Sector Equality Duty (PSED). The purpose of the specific duties in Scotland is to help public bodies, such as NHS Ayrshire & Arran, in their performance of the PSED.

In April 2017, NHS Ayrshire & Arran published four equality outcomes (below) in partnership. In Ayrshire, each public sector organisation has a requirement to develop and publish a set of equality outcomes. Considering the close working links between many of the public sector organisations, it was proposed that closer working around the development of equality outcomes should be undertaken. More importantly, as all organisations are delivering, or supporting the delivery of, services to the same communities, their experience could be improved if approaches were consistent and this could be driven through the development of shared equality outcomes. Therefore, a decision was taken that public sector organisations across Ayrshire could develop a shared set of equality outcomes whilst still maintaining individual accountability for their part.

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

Whilst the outcomes were set in partnership, each partner set additional actions specific to their own organisation. To clarify which actions are shared and which are specific to NHS Ayrshire & Arran the templates to follow have been colour coded for ease of understanding.

Shared partnership actions
NHS Ayrshire & Arran specific actions

This section of the report is our mid-term report on how the actions and activities have progressed, what our plans are for the future and outlines some examples of practice to showcase good practice and how this is being mainstreamed into business. As we are currently mid-term in implementing these equality outcomes, it has not been possible to showcase a case study for every output being taken forward. Likewise, some outcomes are driven by awareness raising of potential situations which do not lend themselves to case studies and in particular being cognisant of identifying individuals.

Equality Outcome 1.1a : In Ayrshire people experience safe and inclusive communities

What we set out to do:

To ensure people across Ayrshire experience safe and inclusive communities. We aimed to increase awareness of hate crime and avenues for reporting including third party reporting centres.

Output – Increased awareness of hate crime

Action – Raise staff awareness to better identify hate crime

Measurement – Number of staff trained

Output – Increased awareness of hate crime

Action – Work with partners to raise awareness of hate crime

Measurement – Number of crimes reported and detected

Output – Increased used of third party reporting

Action – Increase the awareness of third party reporting

Measurement – Increased third party reporting using a variety of media tools and promotion materials

What we did:

The partners recognised that hate crime continues to rise for particular groups within our community, however, under-reporting of such crimes remains an area which requires more focus. Awareness of what constitutes a hate required to be made clearly for people as well as alternative ways of doing so.

The partners took the opportunity during Hate Crime Awareness Week in October to promote what a hate crime is and ways to report. In October 2017, the partners produced a leaflet providing staff and service users with consistent information to better support awareness of this issue. The leaflet was disseminated across all partner organisations along with the use of social media mechanisms such as twitter and face book to get the message out as widely as possible. This was repeated again in October 2018 with the partners also promoting the [Scottish Government One Scotland](#) campaign to put an end to hate crime.

The use of the www.hatecrimescotland.org website also provided the opportunity to further cascade information on hate crimes and reporting mechanisms to both staff and service users.

Through the partnership working with our colleagues in Police Scotland we have also devised a quarterly report to help us understand the levels of hate crime across Ayrshire. The report offers the opportunity to identify if there are any particular protected characteristic groups where hate crime is increasing but also to consider if there are any areas of increase where more work could be targeted to address this.

What difference did we make?

It was anticipated that the increase in awareness raising around Hate Crime that we would see a rise in the reporting of hate crimes before seeing a reduction. This appears to be the case; however, work is ongoing to support a reduction in Hate Crime incidents. The evidence identified that in 2017 race hate crime was the highest and this trend continues. To support the reduction in racist hate crime, the partners have supported and promoted diversity days and open days at the Mosque to encourage fostering good relations between different racial groups.

What we will do now/future work?

Whilst one of the measurements was the number of staff trained about hate crime, the partners have focussed the first two years of this outcome on raising awareness of what this covers and ways of reporting.

At the time of producing this mid-term report, the Scottish Government began a consultation process following on from the recommendations of Lord Bracadale's Independent Review of Hate Crime Legislation in Scotland. The consultation is scheduled to conclude on 24 February 2019.

In the coming two-year period, the partners are looking to develop an online eLearning module to better support staff understanding in line with the outcomes of the aforementioned consultation as well as taking forward any other necessary actions as a result of the consultation.

Over and above supporting our staff, the partners will work together to better promote what Hate Crime is to our communities across Ayrshire and where third party reporting centres are located.

Case study

As indicated previously, the partners worked with Police Scotland colleagues to develop a quarterly report on hate crime and evidence showed an increase in hate crimes in an area of South Ayrshire but no third party reporting centres. Therefore, as part of the ongoing 'front door' work to NHS premises, this offered the opportunity to address this gap and establish a reporting centre.



Equality Outcome 1.1b : In Ayrshire people experience safe and inclusive communities

What we set out to do:

To ensure people across Ayrshire experience safe and inclusive communities, we aimed to implement the 'Keep Safe' initiative across partner agencies in Ayrshire. We endeavoured to do this through staff training and briefing sessions to raise awareness and through conducting an audit of existing places with a view to increasing the number of establishments registered for the initiative.

Output – Implementation of the 'Keep Safe' initiative across partner agencies in Ayrshire

Action – Deliver partner training as appropriate

Measurement – Number of training courses / briefing session delivered and Number of staff trained

Output – Implementation of the 'Keep Safe' initiative across partner agencies in Ayrshire

Action – Conduct a baseline audit of 'Keep Safe' places

Measurement – Audit of 'Keep Safe' places

Output – Implementation of the 'Keep Safe' initiative across partner agencies in Ayrshire

Action – Support the development of the 'Keep Safe' initiative in Ayrshire

Measurement – Increase in the number of establishments registered for 'Keep Safe'

What we did:

People who are vulnerable because of learning disabilities, physical disabilities, sensory impairment or mental health problems have the right to feel safe when they are out in the community. Unfortunately some people can become targets for bullying and harassment and can feel intimidated, scared and frightened to go out.

The Keep Safe initiative works with a network of businesses such as shops, libraries and cafes who have agreed to make their premises a 'Keep Safe' place for people to go if they feel frightened, distressed or are the victim of crime when out in the community. These premises have been approved by Police Scotland and the staff within these establishments receive training as do staff within organisations and people who use the service

Disabled and elderly people who wish to take part in the initiative will be issued with a contact card which will contain details of the person's name, any health concerns, any communication needs and helpful contact details for friends or family.

The partners conducted an audit of the number of establishments at the outset of this outcome and across the whole of Ayrshire there was only one establishment in North Ayrshire.

The lead for Keep Safe in East Ayrshire has linked with the Lead Partnership Head of Service – Primary Care and Out of Hours Community Response to take forward this action with consideration of this taking place through the management team responsible for General Medical Services, General Dental Services, General Ophthalmic Services, Community Pharmacy and Ayrshire Urgent Care Services.

What difference did we make?

Following the audit, the partners worked to increase the number of Keep Safe establishments across Ayrshire. At the time of writing this report, there were 46

Keep Safe premises across Ayrshire and Arran. These sites have been approved and are registered on the 'I Am Me' website which keeps a register of all approved Keep Safe establishments.

The partners have successfully increased the number of establishments approved and registered from one to 46 in the period since setting this outcome and associated actions. As part of increasing the number of establishments registered for this initiative, a large number of staff have also required to undergo training to ensure staff working in the establishments can fulfill the potential of the initiative.

What we will do now/future work?

Following engagement with Primary Care and Out of Hours Community Response we plan to support roll-out in GP practices, dentists, opticians and pharmacies that express an interest

The partners will also continue to progress identification of further locations for Keep Safe places through engagement with Learning Disability service users and other relevant groups to help identify suitable locations out with statutory buildings. Ideally, Keep Safe places will be established in local business or leisure venues where people would normally visit.

The partners will continue to collect and monitor data on usage for the Keep Safe establishments and measure the impact of these initiatives on service users.

Work is ongoing to engage with the ferry terminal on Arran to progress its registration as a Keep Safe location.

Case study

At the time of preparing this report we did not have any case studies to show the impact of this initiative. That said, we are confident the staff working in the registered establishments are better informed to deal with any situation in a sensitive and supportive way. However, over the next two years the partners will continue to work to increase awareness amongst communities and staff of the initiative and the benefits it can provide to vulnerable individuals.



Equality Outcome 1.2: In Ayrshire people experience safe and inclusive communities

What we set out to do:

Prevent is one of the four elements of CONTEST, the UK Governments counter terrorism strategy. The Counter Terrorism and Security Act (2015) places a duty on a number of specified authorities to have “due regard to the need to prevent people from being drawn into terrorism” The partners agreed to implement certain actions to support this work including raising staff awareness to better identify radicalisation and also increase awareness of the reporting procedures.

Outputs – People are aware of prevent.

Action – Raise staff awareness to better identify radicalisation

Measurement – Number of staff trained

Output – Established reporting protocols in place

Action – Increase awareness of reporting procedure

Measure – Published briefings and leaflets in all key areas

What we did:

Delivery of classroom based Workshops to Raise Awareness of Prevent (WRAP) sessions continued to take place across all partner organisations. This allowed opportunities for staff to better understand the risk of radicalisation but also engage with one another around this agenda to offer the chance for debate and discussion. From 1 April 2017, 1,072 staff attended face-to-face classroom based training with eight staff undertaking the train the trainers training.

The e-learning package continues to be promoted to staff taking the total number of staff completing the e-learning package to 3,912.

The all staff Prevent briefing was revised and circulated a number of times across all partner organisations since 1 April 2017. This allows a clear and consistent message around Prevent to be disseminated across the whole of Ayrshire. Each partner organisation distributes these briefings using their own internal processes. Within NHS Ayrshire & Arran, this is circulated via daily digest and available on Athena. We also encourage this to be highlighted at the daily huddles and team meetings.

What difference did we make?

We have raised awareness of Prevent and our responsibility to safeguard vulnerable individuals for being radicalised; in doing so staff have started asking more questions and discussing their concerns.

We are complying with the duties placed upon us as a named specified authority within the Counter Terrorism and Security Act, 2015. Staff are more aware of Prevent and the need to safeguard against radicalisation and the routes for reporting any concerns.

What we will do now/future work?

