



Progress against the Equality Outcomes set 2021 for the period 2021-2024.

Equality Outcome 1

Everyone across Moray (including those who share a protected characteristic and those who do not) has the opportunity for good health and wellbeing across their lifespan.

This outcome seeks to empower individuals to take charge of their own health and wellbeing; be active, make positive choice and feel connected within their communities; But also recognises that wider inequalities that effect health and wellbeing as well as the need for prevention and early intervention to mitigate health consequences.

Strategic Theme: Building resilience – Taking greater responsibility for our own health and wellbeing.

Evidence from the strategic needs assessment:

- There are continuing inequalities in health status in Moray, with evident association between level of neighbourhood affluence and morbidity and mortality
- There is significant demand for health and social care services arising from chronic disease and comorbidity
- There is significant morbidity and mortality due to mental health problems
- There is significant morbidity and mortality due to lifestyle exposures smoking, alcohol and drug misuse

Strategic Outcomes:

- Lives are healthier
- People live more independently
- Quality of Life is improved
- Health inequalities are reduced
- People are safe

Key Focus HSCM will mitigate health inequalities across the life span

Measures		Participation numbers Participant Feedback Staff Feedback	key protected characteristics	Age Disability
Lead	Actions			
a)	Health point – the provision of advice, information and signposting. Utilising the Making Every Opportunity Count (MEOC) approach.			

<p><u>Update 2025:</u></p> <p><u>2019/2020:</u> Outreach events across Moray engaged with 1,306 people, predominantly those of working age and older.</p> <p><u>2020/2021:</u> Due to the Covid-19 pandemic, no outreach events were delivered. The team were redeployed to support the pandemic response, and the Health point was closed to walk-in members of the public. Although MS Teams appointments were offered, there was no uptake. However, 168 telephone consultations were recorded, primarily providing motivational support and arranging Nicotine Replacement Therapy treatments as part of the smoking advice service. These calls also often resulted in signposting to other services and websites related to self-management of stress, healthy eating, and local financial support services.</p> <p><u>2021/2022:</u> The pandemic response continued, and no outreach events were delivered. 731 telephone enquiries were recorded.</p> <p><u>2022/2023:</u> Outreach events across Moray resumed, engaging predominantly with people of working age. 2,081 contacts recorded</p> <p><u>2023/2024:</u> 4,140 contacts and engagements. Locality events, outreach, and campaigns also restarted, including the Winter Health Campaign, Buckie Community Lunches, Forres Church of Scotland events, Aberlour Community Day, Keith Tuesday Table, and a REAP visit. Additionally, there were 506 enquiries via the Dr Gray's Healthpoint site.</p> <p><u>2024/25:</u> There were 2,363 Contacts/Engagements recorded.</p> <p>Locality Events, Outreach, and Campaigns:</p> <ul style="list-style-type: none"> • Forres: Pop-up event at Findhorn Eco-Village in collaboration with Community Connectors • Elgin: Blue Light Festival, Workforce Mocktail session, and information session at The Oaks • Keith & Speyside: Speyside High School Health Fair • Buckie: Community Lunch • New Elgin: Community Days, Long Covid event, World Hepatitis Day at The Bow, Community Appointment Day, Freshers Fayre <p>Nutrition and Hydration Week Campaign: 13 campaign events focusing on nutrition and hydration, particularly for older people. Sessions at three supported housing</p>		
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	<p>establishments and one care home, engaging 50 residents. Five sessions were delivered to HSCM staff within GP practices and Dr Gray's Hospital. Presentations focusing on "Ageing Well" were delivered to 10 community groups, with 237 attendees. Feedback included:</p> <ul style="list-style-type: none"> • "I'm glad you talked about 'It's Okay to Ask.' I'm going to ask my doctor about the side effects of a medication I'm on." • "When you go to the GP, you don't get any of this information or leaflets. This was very interesting and informative." 		
b)	<p><u>Update 2021</u> Our Housing Support Service covering Woodview and Woodview Children and Young People implemented an activity programme as an alternative to high school education. This was due to the young person's reluctance to attend in conjunction with being anxious around COVID-19.</p> <p>These activities include outings in the local community as well as activities further afield. Any activities are discussed and planned with the young person and their family to ensure their views and choices are promoted.</p>	Regular meetings and reviews are held with young person, family and professionals	Disability
c)	<p><u>Update 2021</u> Within our Care at Home Service, at the commencement of the COVID-19 period, health services were established to support people in their own homes who tested positive and did not require hospital admission. The Care at Home Service withdrew provision of support at this time.</p> <p>As the period of COVID-19 extended, the Care at Home Service was required to support service users with their support needs regardless of whether they were positive for COVID-19 or not.</p>	Outcomes of remaining at home as opposed to having a hospital admission were met and peoples choices were supported	Age All
d)	<p><u>Update 2021</u> Alcohol and Drug Services remained open although groups were not functioning. Arrows continued to provide a walk in service; along with increased phone support. MIDAS focussed on those at the highest risk, ensuring that prescriptions were</p>	Quarterly agency reporting. SDMD/DAISY	