We will continue to provide WRAP training, publish briefings and keep staff abreast of any changes in line with the Prevent strategy. We will continue to meet with as a multiagency partnership and share intelligence. Going forward we will include Prevent within the adult and child protection training and continue to emphasise Prevent as a safeguarding issue.

Case study

Whilst we do not have any specific case studies to report, we are confident that staff awareness is greatly improved based on a shared understanding of the threat, risk and vulnerability in the area and the safeguarding of individuals. Therefore, should a situation arise we are confident that relevant staff would recognise vulnerability and be in a position to notice, check and share concerns about those at risk appropriately.

Equality Outcome 1.3 : In Ayrshire people experience safe and inclusive communities

What we set out to do:

Evidence shows that social isolation can result in both physical and mental ill-health. Social isolation and loneliness is widespread and not limited to some age groups or sections of society. Local consultation suggests that those in Ayrshire's rural communities are particularly prone to social isolation and are unable to access services.

Output – People experience reduced levels of social isolation

Action – Develop a strategy and action plan to support a reduction in social isolation

Measurement – Strategy and action plan in place
Reduction in social isolation

What we did:

Social isolation and loneliness are increasingly being considered as public health issues due to their impact on both physical and mental health. To support the development of a public health response to this, we have developed a portfolio of work for one whole time equivalent (WTE) Senior Health Improvement Programme Officer within the Public Health Department to include leading the public health response to social isolation and loneliness throughout Ayrshire & Arran. This post was been in place since July 2017.

Work has commenced across Ayrshire to raise awareness of social isolation and loneliness and its impact on health and to provide a co-ordinated, strategic approach to tackling these issues. This has mainly happened by working in partnership with other agencies as the solutions to isolation and loneliness can often be realised by those out with the NHS, including other statutory and third sector organisations, and by communities themselves.

In South Ayrshire, a Social Isolation subgroup within the HSCP planning structure was formed. Initially this group focused on producing the South Ayrshire Life web portal which would provide information on all groups, clubs, activities etc within South Ayrshire. The web portal is also supported by a telephone services for those who do not have digital access. We have been actively involved in supporting the development of a draft strategy and implementation plan to tackle social isolation and loneliness within South Ayrshire which reflects the priorities of the South Ayrshire Community Planning Partnership Local Outcomes Improvement Plan (LOIP) for 2018-2021. Initial work during this time will focus on supporting older people in alignment with the strategic objectives of the LOIP. The draft strategy and action plan have been presented to the South Ayrshire Community Planning Board and will be entering a wider consultation phase imminently.

Within East Ayrshire, we have been supporting the development of a "pathway" from identification of individuals who are experiencing or who are at risk of experiencing social isolation and loneliness, to reconnection within their communities. This is currently being piloted by East Ayrshire Council Housing Asset Service. Additionally, East Ayrshire Community Planning Partners (CPP) has recognised this as an issue for older people resulting in the strategic priority, Adding Years to Life- Tackling Social Isolation and Loneliness. We have been supporting the development of a strategic objective and associated implementation plan around this priority, which has been agreed by the Community Planning Strategic Board and East Ayrshire's Cabinet.

Social isolation and loneliness have also been identified as priorities for action across South and East Ayrshire by Locality Planning Groups. We have been supporting these groups by raising awareness of the issues, promoting a common understanding, and by supporting the development of their local action plans.

We have delivered an awareness raising presentation to North Ayrshire's Fair for All Strategic Group and the Health and Social Care Partnership Senior Management Team and offered support to the CPP and HSCP locality groups who have identified social isolation as a priority. Furthermore, we have been involved in work undertaken by North Ayrshire Council in partnership with CarnegieUK Trust to develop small tests of change around the kindness agenda to impact poverty and tackle social isolation and loneliness.

Poor health can be both a cause and consequence of social isolation and loneliness. Recognising that ill-health and long term conditions increases the risk of experiencing loneliness we have developed specific actions that will contribute to the Respiratory TEC Pathway.

Information about social isolation and loneliness has been included in existing training opportunities in order to raise awareness among clinical staff. This Better Health training has been developed and delivered to support and complement the work being implemented within Equality Outcome 3.5. The Better Health Hub is also being promoted, to staff within Crosshouse Hospital, as a key pathway to support those experiencing loneliness and isolation.

What difference did we make?

We have successfully raised awareness, promoted a common understanding of the issues of social isolation and loneliness, and the need for a co-ordinated, strategic approach within local planning structures such as Community Planning and Health & Social Care Partnerships with South and East Ayrshire.

We have also developed a Public Health action plan for the next three years (2018-2021) which will guide the work of the Public Health Department around this agenda. Work has already commenced on providing an evidence base via, working to pilot a chatty cafe scheme, identify suitable resources for use locally and within a planned awareness raising campaign, and to provide more information to staff and partner agencies on the issues involved and their role in tackling them.

More people are aware of the factors relating to social isolation and loneliness and are considering their role in tackling this issue within the planning structures of Community Planning and HSCPs. Furthermore, we are supporting the development of future action within these partnerships which will include NHS Ayrshire & Arran.

NHS staff who attended Better Health Training sessions will have a greater understanding of social isolation and loneliness and its relationship with health. In addition these staff members will have more confidence to initiate discussions about loneliness with their patients and know how to refer to the Better Health Hub in order to support those who have been identified as lonely or isolated.

What we will do now/future work?

If our post is extended beyond March 2019, we will continue to work with our local Community Planning Partners on this agenda.

We will continue to implement the Public Health Social Isolation and Loneliness Action Plan which will include the development of suitable "pathways" for NHS

Ayrshire & Arran and other agency staff from identification of isolation and loneliness to reconnection within our communities.

We will implement the actions related to Social Isolation and Loneliness as part of the Respiratory TEC pathway.

We will continue to investigate methods to measure prevalence and to provide a baseline throughout Ayrshire & Arran.

We will continue to raise awareness of social isolation and loneliness, its impact on health, risk factors and approaches to tackling these issues by a variety of methods.

Case studies

Case Study 1

Prestwick & Villages Locality Planning Group has identified tackling social isolation and loneliness as a priority for their locality area. This has included an action to promote 'Chatty Cafe' type schemes which provide a space for the community to come together with no agenda apart from to chat. However, there is some evidence that these schemes are not always successful. Therefore, we are currently working with this Locality Planning Group (and others) to promote and evaluate the scheme within Ayrshire communities and within a range of settings (for example chain and community cafes) to investigate what works locally.

Case Study 2

We have worked closely with East Ayrshire Housing Improvement Team to skill their workers to identify social isolation and loneliness through having caring, compassionate conversations around a range of health issues. We have developed a referral pathway to the Better Health Hub in University Hospital Crosshouse to allow them to respond appropriately.

Equality Outcome 1.4 : In Ayrshire people experience safe and inclusive communities

What we set out to do:

There is a raft of national, international and local evidence which shows that women are disproportionately affected by Gender Based Violence (GBV). GBV and reporting remains a significant issue in Ayrshire and Arran, in line with that found across the whole of Scotland. In 2015-16 there were 58,104 incidents of domestic abuse recorded by Police Scotland. East Ayrshire has the highest rates of the three local authority areas in Ayrshire and Arran. To reduce these levels of incidences enhanced recording of GBV incidences is still required within the NHS, working in partnership with other agencies.

Output – Strategic commitment to the Gender Based Violence agenda

Actions – Ensure GBV is represented in all the new appropriate NHS strategies and plans

Measurement – GBV included in all appropriate NHS strategies and plans

Output – GBV is integrated into activity/plans in other settings

Actions – NHS Ayrshire & Arran will encourage other organisations to address GBV and include in their plans

Measurement – Numbers of awareness raising sessions on GBV. Resources made available.

Output – Improved multiagency partnership working to support this agenda

Actions – Establish an Ayrshire GBV group and establish an Ayrshire GBV partnership action plan

Measurements – Group is formed. A partnership action plan developed.

What we did:

NHS Ayrshire & Arran has updated the NHS GBV Action Plan (2018-21) which aims to strengthen the role of the NHS to address gender based violence and work towards the prevention and eradication of violence against women and girls. This action plan outlines NHS Ayrshire & Arran commitment to addressing and challenging the acceptability of all forms of GBV throughout the life course.

Strategic commitment to the Gender Based Violence agenda

NHS Ayrshire & Arran board demonstrating this commitment through signing the White Ribbon pledge never to commit, condone or remain silent about violence against women and endorsing the updated NHS Ayrshire & Arran GBV action plan (2018-21).

NHS Ayrshire & Arran has continued to review and update relevant policies based on new/updated legislation and/or guidance. For example Adult Support and Protection and Human Trafficking.

NHS Ayrshire & Arran has continued to implement Routine Enquiry (RE) within the six identified priority settings (Maternity, Community Nursing, Mental Health, Addictions, Sexual Health and the Emergency Department) through an ongoing training programme for staff.

GBV is integrated into activity/plans in other settings

NHS Ayrshire & Arran has worked in partnership to raise awareness of GBV and encourage organisations to address GBV. Within 2017 NHS Ayrshire & Arran worked in partnership with each of the Violence Against Women partnership across

Ayrshire to deliver 3 Domestic Abuse and RE Awareness Raising Session to over 120 staff from across the HSCPs, local authority and third sector organisations.

In addition NHS Ayrshire & Arran is developing a pilot project with East Ayrshire Council and East Ayrshire Women's Aid to increase awareness and challenge attitudes, values and structures within the Primary School setting which focuses on increasing knowledge, skills and confidence to promote gender equalities with pupils, staff and parents. NHS Ayrshire & Arran continues to support East Ayrshire Council with the Mentors Against Violence Programme which utilises a creative bystander approach to prevent all forms of bullying and GBV.

Improved multiagency partnership working to support this agenda

NHS Ayrshire & Arran is represented on each of the three Ayrshire Violence Against Women Partnerships (VAWPs) and continues to share information, evidence and resources to support this agenda.

NHS Ayrshire & Arran has supported the development of Equally Safe Ayrshire, a pan-Ayrshire strategic delivery group which seeks to complement and add value to the range of partnership groups and their activities focused on Violence against Women and Girls.

What difference did we make?

NHS Ayrshire & Arran has continued to raise awareness of GBV both across NHS Ayrshire & Arran and other organisations.

Through the continued implementation of RE with the six priority settings, NHS Ayrshire & Arran has provided early, appropriate intervention and care by identifying and assessing service users who have or are experiencing domestic abuse. RE of abuse can help individuals to identify their experiences as abuse, to consider the health risks to themselves and their families and increase their awareness of the role the NHS can play in responding to this issue.

Through continuing to work collaboratively with each of the VAWP in Ayrshire, NHS Ayrshire & Arran has strengthened its partnerships with relevant organisations and encouraged a multi agency response to GBV.

Through a continued strategic commitment to this agenda NHS Ayrshire & Arran has increased awareness and understanding of GBV across the organisation. This has included the development of specific process and pathways for patients and staff to both identify and support those who have experienced or been affected by GBV.

What we will do now/future work?

NHS Ayrshire & Arran will roll out the action identified within the NHS Ayrshire & Arran GBV Action Plan (2018-21) to strengthen the role of the health system to address gender based violence and work towards the prevention and eradication of violence against women and girls through:

- Strengthening the health system leadership and governance
- Strengthening the health service delivery and health workers capacity to respond
- Strengthening programming to prevent interpersonal violence
- Improving information and evidence

NHS Ayrshire & Arran will continue to help to mitigate the effects of GBV by engaging and supporting those affected by abuse that access NHS services. The key priority setting will continue to carrying out RE within their service, identifying

and responding effectively to violence. This will be supported by robust policies and processes support staff within their role and staff affected by abuse.

NHS Ayrshire & Arran is committed to a multiagency approach to this agenda and will continue to work collaboratively with each of the three VAWP and Equally Safe Ayrshire.

NHS Ayrshire & Arran will work collaboratively with VAWPs to ensure the review of relevant policies and guidance to ensure a multi agency response for example Ayrshire Forced Marriage Guidance.

NHS Ayrshire & Arran is commitment to support Equally Safe Ayrshire, and will support the development of a distinct action plan. This will ensure that the Equally Safe Group continues to provide additional value to this agenda with key Pan Ayrshire actions identified.

Case study

Through the roll out of RE training across the priority settings in the NHS there is greater awareness of domestic abuse and GBV across staff groups. The recent RE training needs analysis (TNA) aimed to assess the current knowledge, skills and confidence of staff within the priority settings to confidently implement and record RE, and provide recommendations for any future RE training programme. As part of the TNA staff were asked if the RE of GBV was beneficial, the majority of participants agreed that asking the question was very beneficial, responses received included:

- *'Very valuable'*
- *'Very beneficial and necessary working with very vulnerable people'*
- *'It is relevant for my role to allow me a full assessment to direct to relevant services'*

Although the organising and delivery of RE training is time consuming the TNA shows that asking the question provides the opportunity for staff groups to sign post to other services thus providing a better outcome for patients.

Equality Outcome 2.1a: In Ayrshire, people have equal opportunity to access and shape our public services

What we set out to do:

Through the Ayrshire Equality Partnership (AEP) the intention was to establish a database of all marginalised and under-represented groups in Ayrshire.

This was to ensure that there was an evidence base of consultation for all our communities in Ayrshire to ensure that the needs of our service users and their views are taken into account in relation to the design and delivery of services.

It was also essential to ensure that processes were developed and in place which would welcome, encourage and support marginalised and under-represented groups to inform decision-making.

Output – The experiences of marginalised or under-represented group continue to inform decision-making

Action – Through the partnership establish a database of all marginalised and under-represented groups in Ayrshire

Measurement – A list of marginalised and under-represented groups to be developed and maintained

Output – The experiences of marginalised or under-represented group continue to inform decision-making

Action – Ensure processes are in place which welcome, encourage and support marginalised and under-represented groups to inform decision-making

Measurement – Evidence inclusion of marginalised or under-represented groups in decision-making

What we did:

The AEP commissioned Council for Ethnic Minority Voluntary Organisations (CEMVO) Scotland to develop a Pan Ayrshire approach to engagement with ethnic minority communities across Ayrshire. CEMVO worked with the three local authority areas (East, North and South Ayrshire).

The information from the research carried out by CEMVO was used as a building block, by the Partners to develop a questionnaire that would help ascertain baseline information in relation to the different groups of people living or working in Ayrshire, which would also be broken down into local authority area.

This information would also allow us to develop a list of marginalised and under-represented groups and give a fuller picture of the diverse population living and working in Ayrshire.

The questionnaire was trialled at an event, however it has been agreed that further development of the questionnaire is required to ensure that information can be effectively and efficiently analysed, and that the questionnaire can be easily adapted to use in a number of different settings and is inclusive to all.

South Ayrshire Council are currently working with CEMVO to develop sustainable engagement with black and minority ethnic (BME) communities living in the South Ayrshire area. Information from this approach will be evaluated and reviewed to develop a similar way of working across Ayrshire.

What difference did we make?

At the moment there has been very little difference made. The AEP are in the process of revising the questionnaire to ensure that it can be easily adapted for different groups of people and different events. In essence the questionnaire should allow AEP members to ascertain the needs for the different communities living and working in Ayrshire, which will also be broken down into local authority area.

Anecdotal information received from the questionnaires distributed at a local event in East Ayrshire, shows that the majority of people do not require support from public bodies, although they do access services as required, for example NHS, Education etc.

What we will do now

The partners have reviewed the situation in relation to the questionnaire and will re-develop the questionnaire to ensure that the information required is collated and easy to extract.

This will then allow the partners to ascertain the number of marginalised groups living in Ayrshire, their needs and the geographic locations.

Case study

In 2017, CEMVO Scotland were commissioned to develop a Pan Ayrshire approach for engagement with ethnic minority communities across Ayrshire. CEMVO Scotland's role was to work in partnership with the partners across Ayrshire and support in the development of a collective and congruent strategy that could then be taken forward seamlessly in these areas.

As well as identifying specific issues and nuances that affect the likelihood of engagement, the objective was also to identify if there was an appetite to create a similar collective body to the previous Ayrshire Minority Ethnic Communities Association (AMECA). The rationale behind this body was to help gather, collate and share pan Ayrshire intelligence to ensure policy development was inclusive of ethnic minority communities and allow a clearer picture of the barriers and issues faced by these communities when accessing local services.

The rationale to CEMVO Scotland assisting with the research was their expertise in engaging with ethnic minority communities over the last 14 years and our ability to tie the work into activities that we were planning through our Health and Social Care Programme, Social Enterprise Programme and the climate change work we deliver through our environmental programmes. By directly engaging and building trust with local ethnic minority communities living in Ayrshire CEMVO was tasked to engage with as many ethnic minority communities as possible.

CEMVO Scotland's role was to support Ayrshire public bodies to gain a better understanding of its local ethnic minority communities and their specific needs in terms of accessing local services, such as:

- Health
- Education
- Social Services
- Policing
- Housing

CEMVO Scotland contacted a small number of individuals to take part in the research. The ethnic profile of the respondents was Gypsy Traveller, Afghan,

Pakistani Muslim, Nepalese, Sikh, and Syrian. Some of the respondents were seen as leaders or were considered representatives of their communities.

Although the engagement rate was relatively low, CEMVO deemed that the quality in terms of knowledge, experience and activeness in the community of the respondents added value to developing an overall picture of each of these communities. The partners felt that the work did give a base on which to build upon. The partnership subsequently developed a questionnaire to use at local events to ascertain the needs of the local marginalised groups and to gauge appetite for the development of a voluntary organisation to support marginalised groups in Ayrshire similar to AMECA. To date the feedback from those communities with whom we have engaged does not suggest the need to establishment a voluntary organisation.

Equality Outcome 2.1b : In Ayrshire, people have equal opportunity to access and shape our public services

What we set out to do:

The partners set out to explore joint approach for the commissioning of translation, interpretation and communication support (TICS) services. It was agreed from the onset that this process would also include BSL.

Output – The experiences of marginalised or under-represented group continue to inform decision-making

Action – Explore joint approach for the commissioning of translation, interpretation and communication support (TICS) services.

Measurement – TICS usage. Increased customer satisfaction.

What we did:

The Partners met on a regular basis to discuss the development of a Pan Ayrshire approach to tender for TICS services. This was to ensure that there was a consistent approach for all our communities across Ayrshire accessing support and to secure best value for all public bodies involved.

The process involved collating information from all organisations involved in relation to access, spend, quality of service and languages used, and mapping national contracts that could be accessed by public bodies, for example, the Scottish Government contract.

What difference did we make?

This service will ensure that there is consistency of approach across Ayrshire for all translation and interpretation requests.

It will not only present a best value approach, but also an efficient process for our communities across Ayrshire in relation to accessing a professional and robust translation and interpretation service which is inclusive. Provision of clear and comprehensive communication will have a positive impact on the outcomes for all of our service users. Work towards achieving this outcome is ongoing.

What we will do now

The working group will continue to develop a tender process to ensure that the tendering process is open, transparent and robust.

Case study

As this equality outcome is still progressing we are unable to provide a case study at this time to show the impact.

Equality Outcome 2.2: In Ayrshire, people have equal opportunity to access and shape our public services

What we set out to do:

In 2016, the Ayrshire LGBT+ Development Group held three locality based Trans events across Ayrshire. Local community engagement identified there is a lack of gender identity support within Ayrshire. In addition, it was highlighted that there were issues related to gender specific services which have adversely impacted the experience of accessing our services by those identifying as transgender.

Welcoming and accessible services would encourage greater engagement with services.

Output – Trans people are not discriminated against when accessing our services

Action – Ensure our public buildings and services are accessible and welcoming for trans people

Measurement – Feedback from the trans community. Increased customer satisfaction.

What we did:

A number of avenues were utilised to ensure that Trans people are not discriminated against when accessing our services. Staff training in relation to trans specific issues was made available to staff and training experiences shared across the partners. This training was evaluated to be positive for those staff involved. E-learning modules in relation to trans specific training is also available and again this training will be shared across the partners.