delivered along with increased proactive phone contacts Carers and Advocacy services have remained open, with pro-active phone contacts_	reporting. Staff feedback	
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1.2 HSCM enables individuals to self-manage their conditions			
Key Focus			
Ref	Actions	Measures	key protected characteristics
a)	<u>Update 2021:</u> Respiratory Conditions Programme – virtual and face to face exercise classes to support individuals to self-manage their condition.	Participation Nos.& Feedback pre/post participation Staff Feedback	Age Disability
	<u>Update 2025:</u> In 2021/22, funding was received through the Respiratory CEL to deliver the Physical Activity for Health programme, initially targeting COPD patients. Sixteen patients participated in the pilot programme, which was delivered virtually in partnership with NHSG Physiotherapy Pulmonary Rehab and MC Sport and Leisure. A referral pathway and process were established, with the team serving as the point of contact for all referrals, utilising the MEOC approach. A total of 24 referrals were received In 2022/23, the programme expanded, receiving 227 referrals for Physical Activity for Health. Since 2023, referrals are now made through an online portal, managed by the Wellbeing Officer in the local authority.		
b)	<u>Update 2021:</u> In our Short Term Assessment and Re-ablement Team [START] the Social Care Assistants [Carers] took part in a Care Inspectorate initiative called Care About Physical Activity [CAPA] which was to promote better movement and mobility in our older People. Training and guidance was delivered to the staff group who then set up goals and programmes for people to follow and monitor progress. This was to support improved mobility, increase confidence and better overall health.	Measures were gathered weekly and input into a Web based programme to gather evidence.	All

Key Focus	1.3 HSCM supports individuals to make positive Health & Wellbeing choices
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Ref	Actions	Measures	key protected characteristics
a)	<p><u>Update 2021:</u> Routine Enquiry of domestic abuse was introduced in 2008 following the issue of Chief Executive Letter 41: Gender Based Violence Action Plan. This details the actions required from Health to improve NH Scotland's response to gender based violence (GBV). Routine enquiry involves asking all women at assessment about abuse regardless of whether there are any indicators or suspicions of abuse. It was established in maternity, sexual health, health visiting, substance misuse and mental health settings. This was due to the disproportionate number of women accessing these services who have experience of abuse. Routine enquiry is embedded in the Universal Health Visiting Pathway and is continued rollout is a key component of the Equally Well Delivery Plan.</p>		Pregnancy Maternity Sex
	<p><u>Update 2025:</u> <u>Antenatal/Postnatal Visits:</u> We conduct routine enquiries of domestic abuse during the antenatal visit to ensure early identification and support. We continue these enquiries between the 3-week and 3-month visits, using professional judgement to determine the safest timing. This ensures that we can identify and address domestic abuse early, providing timely support and intervention. <u>Monitoring:</u> If abuse is disclosed, we monitor the situation for any escalation in frequency or severity. By using the Domestic Abuse Risk Assessment Checklist (DASH RIC), we can reassess and follow appropriate guidance to provide ongoing support. <u>Guidelines:</u> Health Visitors adhere to the Scottish Government's guidelines for responding to domestic abuse. This ensures that the approach is consistent and based on best practices. If abuse is disclosed, the DASH RIC is completed and can offer support and referrals to Multi-Agency Risk Assessment Case Conferences or other services as needed. <u>Support & Safety Planning:</u> We provide information on local services and discuss safety planning in all cases, regardless of the risk level. This empowers individuals to make informed decisions about their safety and wellbeing. Child protection</p>	To improve data collection the service transitioned to an electronic system called MORSE in November 2024. This enhances the service ability to monitor and address domestic abuse more effectively, providing a tool to gather accurate data	