A few of the partners have developed or in the process of developing policies to support Trans employees in the workplace, and again this practice is being shared across the partners to ensure that trans employees are supported across the partner organisations.

The Ayrshire LGBT+ Education Network was created by Ayrshire College and East Ayrshire Council and aims to improve the educational experiences of LGBT+ children, young people and adults learning in Ayrshire through the sharing of best practice. The Network was launched in February 2018.

Since that time, the Network has held two further meetings at the College and ran three locality-based 'Join the Network' events across Ayrshire in November 2018.

Whilst the Network aims to improve educational experiences of LGBT+ people, it also offers opportunity to share learning, knowledge and understanding across all partners to ensure access to all public services in Ayrshire are trans inclusive. This work is ongoing to embed across all partner organisations.

What difference did we make?

The development of training and policies within the partner organisations has raised the awareness of the issues Trans people face on a daily basis, and has also provided a point of contact for staff in relation to seeking further advice or learning to ensure that our services are inclusive for Trans people.

The Network now includes a mailing list of over 100 practitioners from across the partners. It remains the only Network of its kind in Ayrshire and continues to demonstrate its impact upon practice. The last two meetings, for example,

included trans-specific focuses with 100% of Network members reporting an improved knowledge and understanding of trans policy and practice.

Feedback from one of the sessions noted that:

- 100% of participants felt the show and share sessions would have a positive impact on their current practice
- 95% felt that they broadened their knowledge and understanding of transgender policy and practice

What we will do now

The Network aims to continue growing and meeting its objective, and is one part of the development of work with trans people in Ayrshire.

We will work with the Scottish Trans Alliance and other organisations to develop trans specific training across Ayrshire.

Case study

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The impact has been phenomenal in a short space of time:

- 100 + Members
- Had over 40 people attend our meetings at any one time
- Members mostly from education – primary and secondary schools and college but also NHS, vibrant communities, charities, and third sector organisations
- All eight secondary schools in East Ayrshire now have an equality or LGBT pupil group compared to only four before the network was launched.



Equality Outcome 2.3 : In Ayrshire people have equal opportunities to access and shape our public services

What we set out to do:

Extensive research has shown that people with protected characteristics such as age, the BME community and those with disability are the most affected by societal inequalities and are more likely to have poorer health than the general population

Output – A set of recommendations developed to address inequalities

Action – Set up a review group to consider NHS Ayrshire & Arran's role in addressing inequalities.

Measurement – Group established

Output – A set of recommendations developed to address inequalities

Action – Completion of self assessment tool in relation to inequalities for service changes / redesigns.

Measurement – Increase in the number of completed inequalities self assessments

What we did:

Health Inequalities Self Assessment (HISA)

Health inequalities can be described as unfair differences in health within the population across social classes and between different population groups. These differences are not random but largely socially determined and can result in inequalities in wellbeing, healthy life expectancy and morbidity.



Reducing inequalities in health is a central objective for Public Health and a Better Health Strategic Group has been established to drive this work forward.

Public Health, NHS Ayrshire & Arran, has launched a new on line HISA www.nhshisa.net

It is designed to help Health and Social Care services and wider teams, services and partnerships to address health inequalities by challenging them to identify where action is needed and possible in frontline practice; within service planning and strategic practices; and in partnership.

It considers:

- Working with individuals;
- Workforce learning and development;
- Quality of services;
- Working in partnership;
- Employing staff and procuring goods and services;
- Advocating for individuals, communities and lobbying for change.

The HISA resource supports teams to ask themselves sometimes challenging questions and helps to facilitate change, where required, and develop plans for action to reduce inequalities in health. A number of awareness raising and facilitated sessions have been delivered locally and nationally with more planned for next year. In addition to this key inequalities information resources have been developed.

We have written an Inequalities Action Plan and a small group lead on delivery of actions although reducing inequalities in health is central to all Public Health and

Health Improvement work. This year we have delivered 30 awareness raising /facilitated sessions to around 300 staff about health inequalities and about HISA in particular and guided staff on its use and benefits. Additional sessions were delivered previously to NHS Ayrshire & Arran Board members and additional sessions took place, for staff of HMP Kilmarnock.

What difference did we make?

We have successfully raised awareness about health inequalities, including how it impacts all of us and about the HISA. We have supported staff to discuss and reflect on their own roles and how they can make a difference in reducing health inequalities. Staff groups are varied and have included strategic HSCP/planning groups; NHS staff, voluntary organisations such as Voluntary Action South Ayrshire and Centre Stage.

Outputs have involved staff considering a more holistic approach for assessment paper work; training needs and reflection on access and delivery of services. The sessions have explored terminology such as proportionate universalism and reflection about how service provision may increase or reduce inequalities in health.

Resources have been developed and provided on AthenA, NHS A&A public website and a "Health Inequalities Information leaflet" for staff. In addition, we have included information about the Fairer Scotland Duty and NHS Health Scotland briefing papers and health inequalities training.

More people from a range of disciplines are aware of health inequalities and how their own role can affect change to reduce health inequalities. Future evaluation may be able to provide some outcomes.

What we will do now/future work?

This work will continue and a comprehensive evaluation is planned including case studies to gain an understanding of impact and outcomes.

Case study

One team who have undergone the HISA awareness raising and facilitated sessions are now better able to provide holistic support to service users over longer periods of change. This includes a focus on skills development and employability, as well as physical activity, diet and finance. A key learning point was the need to change the environment and not solely focus on individual behaviour. The assessment form being used has been restructured to allow for more detailed conversations along with opportunities to analyse data on the wider socioeconomic circumstances of the service users.

The team is now more aware of the factors that impact lives. New partnerships have been developed due to this improved understanding, ultimately leading to a positive and trusting relationship with the service users involved. To further help engagement mobile phones have been issued to staff to allow service users to text as many people will not answer the phone to an unknown number.

Increased team skills and confidence combined with the ongoing awareness of health inequalities has led to a positive impact on the service users and has allowed the focus to be directed towards the life circumstances of the service users.

Equality Outcome 3.1a: In Ayrshire, people have opportunities to fulfil their potential throughout life

What we set out to do:

National data evidenced that less than 2% of all Modern Apprenticeships in Scotland are taken by BME Communities although they form around 4% of the target population. Therefore, the partners set out to improve the uptake of Modern Apprenticeships by those from a BME background and also work in internal and external stakeholders to support this. This specific group matched those identified by Skills Development Scotland (SDS).

Output – Increase the number of modern apprentices who are BME

Action – Conduct an audit of modern apprenticeships by protected characteristics

Measurement – Baseline number of BME modern apprentices in Ayrshire

Output – Increase the number of modern apprentices who are BME

Action – Work with internal and external stakeholders to promote uptake across protected characteristic groups

Measurement – Increase in BME modern apprentices

What we did:

Some progress has been made by partners in establishing an Ayrshire-wide baseline to identify under-represented groups. SDS provides an understanding of where under-representation exists across key, specific groups in Ayrshire and works with training providers, employers and others to tackle this under-representation. Individual partners, in partnership with for example SDS, employers and others, are now seeking to develop or enhance their own action plans to support targeting the under-representation identified. It is clear nevertheless that real change across the identified under-represented groups will require significant cultural and societal changes. As such, further partnership working across all partners involved will be needed to support these cultural and societal changes.

What difference did we make?

There remains a mixed picture across the partners in Ayrshire in respect of BME representation in Modern Apprenticeships (MAs).

Reflecting on locality data provided by SDS as well as individual partner information in the reporting period, it is shown that across Ayrshire, the uptake of a MA from those who identify as BME is lower than in comparison to those who identify as White Scottish and White British. Little change or impact is evident from year 2017 to year 2019. It could be argued, that while all locality figures in Ayrshire are below the national average of 1.7%, this might be reflective of local BME populations in Ayrshire opposed to, for example, discriminatory recruitment processes.

Specifically, within NHS Ayrshire & Arran the monitoring of modern apprentices by protected characteristics has been challenging as a large number of MAs work within independent dental practices and thus once recruited and registered with SDS, we do not hold any information. The most recent breakdown of MAs across Ayrshire reported by SDS can be found at the links below:

<https://www.skillsdevelopmentscotland.co.uk/media/43894/east-ayrshire-equality-summary-2016-17.pdf>

<https://www.skillsdevelopmentscotland.co.uk/media/43914/south-ayrshire-equality-summary-2016-17.pdf>

<https://www.skillsdevelopmentscotland.co.uk/media/43907/north-ayrshire-equality-summary-2016-17.pdf>

What we will do now/future work?

Partners through the shared equality outcomes 2017 - 2021 have committed to tackle under-representation from BME communities in modern apprenticeship uptake. This commitment remains unchanged.

Care-experienced young people remain a national and regional priority for many of the partners involved in delivering on the shared equality outcomes 2017 - 2021. This specific group were not identified as priority in these equality outcomes. However, some consideration by partners was given to those who identify as being care-experienced especially given many are defined also as Corporate Parents.

Case study

Unfortunately during this period of the equality outcome we have not managed to recruit any modern apprenticeships from a BME community, therefore, have no case study to showcase.

Equality Outcome 3.1b: In Ayrshire, people have opportunities to fulfil their potential throughout life

What we set out to do:

National data evidenced that less than 0.5% of all MA placements are taken by someone with a declared disability. Around 8% of the target population (16-24) is disabled. Therefore, the partners set out to improve the uptake of MAs for those identifying as having a disability and also work in internal and external stakeholders to support this. This specific group matched those identified by Skills Development Scotland (SDS).

Output – Increase the number of modern apprentices who have a disability

Action – Conduct an audit of modern apprenticeships by protected characteristics

Measurement – Baseline number of disabled modern apprentices in Ayrshire

Output – Increase the number of modern apprentices who have a disability

Action – Work with internal and external stakeholders to promote uptake across protected characteristic groups

Measurement – Increase in modern apprentices who have a disability

What we did:

Individual partners, in partnership with for example SDS, employers and others, are now seeking to develop or enhance action plans to support targeting the under-representation identified. It is known that partnership working through, for example, Project SEARCH, is supporting an improving picture.

Reflecting on locality data provided by SDS as well as individual partner information in the reporting period, it is shown that across Ayrshire, the uptake of a MA from those who have a declared disability is lower in comparison to those who do not have a declared disability. All locality areas in 2016-17, according to SDS information, were relatively similar in percentage uptake of those with a declared disability. It is a more variant picture within individual partners. NHS Ayrshire and Arran meanwhile continue to work in partnership with Ayrshire College and East Ayrshire Council through Project SEARCH.

What difference did we make?

There remains a mixed picture across the partners in Ayrshire in respect of those identifying as having a disability in MAs. NHS Ayrshire & Arran can confirm that one individual had identified as having a disability during the two years since commencing this equality outcome.

Specifically, within NHS Ayrshire & Arran the monitoring of modern apprentices by protected characteristics has been challenging as a large number of modern apprentices work within independent dental practices and thus once recruited and registered with SDS, we do not hold any information. The most recent breakdown of MAs across Ayrshire reported by SDS can be found at the links below:

<https://www.skillsdevelopmentscotland.co.uk/media/43894/east-ayrshire-equality-summary-2016-17.pdf>

<https://www.skillsdevelopmentscotland.co.uk/media/43914/south-ayrshire-equality-summary-2016-17.pdf>

<https://www.skillsdevelopmentscotland.co.uk/media/43907/north-ayrshire-equality-summary-2016-17.pdf>

What we will do now/future work?

Partners through the shared equality outcomes 2017 - 2021 have committed to tackle under-representation from those identifying as having a disability in modern apprenticeship uptake. This commitment remains unchanged.

Partners will continue to engage with internal and external stakeholders to understand what barriers, if any, exist that may be underpinning the current lack of representation from those with a declared disability in modern apprenticeships. It presents an opportunity also for all partners involved in the shared equality outcomes 2017 - 2021 to learn and share good practice where evident.

NHS Ayrshire & Arran will also continue partnering with Ayrshire College and East Ayrshire Council in the delivery of community programmes such as Project SEARCH designed to improve employment opportunities for those who identify as having a disability.

Case study

Struggling with their self confidence, one individual applied to the Project SEARCH internship programme. The individual not only wanted to build their confidence but wanted to increase their motivation and become more outgoing.

Having participated in the programme, the individual found success in the workplace after completing their internship from the Project SEARCH initiative. The young person made such a good impression that they secured a temporary post as a clerical assistant within NHS Ayrshire & Arran. From there, the individual was subsequently able to secure a Modern Apprenticeship within the same department of the organisation to further develop their skills and build their confidence.

During the two year period of the equality outcome, the individual has since successfully secured another post out with the organisation. Whilst the individual has moved on, the opportunities to engage in work and build skills and confidence through the various initiatives shows the significant impact and changes to people's lives these initiatives can have.

Equality Outcome 3.2: In Ayrshire, people have opportunities to fulfil their potential throughout life

What we set out to do:

Evidence for Scotland indicates that men dominate in construction and skilled trades, and women are over-represented in secretarial and caring occupations. As a major local employer, NHS Ayrshire & Arran sought out to be more inclusive in the recruitment and retention of staff.

Output – Increased number of people in non traditional gender roles including modern apprenticeships

Action – Conduct an audit of existing modern apprenticeship roles by gender

Measurement – Baseline number of modern apprenticeship roles by sex in Ayrshire

Output – Increased number of people in non traditional gender roles including modern apprenticeships

Action – Work with internal and external stakeholders to promote uptake across protected characteristic groups

Measurement – Increase in non traditional roles by both sexes

What we did:

Dental Nursing Modern Apprentices are advertised by local General Dental Practices. Adverts are also included on the SDS website, which promotes MA's available across Scotland. References are also made to help promote the need to attract candidates in regards to the gender imbalance (from female to male). This is in accordance with the Scottish Government's Youth Employment Strategy 2014.

When we are seeking other apprenticeships, NHS Ayrshire & Arran identifies a training provider who then advertises the opportunity and the MA goes through the normal established recruitment process. However, some apprentices progress from other employability programmes, for example, Youth Contract, Project SEARCH etc.

What difference did we make?

Reflecting on locality data provided by SDS as well as individual partner information in the reporting period, it is shown that across Ayrshire, female uptake of MAs in traditionally male dominated careers is lower in comparison to male uptake. This pattern is mirrored for male uptake of MAs in traditionally female dominated careers.

In the reporting period, the overall number of male modern apprentices across Ayrshire is higher than in comparison to female modern apprentices. This incidence, however, very much is reflective of modern apprentices offered and thus uptake according to gender identity. Such an incidence is not widely seen across all partners and indeed highlights that some learning can be shared through the partners.

What we will do now/future work?

Partners through the shared equality outcomes 2017 - 2021 have committed to tackle under-representation in modern apprenticeship uptake. This commitment

remains unchanged. As can be evidence in the Health and Social Care example, there is opportunity to share that learning and any good practice between partners. The partners will also continue to promote MAs to all and highlights cases where there is a change in non-traditional gender role uptake.

Case study

Whilst the local data would indicate that there is gender imbalance in our modern apprenticeships uptake we are seeing a changing trend. NHS Ayrshire & Arran has consistently seen the overall number of male modern apprentices being higher in both 2017 - 18 and 2018 - 19. However, some progress is noted in improving these gender imbalances; for example, the number of NHS modern apprentices in 2017 - 18 was five male and no female and in 2018 - 19 the ratio was found to be four male to three female showing a more balanced gender split in modern apprentice uptake.



From Skills Development Scotland

Equality Outcome 3.3: In Ayrshire people have opportunities to fulfil their potential throughout life

What we set out to do: Chronic obstructive pulmonary disease (COPD) is a long term lung condition which causes you to feel breathless. It includes both chronic bronchitis and emphysema. It is thought that there are 1.2 million people in the UK who have been diagnosed and are living with COPD. However, it's likely that there are more people who haven't yet been diagnosed, with perhaps as many as two thirds of cases undiagnosed. NHS Ayrshire & Arran currently have the highest rate of respiratory acute care across Scotland.

Output – Reduction in respiratory acute care in Ayrshire & Arran

Action – Systems that support care/anticipatory care and support planning

Measurement – Develop new pathways/models of care (including care provision closer to home) / Implementation of House of Care / Implementation of anticipatory care plans / Implementation of respiratory care bundles.

Output – Reduction in respiratory acute care in Ayrshire & Arran

Action – People living with COPD are supported to manage their condition

Measurement - Improve patient/carer knowledge and understanding of condition

What we did:

An example of a development in the respiratory pathway that aims to support people to self-manage and live well with their COPD, as well as reduce unscheduled acute care.

Between November 2017 and March 2018, we tested an enhanced pulmonary rehabilitation service in East Ayrshire. This service is now mainstreamed in East Ayrshire and is also available in South Ayrshire. Discussions to extend to North Ayrshire are underway.

What difference did we make?

Enhanced pulmonary rehabilitation – pulmonary rehab improves peoples' knowledge and understanding of their condition, increases exercise tolerance, activity levels and improves fitness, increases confidence to self manage, increases quality of life, provides peer support and reduces social isolation.

The enhanced service is delivered programmes in communities, closer to peoples' homes. As well as providing group programmes, a home based programme is available, and we are testing use of technology to provide remote pulmonary rehab. Uptake to pulmonary rehab improved and the number of people completing the programme increased. Feedback from people who participated was very positive, demonstrating the value of pulmonary rehab in supporting people to self manage and live well. For example,

'Learning about COPD that allows me to manage it better was particularly good. Also, it was good to see each week that I was improving in managing the exercises we were given. I can now exercise and walk for longer'

'Meeting people with the same problems and finding out what we can do for ourselves to manage better was very helpful'

'Everything was explained clearly. It's great to take part in a programme that works!'

The enhanced pulmonary rehabilitation service contributes to the Ayrshire and Arran aims of providing care close to peoples' homes and enabling and supporting people to self manage. It encourages service users to take an active role in managing their condition, and supports service users and clinicians to work as partners.

Pulmonary rehab will contribute to reducing levels of unscheduled respiratory care in Ayrshire and Arran.

Improved collaboration between pulmonary rehabilitation service and other services and agencies.

What we will do now/future work?

This service will continue in East Ayrshire and has recently extended into South Ayrshire. Discussions are underway to provide a similar service in North Ayrshire.

Case study

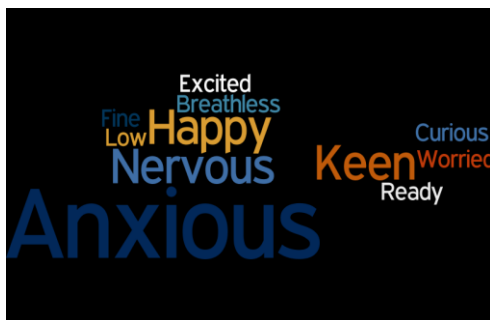
Enhanced Pulmonary Rehabilitation

A short video of people who participated in a pulmonary rehab programme will be available shortly. People highlight the benefits that they have had from participating.

Pre and Post Programme Wordles

These are the words that the patients used to describe how they felt before and after the programme. The larger the word, the more people who said it.

Pre Programme



Post Programme



Equality Outcome 3.4: In Ayrshire people have opportunities to fulfil their potential throughout life

What we set out to do:

To ensure people across Ayrshire have opportunities to fulfil their potential throughout life. We endeavoured to do this through developing and implementing actions to improve the quality of life of people at risk of falls with a view to reducing the number of falls experience.

Output – A reduction in the number of falls and improved self management by individuals

Action – Develop and implement a local action plan to deliver against the 16 actions outlined in the national Framework for Action for Scotland 2014/2016 for the prevention and management of falls

Measurement – Action plan in place and actions taken forward

Output – A reduction in the number of falls and improved self management by individuals

Action – Spread the use of a variety of falls resources to support health improvement an self management to reduce the risk of falls and fragility fractures within the local population

Measurement – Resources identified and in place to support improvement

Output – A reduction in the number of falls and improved self management by individuals

Action – Educate staff across the organisation to identify people at risk of falls and refer to services or self management tools

Measurement – Training and briefing sessions completed

During the time of this particular equality outcome, the previous post holder left the organisation and the work to deliver on the actions is being taken forward through the Health and Social Care Partnerships. However, NHS Ayrshire & Arran were keen to continue to address the issue of falls and frailty and have refocused their efforts into reducing the instance of harm in relation to falls. Within NHS Ayrshire & Arran the aim was to achieve 25% reduction in all falls and a 20% reduction in falls with harm as defined by the Scottish Patient Safety Programme (SPSP).