	<p>procedures are implemented if required. For other forms of gender-based violence, we refer to the latest evidence updates to ensure comprehensive support. Universal Health Visiting Pathway in Scotland: pre-birth to pre-school - gov.scot</p> <p><u>School Nurse Pathway:</u> To further support individuals, we have integrated domestic abuse considerations into the School Nurse Pathway: <u>Domestic Abuse at Home:</u> If a child or young person is confirmed to be experiencing domestic abuse at home, the School Nurse follows child protection procedures to ensure their immediate safety. This is crucial for protecting vulnerable individuals and providing timely intervention. <u>Suspected or Disclosed Abuse:</u> When abuse is suspected or disclosed, the School Nurse follows the Scottish Government School Nurse Pathway for Domestic Abuse. They contact the child, discuss the referral, and follow child protection procedures as appropriate. Support from the Team Leader or Child Protection Specialist Nurse is accessed to aid decision-making. This ensures that the child receives appropriate support and protection. <u>Guidance Document:</u> The service is preparing to implement an NHS Grampian School Nurse Pathway guidance document to standardise the approach and ensure consistent support. This will help to provide clear and effective interventions. <u>Measures:</u> Data collection helps monitoring and informs on the effectiveness of interventions and continuous improvement to support services. Accurate data collection is essential for evaluating our impact and making informed decisions.</p> <p>Specialist School Nursing Contribution</p>	<p>Data is collected on the number of referrals to School Nurses in regards to the domestic abuse pathway</p>	
b)	<p><u>Update 2021:</u> Baby Steps – the programme focused on the risks related to adverse effects of maternal obesity on both the mother and the child.</p>	<p>Participation Numbers Feedback from mothers</p>	<p>Pregnancy /Maternity Age, Disability</p>
	<p><u>Update 2025:</u> <u>2021/22:</u> The programme remained paused, with three online meetings held to engage with women, attended by eight participants. The Facebook page continued to be the primary platform for sharing key health messages. With changes in restrictions, the</p>		

	<p>Health Walk component resumed in September, with weekly walks attended by 11 participants. Key health messages were delivered during these walks.</p> <p><u>Feedback:</u></p> <ul style="list-style-type: none"> • "I have become more active knowing that it is safe to do so and indeed recommended to remain active during pregnancy." • "I thought now that I'm pregnant, I can eat what I like. By discussing the key messages and accessing the Facebook page, I realise that's not the healthiest approach!" <p><u>2022/23:</u> One regular walker attended the weekly Health Walk. In Q2 June, Baby Steps delivered its first full programme cycle, including a Confidence to Cook session, since the lifting of restrictions. A total of 24 women joined across three cycles.</p> <p><u>Feedback:</u></p> <ul style="list-style-type: none"> • "I now have a good idea of where hidden sugars and fats are in food." • "Initially, I had no idea how to read food labels. Now, I look at them all in the supermarket." <p><u>2023/24:</u> Based on participant feedback, each cycle length was reduced to six weeks as a test of change. A total of 22 women joined the programme over five cycles. Facebook followers increased to over 600.</p> <p><u>Feedback:</u></p> <ul style="list-style-type: none"> • "I've been able to make healthier food choices now I understand the food label system." <p><u>2024/25:</u> The programme was paused due to low uptake and referrals. Digital delivery is being explored following patient engagement and feedback. There has been a consistent increase in Facebook followers. A refreshed digital programme is planned for launch in Spring 2025.</p>		
c)	<p><u>Update 2021:</u> Alcohol Brief Interventions – the use of a short, evidence-based, structured conversation about alcohol consumption. It seeks to motivate and support the individual to consider a change in their drinking behaviour in order to reduce their risk of harm.</p>	<p>Participation numbers Participant Feedback Staff Feedback</p>	<p>Age Disability</p>

	<u>Update 2025:</u> 2019/20:443 ABI conversations recorded 2020/21:0 ABI conversations recorded (PHS suspended the GP contract during the pandemic from March 2020 to March 2022. 2021/22: 321 ABI conversations recorded 2022/23: 684 ABI conversations recorded 2023/24: 1122 ABI conversations recorded		
d)	<u>Update 2021:</u> Tobacco - delivery of smoking advice service. Uptake and quit rates are currently good	Participation numbers Quit rates, Feedback Staff Feedback	Age Disability
	<u>Update 2025:</u> 2019/20:Quit attempts 85, 12 week quits 76 = 89.4% 2020/21: Quit attempts 15, 12 week quits 15 = 100% 2021/22: Quit attempts 17, 12 week quits 17 = 100% 2022/23: Quit attempts 71, 12 week quits 24 = 33.8% 2023/24: Quit attempts 105, 12 week quits 55, = 52.3% 2024/25: Quit attempts 104, 12 week quits 24 = 23.07%		
e)	<u>Update 2021:</u> In our Children's Residential Service at CALA, we have supported a young person (aged 17) to access, through self-referral, mental wellbeing supports.	Additional training and webinars for staff to enhance their knowledge of local resources	Age and ethnicity
f)	<u>Update 2021:</u> Walk Moray – the promotion of physical activity through Walk Moray.	Participation numbers & Feedback	Age Disability
	<u>Update 2025:</u> 2019/20: 91 new walkers 2020/21: 18 Heath Walks delivered across Moray. Average 100 walkers per week. 60 new walkers registered. Programme partially paused due to Covid-19 restrictions. 2021/22:15 Health Walks were running. Average 100 walkers per week. 92 new walkers		