What we did:

Standardisation of falls documentation in August 2016:

- 'Falls for all' bundle
- 'Vulnerable patient' within the care and comfort rounding.

A falls resource pack was distributed in 2018 along with a Delirium pack throughout the acute areas. The aim being to provide a useful way of sharing ideas, good practice and ways of improving prevention and post falls care and procedures / processes to falls. The resource also includes information on quality improvement and measurement.

The Falls Coordinator for acute took up post in August 2018. This is a new position for Ayrshire and Arran and is based at University Hospital Crosshouse. The role also covers University Hospital Ayr. The Coordinator is embedded within the Quality Improvement (QI) Team to implement evidenced based interventions within the acute hospital setting. In addition she is currently supporting the staff in the implementation of the falls risk assessment and evidence based bundles of care. Staff education is being offered through ward based training where requested.

Agreement was reached that the Falls for all Bundle will be the organisation risk assessment tool moving forward with the previous risk assessment tool being withdrawn.

What difference did we make

We now have a standardised approach to documentation of falls risk assessment.

We are collating more robust data in relation to falls and falls with harm. We are also working closely with colleagues from Health and Safety to produce more accurate reporting of falls data. This data will be analysed on a regular basis to inform learning and improvement opportunities and to proactively identify any concerns.

What we will do now?

Work is underway to ensure that all senior charge nurses are fully aware of the change in the risk assessments and specifically the reassessments by using the 'Falls for all'. Ward based training sessions offered to staff when issues with reassessment highlighted.

'Falls Awareness' sessions available from 28 February 2019 and ward based training are underway to highlight the link between patients who fall and delirium. Use of the Cognitive assessment 4AT score and Time bundle (where applicable) being promoted in conjunction with 'Falls for all' and 'Vulnerable Patient Bundle'.

Falls co-ordinator and acute QI team will continue to analyse the data relating to falls and falls with harm on a regular basis to inform learning and improvement opportunities.

Case Study

Patient A had been admitted to hospital on a number of occasions during the period 2016 to 2018 as a result of a fall at home. The patient has a complex medical history with a variety of ongoing illness. Due to the complexities and nature of their illness, delirium played a major factor in the patient's poor condition.

More recently, the patient was nursed over a two month period in six different ward areas, requiring multiple investigations and treatments. The patient continues to be at risk of falling due to medical, social and psychological issues both at home and in hospital.

This case study demonstrates how falls are multifactorial¹ and complex in nature and are an ongoing challenge for staff to manage in the in-patient hospital setting.

Further work must continue to educate staff on the standardised falls risk assessment documentation and the 4AT where relevant.

¹ Older people and people with dementia, severe illness or a hip fracture are more at risk of delirium. It causes great distress to patients, families and carers and has potentially serious consequences such as increased likelihood of admission to long term care and even increased mortality.

People who have delirium may need to stay longer in hospital or in critical care, have an increased incidence of dementia and have more hospital-acquired complications such as falls and pressure ulcers. Identifying delirium is an important priority as approximately half of all delirium episodes are potentially reversible.

https://ihub.scot/media/1689/delirium-experience-of-patients-families-and-staff_report_sep13.pdf

Equality Outcome 3.5: In Ayrshire people have opportunities to fulfil their potential throughout life

What we set out to do:

Making informed health care decisions is one of the biggest challenges that patients face today. Evidence shows that having access to clear and reliable health information is vital to allow patients to make informed choices about their condition. However, with access to the world wide web, finding good and reliable information can often be a challenge for patients. It was further identified the key role hospitals can play in improving population health and wellbeing and reducing health inequalities through their access to a large number of people.

Output –People have access to quality assured information which will support them to improve their health and wellbeing

Action –Implement a holistic health and wellbeing information and support service in the hospital setting

Measurement – Number of contacts. Number of referrals to services

What we did:

The Better Health Hub (BHH) (formerly called the Health Information and Support Centre) opened at University Hospital Crosshouse in February 2017.

The BHH is a service which listens, helps and supports people to live healthier lives, through providing information to individuals which are relevant to their circumstances. The service is based on the broader factors which determine health such as social and community networks, housing and living conditions, employment and working conditions, education, access to health services and offers opportunities for early intervention and prevention.

This information and support service is underpinned by an empowering approach which facilitates health behaviour change and builds health literacy. It is accessible to patients, visitors, family members, carers, volunteers and staff offering:

- the opportunity to have holistic, person centred discussions about health and wellbeing
- support to identify what matters to the individual and encourage action to improve health
- the right information at the right time relevant to individual and their family circumstances
- referral and signposting to appropriate local services and supports that may be helpful in addressing social determinants of health

The service aims to empower people to improve their health and wellbeing, reduce inequalities, and is focused on the root of the problem which may include what has triggered their hospital admission.

The BHH has been developed as a drop in service. However, it also offers support over the telephone or via email. Additionally, staff can refer patients or request staff from the BHH to visit a ward or clinic to address accessibility issues.

In addition to raising awareness of the BHH among staff working in University Hospital Crosshouse, we have also been building capacity for health improvement by delivering Better Health Training sessions for staff. A training needs assessment was circulated to key areas or groups of staff to identify their training needs in relation to Health Improvement including Health Behaviour Change. The results have

informed the bespoke sessions which aim to increase knowledge and understanding of the wide range of issues that can impact on health and health inequalities. Furthermore, the training aims to build skills and confidence to raise the issue of health and wellbeing with patients and carers. It is hoped that where individuals require more than brief advice, staff will refer them to the BHH.

What difference did we make?

We are successfully delivering a service that provides not only quality assured information but additional support where we work with individuals to address the priorities identified by them.

We are accessible to all and responsive to the level of need of those accessing the service. The nature of the BHH service also means that discussions are not time bound which can be of benefit to those accessing the hub, providing the space and time to explore issues relating to health and wellbeing that are often multi-faceted and complex.

This service has also contributed to addressing health literacy. It has supported people to understand health information in order to manage their health conditions and navigate health and social care services to ensure they are able to access services and support that can improve their quality of life.

February 2017- March 18 (year 1)

Over 400 conversations about health and wellbeing

212 services or groups were signposted or referred onto by the BHH

April 2018- September 18 (year 2)

492 people have accessed the BHH for support with their health and wellbeing.

The main issues that people (including members of staff) have been supported with include:

- Living with health conditions
- Managing stress, anxiety
- Caring for relatives or friends
- Healthy weight/healthy eating
- Being more active
- Local activities, groups and services (including loneliness)
- Housing/home energy
- Money worries
- Employment
- Advocacy and understanding health information
- Stopping smoking

107 services or groups were signposted or referred onto by the BHH during this time.

Between April 18 - end of June 2018- 64% of those accessing the hub (who we have accurate postcode data for) are in Scottish Index of Multiple Deprivation (SIMD) 1 and 2 areas (35% of those are in SIMD 1).

The BHH provides a clear and simple pathway to support staff to be able to discuss the broader factors that can impact on health and wellbeing and refer onwards for person centred support, where appropriate.

By having this service based in University Hospital Crosshouse we are highlighting the importance of prevention and early intervention and the key role hospitals can have in improving healthy life expectancy and addressing health inequalities.

We have been able to raise awareness of the complexity of health and health inequalities and increase understanding of the role that NHS staff have in improving health and wellbeing.

What we will do now/future work?

We will continue to identify areas for improvement and development to ensure the BHH consistently delivers a high quality service that is accessible for all with the aim of improving health and mitigating health inequalities.

We will strive to embed the BHH service into the hospital setting while making links to community, to support prevention, anticipation and early intervention and supported self-management.

We will also continue to raise awareness of the Hub and deliver Better Health training sessions to support health behaviour change and referrals to the service.

We will endeavour to secure a larger room within University Hospital Crosshouse should one become available to address some of the existing barriers that are experienced as a result of the room environment. More suitable premises would provide opportunities to offer a wider range of services and develop more partnerships with local services that can support and address some of the wider determinants of health and health inequalities.

We will deliver flexible weight management programmes targeted towards staff, contributing to the Staff Health element of Health Promoting Health Service and NHS Ayrshire and Arran's Staff Health, Safety and wellbeing Strategy.

Where possible, we will support other acute or community hospitals that identify a need to set up a BHH to ensure equality of provision for health information and support across Ayrshire.

We will undertake an evaluation to gather evidence about the benefits of the BHH service for individuals as well as the potential to support our healthcare services to have a greater focus on anticipation, early intervention and self management in order to improve health and tackle inequalities.

We will develop better links with maternity and paediatric services at University Hospital Crosshouse to contribute to tackling child poverty through ensuring pregnant women and families with children have access to financial advice and assistance to apply for financial support.

We will continue to support East Ayrshire Council by way of providing a pathway to support for the Housing Asset Service as part of a Wellbeing Project in Shortlees, Bellsbank and Dalmellington.

Case studies

Case Study 1

The BHH have been working closely with Intensive Care Unit (ICU) to support patients and their families deal with their journey through ICU and the significant impact it can have physically, psychosocially and socially. It is hoped that the BHH can provide early intervention for social and financial needs to prevent individuals and their families reaching a crisis point which has often been the case in the past.

A referral was received from a staff member for a gentleman who had financial concerns due to being self employed and his ability to work due to the consequences of his ill-health. The Hospital Links Practitioner was able to discuss the situation with the individual, who had since been transferred to a ward, and complete a referral to

the Department of Work and Pensions (DWP) money advisor. Although the individual was then transferred to another health board, the referral was also able to be transferred to DWP colleagues in that area to action. This referral ensured the gentleman got the appropriate financial advice, support and benefit entitlement which carried through his healthcare journey before reaching a financial crisis.