	<p>registered. 30 new volunteer walk leaders trained including 3 dementia friendly walk leaders. Successful funding bid allowed delivery of a short Strength and Balance programme. 8 outdoor sessions, 22 regular attendees supported by 8 volunteers.</p> <p><u>2022/23</u>: 18 Health Walks (1 dementia friendly health walk). Average 100 walkers per week. 61 new walkers registered.</p> <p><u>2023/24</u>: 18 Health Walks (1 dementia friendly health walk). Average 100 walkers per week. 78 new walkers registered. Addition of 2 weekly evening Health Walks in Aberlour and Buckie following conversations and engagement within these communities.</p> <p><u>Feedback</u>: "Thanks to Walk Moray health walks, I now have the confidence to leave my house" "It is now the best part of my week"</p> <p><u>2024/25</u>: 19 Health Walks including 2 evening walks and 1 supported housing walk and 1 dementia friendly health walk. Average 100 walkers per week. 122 new walkers registered. 101 Active Walk Leaders.</p> <p><u>Feedback</u>: "I have more confidence in walking greater distances, my legs feel stronger and my breathing is better" "I have made friends and feel more connected into my local community"</p>		
g)	<p>Alcohol and drug, Carers and Advocacy services. See above.</p>	<p>Participation numbers Participant Feedback Staff Feedback</p>	<p>Age Disability</p>
	<p><u>Staff Wellbeing</u>: Moray Pharmacotherapy staff undertook sessions led by Staff Physio Service including workstation assessments, working safely with display screen equipment, desk exercises, keeping fit for work and stress management .</p>		

Key Focus	1.4 Individuals are connected with communities / locality planning		
Ref	Actions	Measures	key protected characteristics

a)	<p><u>Update 2021:</u> Community Resilience – the provision of small grants and funds to improve community health and wellbeing in line with Public Health Outcomes.</p>	Participation numbers Participant Feedback Staff Feedback	Age Disability
	<p><u>Update 2025:</u> <u>2019-22:</u> Team redeployed <u>2022/23:</u> £1337 Funding of resources. Toolkit designed to support Moray schools tackle rising issue of tobacco and vaping. Mobile Information Bus training to Moray Vaccination Centre staff. Resource used to target ‘Cold Spots’ and deliver outreach vaccinations. <u>2023/24:</u> Healthier Futures Funding received to deliver targeted Healthy Eating Active Living programmes: Refresh and kick start delivery of Grow Well Choices programme to Early Years Establishments in Moray Counterweight Core Funding (delivery of weight management programme by MLC) <u>2024/25:</u> Healthier Futures Funding: Delivery of Grow Well Choices Programme, Counterweight Core Funding (delivery of weight management programme by MLC)</p>		
b)	<p><u>Update 2021:</u> Poverty Agenda - the provision of small grants and funds, via the Health Improvement Fund and the Improvement Fund to improve the outcomes of the most vulnerable groups living in poverty in Moray.</p>	Participation numbers Participant Feedback Staff Feedback	Age Disability
	<p><u>Update 2025:</u> <u>2019/20:</u> Health Improvement Fund – Programmes and Projects £32,920 <u>2020/21:</u> Health Improvement Fund – 10 Programmes and Projects funded £26,526 <u>2021/22:</u> Health Improvement Team – redeployed and reduced capacity <u>2022/23:</u> Health Improvement Fund – 4 programmes and projects funded £3017</p> <p>Third Sector Winter Support Fund - In January 2023, Health and Social Care Moray Health Improvement Fund received £40k funding from the PH Directorate to support Third Sector organisations during the cost-of-living crisis.</p> <ul style="list-style-type: none"> • tsiMoray supported with process planning. • 43 of 46 applications went through to the decision-making panel following the initial criteria screening. • The decision-making panel included 3 x community groups representatives and 		