Case Study 2

A member of staff from the BHH was able to support a 92 year old woman to navigate services in order to ensure she could access appropriate and adequate support for her situation. The lady, who lived on her own, was enquiring how to register blind. A referral was made to the Eye Care Liaison Officer, who was fortunately available to meet with the lady at University Hospital Crosshouse. Consequently, the individual was able to get the right support which will undoubtedly result in improved quality of life and have a positive impact on her wellbeing.

"I wanted to thank you for referring the lady yesterday to the Eye Clinic Support Services at Crosshouse Hospital. I have referred her to three different NHS and local authority services which will certainly be life changing for her. If not for your service, she would have missed all of this and still be wondering where to get support from"

-Gail Ivory, Eye Care Liaison Officer

Equality Outcome 4.1a: In Ayrshire public bodies will be inclusive and diverse employers

What we set out to do:

Employment is also one of the most strongly evidenced determinants of health, the World Health Organisation (WHO) notes that 'unemployment puts health at risk' and 'unemployment has a direct bearing on the physical and mental health and even life expectancy for unemployed people and their families.'

There is also recognition that some recruitment practices can be a barrier to employment for particular groups.

Outputs - Public bodies have a diverse workforce reflective of the population

Actions - Use alternative opportunities for advertising posts

Measurements - More diverse applications for posts within the public sector.

What we did:

Each of the partners have continued to promote their respective organisations as an employer of choice by providing employability programmes, especially for unemployed young people, whilst continuing to guarantee an interview to candidates who have a disability and who meet the minimum criteria for the post.

Partners are also continuing to explore how best to utilise social media to promote job opportunities, as well as targeted advertising using third sector organisations.

We continue to liaise with external partner organisations specialising in providing employment opportunities to specific sectors of the workforce, examples include Developing our Young Workforce (DYW) Ayrshire and SDS.

Some partners are exploring recruiting future colleagues via local Education Departments, School Twitter accounts, colleges and universities direct.

What difference did we make?

Managers and recruitment staff are more aware of the benefits of providing opportunities to under-represented groups including young people, disabled, LGBT. Having a more diverse workforce will allow services to be designed and delivered with service users at the core.

What we will do now/future work?

We will report to partners the final outcome of the information gathering exercise on recruitment practices in order to learn from the experiences of alternative engagement.

We will continue to look at further alternative methods of attracting a wide range and diverse pool of applicants for available post within all partner organisations.

We will consider positive recruitment practices in an effort to develop a more diverse workforce for the future.

Case study

NHS Ayrshire & Arran are in the sixth year of running Project SEARCH which is an employability programme designed to improve the employment prospects of young people with learning disabilities and autism spectrum disorders. As result of this programme, a number of young people have secured jobs/further training opportunities e.g. Modern Apprentice programmes.

Equality Outcome 4.1b: In Ayrshire public bodies will be inclusive and diverse employers

What we set out to do:

Employment is also one of the most strongly evidenced determinants of health, the WHO notes that 'unemployment puts health at risk' and 'unemployment has a direct bearing on the physical and mental health and even life expectancy for unemployed people and their families.'

There is also recognition that some recruitment practices can be a barrier to employment for particular groups.

Outputs - Public bodies have a diverse workforce reflective of the population

Actions - Achieve and maintain Level 2 of the Disability Confident Scheme

Progress work to Level 3 of the Disability Confident Scheme

Measurements -Level 2 award achieved and maintained.

Level 3 award achieved.

What we did:

Each of the partners have continued to promote their respective organisations as an employer of choice by providing employability programmes, especially for unemployed young people, whilst continuing to guarantee an interview to candidates who have a disability and who meet the minimum criteria for the post.

We also continue to support staff who become disabled to remain in employment.

Baseline data of all partners' activities with respect to the Disability Confident Scheme has revealed that all partners have reached Level 2. This audit will also attempt to establish which of the partners are working towards Level 3 and what experiences and resources are available that can be shared.

What difference did we make?

We have provided opportunities for staff to remain at work following a change to their health. Within NHS Ayrshire & Arran, we have sought alternative opportunities for staff where a change to their health has impacted on their ability to continue in a particular role.

Managers and personnel colleagues are committed to supporting staff to remain at work following a change to their health. We have provided training to these staff which has given them a greater understanding of the issues faced and potential solutions to support staff to remain in work.

Within NHS Ayrshire & Arran, managers are more aware of the benefits of providing opportunities through the various employability programmes such as Project SEARCH.

What we will do now/future work?

We will report to partners the final outcome of the information gathering exercise on the Disability Confident Scheme, recruitment and training.

We will continue to support staff who become disabled to remain at work.

We will support all partners in their attempts to progress to Level 3 of the Disability Confident Scheme. NHS Ayrshire & Arran are aiming to complete this by 30 September 2019.

We will continue to look at alternative methods of attracting a wide range and diverse pool of applicants for available posts within all partner organisations.

NHS Ayrshire & Arran are in the process of developing an employability strategy which will outline the organisation's commitment to effectively support people who are unemployed to gain the knowledge, skills and work experience to help them secure a job.

Case study

NHS Ayrshire & Arran have retained a number of staff in post by making adjustments, for example, for one employee we have:

- Purchased equipment to allow them to continue to use their personal computer
- Purchased a foot stool and office chair
- Relocated them to a different office
- Altered the lighting
- Amended their start and finish times, the days that they work and reduced their hours of work.
- Redesigned their job removing tasks that they were finding difficult to perform effectively.

All of the above has been delivered in partnership with the individual to allow them to remain in work, whilst balancing the needs of their individual lifestyle. NHS Ayrshire & Arran recognise the importance of keeping staff in work both for the individual's health and wellbeing but also as an organisation to retain the skills that staff bring to the workplace.

Equality Outcome 4.2: In Ayrshire public bodies will be inclusive and diverse employers

What we set out to do:

We recognised that a better educated and more skilful workforce could lead to an increase in employment opportunities and therefore the conditions to realise their full economic potential.

Employment is also one of the most strongly evidenced determinants of health, the WHO notes that 'unemployment puts health at risk' and 'unemployment has a direct bearing on the physical and mental health and even life expectancy for unemployed people and their families.'

Outputs - A better educated workforce to support equality inclusiveness

Actions - Partners working together to develop and provide a range of training and awareness sessions around Equality and Diversity issues

Measurements - The number of training programmes developed. The number of training programmes delivered. The number of staff trained.

What we did:

An audit of all partners' Equality and Diversity training resources, currently in place and under development, is in progress. It is hoped that once the nature and learning platforms being used are established, the potential for sharing those resources will be explored further.

What difference did we make?

The audit of available training and training already delivered is ongoing. Early indications of training courses already delivered is as follows:

Face to Face

- Equality & Diversity New Employee Induction – 1,480
- Equality Impact Assessment – 110
- Unconscious Bias – 60
- Delivering an accessible venue – 30
- Gender based violence – 165
- Sensory Impairment - 6

e-learning

- Equality & Diversity (Mandatory) – 3,583
- LGBT Awareness – 194
- Deaf Awareness – 35
- Sight Loss Awareness – 20

Staff being better trained and more knowledgeable in equality and diversity issues will allow us to provide a better service to all stakeholders. Our audit of available, and in development, training resources has allowed a dialogue between the partners to commence on areas where the sharing of good practice could be beneficial.

What we will do now/future work?

We will continue to review training resources held by all partners and consider if these can be shared and/or delivered in conjunction with other partners.

Case study

Sharing of learning and training across the various partners has allowed greater engagement and networking. This has been particularly beneficial where staff are dealing with new and emerging issues and having staff from other organisations has

allowed improved educational experiences. It also offers opportunity to share learning, knowledge and understanding across all partners to ensure access to all public services in Ayrshire are inclusive.

One particular example of sharing good practice was the development of the NHS BSL eLearning module. Whilst this was initially developed for NHS staff across Scotland, with the introduction of BSL local action plans, the sharing of this training across all partners in Ayrshire has ensured that a clear and consistent message is being spread with regards to supporting deaf service users who communicate using BSL.

Equality Outcome 4.3: In Ayrshire public bodies will be inclusive and diverse employers

What we set out to do:

We recognise that we have staff that have limited access to information technology (IT) at work and will offer face to face health checks to assist them to address existing health issues and improve their wellbeing. We also recognise that there may be other staff groups who may require intervention and we will seek to identify such groups.

Output – Address health inequalities within staff groups by offering face to face health checks to those considered to have the greatest need.

Action – Continuation of 3 year face to face health check programme on current identified groups

Measurement – Number of checks carried out

Output – Address health inequalities within staff groups by offering face to face health checks to those considered to have the greatest need.

Action – Conduct scoping exercise to identify potential areas for implementation and options for achieving this

Measurement – Scoping exercise complete and options identified

Output – Address health inequalities within staff groups by offering face to face health checks to those considered to have the greatest need.

Action – Use the results from the scoping exercise to determine priorities for 2017-18

Measurement – Priorities set for 2017-2018

What we did:

NHS Ayrshire & Arran offered a face-to-face health check to staff working within Corporate Support Services. Corporate Support Services was identified due to the fact that staff have limited access to IT provisions. The staff groupings include porters, domestics, and catering staff. The number of health checks undertaken was approximately 1,200.

What difference did we make?

The roll out of the programme has resulted in staff feeling valued as well as them engaging well with the programme. Over the period of time, approximately 1,200 face-to-face health checks have been carried out within the target group of staff. The programme of health checks continue and are currently offered on a three yearly basis. The programme has picked up relatively minor to very serious health conditions and has allowed the staff concerned to access the appropriate health care needed for their condition. Without the programme of checks many of the staff may not have had their health condition picked up until a later stage when it would have been more difficult to deal with.

This work stream has been well supported by staff, management and trade unions with a positive and supportive attitude towards the face-to-face health check programme. Managers are generally proactive at encouraging staff to have the check and allowing them time to attend for the appointment. Staff side organisations are also very supportive of the programme. NHS Ayrshire & Arran embedded the health checks within the 2016-19 Staff Health, Safety and Wellbeing Strategy which is an example of the commitment the organisation has to these checks as well as the importance that they attach to it.

What we will do now/future work?