	<p>x2 Health Improvement Team representatives, independently facilitated by tsiMoray.</p> <ul style="list-style-type: none"> • A total of 29 bids were approved (£38,908.74) • 22/23 - 14 programmes/projects supported £18,502 <p><u>2023/24</u>: Third Sector Winter Support Fund - 15 programmes/projects supported £20,406 Health Improvement Fund – 4 programmes and projects funded £4675 <u>2024/25</u> Health Improvement Fund – 4 programmes and projects funded £4678</p>		
c)	<p><u>Update 2021</u>: In our Short Term Assessment and Re-ablement Team and Care at Home Teams we follow the MEOC initiative (Making Every Opportunity Count), by signposting and supporting Service Users to access services or opportunities in the local community, such as ball groups, tea dances, coffee mornings etc. Increasing these opportunities and helping to alleviate social isolation.</p>	These conversations are recorded by Social Care Assistants and submitted to be added to records	All
d)	<p><u>Update 2021</u>: Our Housing Support Service at Woodview set service aims against a quality framework for support services (care at home, including supported living) The aims have been embedded into the Service Plan under “Peoples health and well-being benefit from their care and support”. Support Plans are put together and implemented to incorporate activities in the local community working with individuals and families/guardians to achieve identified outcomes.</p>	Care Treatment and Support Plan Service Support Plan Outcomes Reviewed through service user and staff feedback	Disability
e)	<p><u>Update 2021</u>: Moray Alcohol and Drugs Partnership (MADP) support small community projects through tsiMoray and participatory budgets project, to improve the outcomes for communities and enable local groups to develop and engage with local populations.</p>	tsiMoray reports and liaison with community projects.	Disability

Equality Outcome 2

Everyone across Moray (including those who share a protected characteristic and those who do not) has the opportunity for equitable access to Health and Social Care Services.

This includes :-

- having access to person led Health and Social Care Services;
- being supported to make informed decisions about their care, and
- feeling they have more control of their lives
- being supported to live as independently as possible and to remain in their home or a homely setting for as long as possible.

Strategic Theme: Partners in care- Making choices and taking control over decisions affecting our care and support
Home First- Being supported at home or in a homely setting as possible

Evidence from the strategic needs assessment:

- Moray is characterised as remote and rural, and there are significant access challenges for some in the population to access services.
- Moray's military and veteran population constitute a significant group, requiring general health services and specific services
- Population is ageing, with a growing proportion represented by adults over the age of 65, and growing numbers of adults aged over 80, with implications for increasing morbidity
- Care activity is highly demanding of informal carers, and there is evidence of distress in the informal carer population

Strategic Outcomes

- Experience of services are positive Lives are healthier
- People live more independently
- Quality of Live is improved
- Health inequalities are reduced
- People are safe
- Carers are supported

Key Focus	2.1 Service users and their carers, are supported in accessing services. Services work proactively to develop ways for people to access services remotely, reducing the need for people to travel.		
Ref	Actions	Measures	key protected characteristics

APPENDIX 1

<p>a)</p>	<p><u>Update 2021:</u> HSCM will continue to improve the Digital Health and Telecare Services available in Moray for those people with a disability or who are elderly and cannot physically access their local health services e.g. Use of Near me in consultations</p> <p>Community Development Team have supported 80 people with protected characteristics to access devices and training, to enable them to make use of digital services and video consultations an essential aspect of this work. Devices have also been supplied to care homes.</p>	<p>Numbers of consultations undertaken using near me</p> <p>Satisfaction of patients/clients</p>	<p>All characteristics</p>
<p>b)</p>	<p><u>Update 2021:</u> Implementation of telephone triage and near me (video assessment) in March 2020 – easier access to the OOH Primary Care service to patients</p> <p><u>Update 2025:</u> GMED continues to offer telephone advice as a nationally agreed case type. Advice calls constitute the highest number of cases dealt with by the service as opposed to the pre-pandemic levels, where Centre Consultations case type was most utilised.</p> <p>‘Near me’ use within the service is not monitored, however, clinicians are encouraged to use the tool in supporting assessment and treatment.</p> <p>GMED is currently going through redesign whose aim is to enhance efficiency and quality through streamlining of processes, developing and optimising resources to deliver an efficient, person-centred and financially viable service delivery model, through innovative approaches and restructuring of workflows. The vision of the redesign is fully aligning with the Equality outcome 2 particularly with work on reviewing pathways, access and capacity to support patients in rural and remote locations in Moray</p>	<p>No. of consultations completed using virtual assessment tool</p>	<p>All characteristics</p>
<p>c)</p>	<p><u>Update 2021:</u> In our Residential Children’s Service at CALA the Young People in our service have been supported to use the Near Me Service and other virtual means of accessing</p>	<p>Weekly consultations for some young people,</p>	<p>Age, disability and ethnicity.</p>

	health care and support.	as required.	
d)	<u>Update 2021:</u> Frequently, the older people the our Shared Lives Service support do not have family members who live nearby and they struggle to access various services including Opticians – eye tests and hearing tests including fitting of glasses and hearing aids, dentists, Chiropodist, Specialists appointments etc. They may also lack capacity to notice that their quality of life has become diminished e.g. hearing problems affecting their ability to hear and interact with peers.	Carers provide flexible support to take users to appointments	Age Disability

Key Focus	2.2 Services support individuals to identify and achieve their support outcomes using a variety of options. Self-Direct Support is promoted		
Ref	Actions	Measures	key protected characteristics
a)	<u>Update 2021:</u> In the START service all service users are asked to participate in their service looking at choices, preferences, ability to maintain their independence, health and wellbeing. This is recorded in their personal plan. On the review document there are questions relating to their feedback on how we can improve the service and their involvement	Reviews and feedback are taken during and when the service ceases.	All
b)	<u>Update 2021:</u> In our Community Support Service users take part in the support planning and reviews, they are encouraged to make their own recording (where possible) on the service they received and whether their goals and outcomes were met.	Through review process	Mental Health Disability Age
c)	<u>Update 2021:</u> In our Housing Support Service at Woodview liaising with other health professional, individuals, families and guardians to identify individuals requiring person led Health and Social Care Services to transition into their own home with person centred support packages tailored to meet the individual's needs.	Number of transitions achieved.	Disability
d)	<u>Update 2021:</u>	Updates and regular	Disability

	The multi-disciplinary team in our Housing Support Service covering Woodview and Woodview Children and Young People meet in collaboration with other services to identify children's needs for provision of a person centred Health and Social Care Service. Identified staff then work alongside young person, family, professionals and others to plan the process for transition into a person centred environment.	meetings	
e)	<u>Update 2021:</u> The Care at Home Service is available to all people with an assessed need for support. The service agrees how it will be delivered to meet with the person's individual choices to remain safely at home for as long as possible. Part of the assessment includes risk assessment and ensuring the service supports both reducing risk and making informed choices about positive risk taking, if the person makes that decision. Reviews at 6 weeks and 6 monthly thereafter include feedback on the service and how improvements can be made.	Reviews and feedback are taken to identify improvement.	All Age
f)	<u>Update 2021:</u> Informal carers are supported to undertake their Adult Carer Support Plan to identify their own support needs and if they have entitlement to Self- Direct Support	Increase in positive responses for Carers feeling supported	All

Key Focus	2.3 Service users should have a say in local service delivery services and more in involvement in designing and delivering these services		
Ref	Actions	Measures	key protected characteristics
a)	<u>Update 2021:</u> The IJB has an agreed communication, engagement and participation framework which guides all activity. The Board has endorsed the National Standards for Community Engagement which sets the best practice principles for the way public bodies engage with communities. Stakeholders are engaged in identifying and assessing needs and priorities, developing strategies and plans, designing pathways and services, examples such as; <ul style="list-style-type: none"> • Making Recovery Real Partnership in mental health – carer groups for Ward 4 and Muirton 	Number of people getting involved in service design through co-production and engagement opportunities Increase in positive responses relating to satisfaction with services provided	All

	<ul style="list-style-type: none"> • Keith & East Locality Project – prior to Covid • Engagement group for Moray Transformation Board <p>Services seek feedback on existing services from service users/patients and carers through a variety of means including conversations, monitoring surveys and feedback forms</p> <ul style="list-style-type: none"> • Engagement with unpaid carers (Jan/Feb 2021) 		
	<p><u>Update 2025:</u> The IJB actively encourages stakeholder engagement at every opportunity, ensuring that service users have a meaningful say in local service delivery. This includes representation on the board to foster inclusive decision-making. Additionally, the IJB adheres to the 'Planning with People' guidance, emphasising collaborative approaches in designing and delivering services.</p>		

Key Focus	2.4 HSCM Services understand and support the needs of communities and individuals		
Ref	Actions	Measures	key protected characteristics
a)	<p><u>Update 2021:</u> Collation of the Joint Strategic Assessment and using information to base decisions for service delivery across Moray</p>	Joint Strategic Needs Assessment updated bi-annually	All
	<p><u>Update 2025:</u> The Joint Strategic Needs Assessment was completed and approved in September 2024. HSCM is collaborating with NHSG to produce a JSNA for Grampian.</p>	Add link	
b)	<p><u>Update 2021:</u> Improving early assessment and responses to child neglect and poverty across Children and Families Health Services. A shared method has been identified and confirmed, through this, conditions for change have been created and there is an understanding of the current system,</p>	early assessments and response undertaken with improved outcomes for people involved	Age