A new Staff Health Safety and Wellbeing Strategy is due to be developed for implementation from April 2019 onwards covering the period 2019 to 2022. It is planned that this programme will continue and be included in this strategy. In addition the health check may be refined to allow the programme to be extended out to other staff groups in other Directorates who may benefit from it.

Case study

Whilst a high number of staff have received the health checks and positive steps have been taken at the time writing this report we were unable to provide a case study with consent from any staff members. We anticipate to be able to showcase the impact of this work in our next reporting cycle.

SECTION 4

4.1 Employee Information

NHS Ayrshire & Arran greatly values the contribution of its employees in the delivery of health services to local communities. As an employer, we are committed to equality and treat our staff with the dignity, respect and consideration they deserve, helping staff to reach their full potential at work. We also recognise that a diverse organisation with a range of abilities, experience and skills is more likely to be sensitive to the needs of the diverse community that we serve.

As outlined in our previous mainstreaming reports, NHS Ayrshire & Arran continues to provide opportunities for flexible working practices balancing both individual and organisational needs. We are also continuing to offer employability training to staff in line with the Government's Work and Health agenda.

4.1.1 Employment Monitoring

NHS Ayrshire & Arran has established equalities monitoring and reporting systems but acknowledges the gaps which exist in its staff identifying themselves by the protected characteristics of disability, race, religion and belief and sexual orientation.

The table below illustrates rates of disclosure for 2017/18 compared to 2012/13:

Financial year ending 31st March	2017/18	2012/13
Average headcount of staff in post	11,036	10,445
Detail not known / undisclosed for ethnicity	24.18%	32.89%
Detail not known / undisclosed for religion	25.00%	34.17%
Detail not known / undisclosed for sexual orientation	26.60%	36.72%
Detail not known / undisclosed for disability	99.11%	98.82%

The improvements in data coverage for ethnicity, religion and sexual orientation are encouraging and we would hope to see further improvement when the new national human resource system, electronic Employee Support System (eESS), is introduced in 2019 whereby employees will have self service functionality. Detail for disability shows a differing trend and we acknowledge further work is required in this area to assist staff in better understanding the definition i.e. recognising that long term conditions are applicable, as well as providing assurance that by declaring disability helps the organisation fulfil its duties in terms of caring for and supporting our staff.

Overall workforce characteristics – ethnicity, religion, sexuality, disability and transgender – are routinely published, on a monthly basis, on the NHS Ayrshire & Arran intranet. An analysis of equality and diversity in relation to overall workforce characteristics, training, leavers, recruitment and employee relations is available here

<https://www.nhsaaa.net/media/6510/workforce-equalities-data-report-2017-2018.docx>

4.1.2 Use of Equality and Diversity Workforce Data

Equality and diversity workforce data is routinely used to support both workforce planning and Human Resources activities.

The full range of equality and diversity strands are used in the context of employment relations, recruitment, redeployment, and promoting attendance undertaken by Human Resources staff.

Age and gender strands have a particular focus within workforce planning and are routinely used and reported within workforce plans and intelligence. Maternity detail also features in workforce planning discussions given the gender and age profile in some services correlates to elevated maternity leave rates in comparison to the overall organisational rate.

4.2 Equal Pay

NHS Ayrshire & Arran is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their protected characteristics. To achieve this, pay systems require to be transparent, based on objective criteria and free from unlawful bias. Our equal pay statement <https://www.nhsaaa.net/media/6312/equal-pay-statement-2017.pdf> and occupational segregation and equal pay analysis <https://www.nhsaaa.net/media/6871/occupational-seg-and-equal-pay-analysis-2019.docx> can be found on our website.

NHSScotland as an employer has ensured, via the nationally agreed pay scales, that the Scottish Living Wage of £9.00 per hour is the minimum pay rate.

4.3 Local Labour Market and Employability

The unemployment rate for each local authority area in Ayrshire is illustrated below. A proportion of these individuals will be long term unemployed and it is recognised that this necessitates additional support for their readiness for work, which some of our employability schemes within NHS Ayrshire & Arran, and our wider community planning partners, are designed to help facilitate.

Whilst the unemployment rate provides an increased supply in the local labour market this is mitigated by constrained workforce demand from NHS Ayrshire & Arran due to increased scrutiny and control of vacancies.

Job seekers allowance (JSA) plus out-of-work Universal Credit claimant rates as at March 2018 (source: Office of National Statistics)

Area	Claimant Rate	Number of claimants
East Ayrshire	4.0%	3,050
North Ayrshire	4.5%	3,750
South Ayrshire	2.5%	1,700
Scotland	2.6%	

North Ayrshire, followed by East Ayrshire, has the highest levels of unemployment claimant rates in Scotland compared to all local authority areas.

Employment is one of the most strongly evidenced determinants of health, the WHO notes that 'unemployment puts health at risk' and 'unemployment has a direct bearing on the physical and mental health and even life expectancy for unemployed people and their families'. Unemployment therefore has a direct impact upon service provision.

Supporting employability is a shared goal across all three Community Planning Partnerships (North, South and East) in Ayrshire, and NHS Ayrshire & Arran is committed to contributing to this goal and works in partnership with local providers to help address issues of unemployment undertaking the following activities:

4.3.1 Youth Contract - Work Placements

NHS Ayrshire & Arran in partnership with Jobcentre Plus offers work experience to young unemployed people. For young people who are looking for work but lack experience, it is a chance to improve their understanding of the working world and to learn to adjust to the routines and habits of working life. This invaluable work experience allows young, unemployed people the opportunity to volunteer for suitable placements lasting for eight weeks, significantly improving their employment prospects.

4.3.2 Ayrshire College Work Placements

NHS Ayrshire and Arran works in partnership with the Ayrshire College to provide employability training and work placements to students, who are studying for qualifications to enhance their practical ability. These placements are supplemented by employability training which includes application form/interview skills workshops.

4.3.3 Project SEARCH (David Forbes Nixon) (DFN)

The (DFN) Charitable Foundation, is a UK registered charity established by DFN, with the express aim of promoting programmes which significantly improve the employment prospects of young people with learning disabilities and autism spectrum disorders. Project SEARCH (DFN) is a supported internship programme hosted by NHS Ayrshire & Arran, designed to help these young into work.

We are now into our sixth year of the programme. Interns take part in a programme of work training via a series of work placements with NHS Ayrshire & Arran over an academic year. During this period, the interns undertake three rotations within three different departments. The programme aims to secure and retain full time employment for interns with NHS Ayrshire & Arran or to ensure that interns leave the programme ready for work and are, therefore, better placed to secure employment elsewhere. The programme is a partnership between NHS Ayrshire & Arran, East Ayrshire Council, and Ayrshire College.

4.3.4 Apprenticeships

Modern Apprenticeships (MAs)

Offer people 16+ paid employment combined with workplace training and off-the-job learning, in order to gain new and enhanced skills and recognised qualifications. We have MA's in Dental Nursing, Healthcare Support (Clinical), Microsoft - IT Systems and Networking and Horticulture.

Foundation Apprenticeships

This is a fairly new initiative aimed at fifth and sixth year pupils at Secondary School and is delivered in partnership with Ayrshire College. As part of this programme NHS Ayrshire & Arran supports the provision of placements one day each week over an academic year. This is normally in the pupil's sixth year. We currently have Foundation Apprenticeships in Software Development.

Graduate Apprenticeships

This is a new initiative and aimed at new recruits or existing employees who are currently employed in the organisation. It provides a structured learning and development programme that involves study towards a qualification designed for a profession, starting

at undergraduate up to master's degree level, to enable them to become more effective and productive in the workplace. It enables us, as an employer to invest in our staff. We currently have Graduate Apprenticeships in: Business Management and another in IT Software Development.

4.3.5 Schools Work Placements

NHS Ayrshire & Arran participates in the Schools' Work Experience Placement Programme. This involves taking secondary school pupils, (normally fourth to sixth year), for one week's placement within various departments throughout the organisation, thus giving the pupils some understanding of the working environment and also ensuring that they are better prepared for working life. Not only does this forge links with the local community, it also helps promote the organisation and attract local school leavers as future NHS Ayrshire & Arran employees.

4.3.6 School Engagement

We provide practical support, workshops, mock interviews and awareness sessions to pupils across all schools, colleges and the University of the West of Scotland which will assist them in their application for jobs.

4.3.7 Internships

NHS Ayrshire & Arran are still registered under the internship programme. We recognise the need to support the transition into employment and to maximise the opportunity to build on the clinical experience gained by nurses and midwives during their pre-registration programme by giving them the opportunity to consolidate and expand their clinical experience. It must be noted that we have not had any newly qualified nurses apply to this scheme since November 2015.

4.3.8 Volunteer Peer Worker Placements

NHS Ayrshire & Arran work in partnership with South Ayrshire Council, offering work placements to individuals who are recovering from alcohol and/or drug addictions and are training towards a qualification in Healthcare. Whilst participating in unpaid volunteer work placement they will engage with other service users who are currently suffering from alcohol and/or drug addiction. The service users are patients of NHS Ayrshire & Arran.

4.3.9 Community Payback

Designed to ensure that offenders payback to society and their local community. Working in partnership with East Ayrshire Council, to maintain a cleaner and more aesthetically pleasing environment at University Hospital Crosshouse, Ayrshire Maternity Unit and East Ayrshire Community Hospital.

4.4 Board Diversity Data

There are fourteen non-executive directors of the Ayrshire & Arran NHS Board. The gender split of non-executive directors is eight males, 57%, and six females, 43%, and this represents a positive increase compared to the NHS Board makeup in 2012/13 whereby the percentage of female non-executive directors was 36%.

Whilst we recognise the higher number of male members, we must point out that two non-executive directors are our local authority representatives, who are male, and were elected to post by the public through existing local government processes.

Recruitment to non-executive director roles of the NHS Board (with the exception of the employee director, chair of the area clinical forum and the aforementioned local authority

representatives) is undertaken nationally by the Scottish Government on behalf of Scottish Ministers and these public appointments are made under a system regulated and monitored by the Commissioner for Ethical Standard in Public Life in Scotland

Scottish Ministers particularly welcome applications from groups currently under-represented on Scotland's public bodies, such as women, disabled people, those from minority ethnic communities, and people aged under 50.