	<p>including where there may be gaps.</p> <p>This includes adoption of NHS Grampian Neglect 7 Minute Brief and development of Moray Child Poverty 7 Minute Brief that support discussions to ascertain current levels of knowledge and understanding on neglect / poverty respectively and what would support practitioners to improve/build on an early assessment and response to this.</p>		
	<p><u>Update 2025:</u> <u>Implementation of the GCP2 in 2023:</u> The Graded Care Profile 2 (GCP2) has been implemented to support a multiagency assessment tool that identifies neglect and promotes early intervention to improve outcomes for families. This tool provides an evidence-based assessment for Health Visitors and School Nurses to identify and document neglect effectively. It is planned to repeat the training in the future.</p> <p><u>Early Identification and Intervention:</u> The GCP2 supports early identification and intervention of neglect in families. Although the training is currently on hold due to staff not implementing this tool in practice, it remains a critical component of the strategy to provide evidence-based assessments.</p> <p><u>Poverty:</u> The financial inclusion pathway is being updated and will be relaunched, and plans are in place to embed a referral to the income maximisation form onto MORSE. Confirmation is awaited to enable direct referrals from MORSE to the Income Maximisation Team.</p> <p><u>Monitoring Referrals:</u> The Income Maximisation Team is now monitoring referrals sent from Health Visiting and Family Nurse Partnership (FNP) teams. This measure aims to improve the referral process and ensure that families receive the financial support they need.</p>		
c)	<p><u>Update 2021:</u> SDMD data based, DAISY system, Recovery Outcomes Tool, MADP quarterly reporting and MADP delivery plan.</p>	Agency and MADP quarterly reporting	
	<p><u>Update 2025:</u> All patients registered in a Moray GP practice have access to a Medication Review.</p>		

Key Focus	2.5 Informal carers are treated with values and principles of HSCM. They are supported and respected		
Ref	Actions	Measures	key protected characteristics
a)	<p><u>Update 2021:</u> Dedicated social worker assigned to providing assistance and support to informal carers including the development of their Adult Carer Support Plan that helps identify any additional support they require in their own right.</p>	<p>No. of Adult Carer Support Plans completed Carers are supported</p>	<p>Age, Disability</p>
	<p><u>Update 2025:</u> <u>Young Carers in the School Nurse Pathway:</u> The needs of young carers are embedded in the School Nurse Pathway to ensure they receive the support and respect they deserve. <u>Response to Requests:</u> The School Nurse responds to requests for assistance from the Named Person and contributes to the child's chronology, ensuring a comprehensive understanding of the young carer's situation. <u>Wellbeing Assessment:</u> The School Nurse performs a wellbeing assessment using the GIRFEC (Getting It Right For Every Child) National Practice Model, which helps to identify and address the specific needs of young carers. <u>Coordination of Health Aspects:</u> The School Nurse coordinates the health aspects of the child's plan, ensuring that young carers receive appropriate health support. <u>Alerting Professionals:</u> The School Nurse alerts other professionals to the specific needs of young carers, ensuring continuous support. <u>Linking with Services:</u> The School Nurse links with specialist children and adult services as appropriate, providing a network of support. <u>Guidance Document:</u> An NHS Grampian School Nurse Pathway guidance document is awaiting implementation to standardise and enhance the support provided to young carers. <u>Data Collection:</u> Data is collected on the number of referrals to School Nurses and the pathways young carers follow within the School Nurse Pathway. This helps to monitor the effectiveness of the support provided and identify areas for improvement.</p>		

	Specialist School Nursing Contribution – Priority Areas Of Intervention - Specialist school nursing: priority areas and pathways - gov.scot		
b)	<u>Update 2021:</u> The MADP contract with Quarriers Carers and Arrows to support carers and families.	Outcomes written into contracts. Services provide quarterly performance reports.	All

Equality Outcome 3-

Health and Social Care staff understand the needs of people with different protected characteristics, are able to support them and promote diversity in the work they do.

Strategic Theme: Partners in care, Building resilience

Evidence: from Workforce Planning and Employee Information held by partner organisations (Moray Council and NHS Grampian)

Strategic Outcomes:

- Staff and Carers are supported ·
- The Workforce continually improves ·
- Resources are used effectively and efficiently

Key Focus	3.1 All staff to receive feedback and are given development opportunities aligned to the common values and principles of HSCM		
Ref	Actions	Measures	key protected characteristics
a)	<u>Update 2021:</u> In our Housing Support Service at Woodview which is an expanding service, a keyworker development programme and pack was implemented to aid career	Number of Support Workers participating along with reviews	Disability

	progression/aspirations. The programme/pack was designed and put together to help support staff gain the skills, knowledge and understanding to progress to Keyworker job role as opportunities arose. This enhances staff skills within this role and is beneficial in ensuring a consistent approach for individual service users.	and feedback.	
b)	<u>Update 2021:</u> The Staff team at our Residential Service at CALA have been supported in enhancing their knowledge of local resources and enhancing practice skills through attending training, mainly by virtual means (i.e., mental health awareness training, ABI training).	Training records, feedback from staff as to how training impacts practice	Age All
c)	<u>Update 2021:</u> The MADP Workforce programme was put on hold at the start of the pandemic, but was re-established with courses being provide using IT and video systems. This has continued to develop with a full programme now running.	Training records and feedback.	All

Key Focus	3.2 All staff are aware of issues affecting health equalities and receive training, appropriate for their roles		
Ref	Actions	Measures	key protected characteristics
a)	<u>Update 2021:</u> Through the working leadership collaborative development of a programme to help health care support workers to have difficult conversations with patients/individuals.	Participation numbers Feedback from participants.	Age (vulnerable families).
b)	<u>Update 2025:</u> <u>Specialist School Nursing: Priority Areas and Pathways:</u> The refocused School Nurse role (for 5-19 years old) concentrates on ten priority areas and represent public health priority areas and interventions which have been found to be effective in preventing adverse childhood experiences (ACEs), the impacts of which not only effect health and development potential in childhood, but can also persist deep in to adulthood.	Data is collected on the number of referrals to School Nurses and the pathways young people follow within the School Nurse	Age (vulnerable families) Sex

	<p>Ten Supporting Pathways have been developed and implemented.</p> <p>Through current Scottish Government funding a local plan is in place to increase the qualified school nursing staffing establishment and via local investment, increase the number of school nurses to complete an MSc Advancing Practice programme at Robert Gordon University in Aberdeen to become qualified School Nurses.</p>	Pathway.	
	<p><u>Update 2025:</u></p> <p><u>Specialist School Nursing: Priority Areas and Pathways:</u> <u>Prevention and Early Intervention:</u> The school nursing role focuses on prevention, early intervention, and support for the most vulnerable children over five years old. This includes concentrating on ten priority areas under the headings of vulnerable children and families, mental health and wellbeing, and risk-taking behaviour. <u>Effective Interventions:</u> Interventions in these areas have been found effective in preventing ACEs and alleviating their short- and long-term effects. School nurses play a crucial role in both preventing ACEs and mitigating their impacts when they occur. <u>Staffing and Training:</u> In 2024, Moray had one School Nurse qualify, with two more due to qualify in 2025. However, there is insufficient funding to train another School Nurse in 2025/2026. <u>Data Collection:</u> This helps monitor the effectiveness of interventions and identify areas for improvement.</p>	Data is collected on the number of referrals to School Nurses and the pathways young people follow within the School Nurse Pathway.	
c)	<p><u>Making Every Opportunity Count Training</u> <u>2019/20:</u> 113 practitioners from 23 organisations trained <u>2020/21:</u> No training delivered due to team redeployment <u>2021/22:</u> MeOC training adapted and delivered virtually. 170 practitioners from a range of services attended MeOC training Bespoke training was provided to the Moray Covid Vaccination administration team. Feedback from the team stated that they have increased confidence in providing accurate signposting to services.</p>	Participation numbers Feedback from participants.	Age Disability

	<p><u>2022/23</u>: 26 practitioners trained <u>2023/24</u>: 25 practitioners trained. <u>2024/25</u>: MeOC session embedded in Moray Council Care at Home Induction. 185 practitioners trained.</p> <p>Realistic Medicine and Shared Decision Making incorporated into MeOC training. <u>Feedback</u>: “We weren't sure what MeOC was before the training session but now feel confident using this in the community” “Really good to have clarification of trusted places to refer clients to”</p> <p>MeOC Ageing Well tool developed in partnership with HIS Frailty Collaborative. <u>Feedback</u>: “This is a great tool to have in my job role and in other community roles I am in”</p>		
<p>d)</p>	<p><u>Alcohol Brief Interventions Training</u> <u>2019/21</u>: 105 practitioners completed the ABI training session <u>2021/22</u>: 127 Practitioners completed the ABI training session <u>2022/23</u>: 57 practitioners completed the ABI training session <u>2023/24</u>: 33 practitioners completed the ABI training session There is a notable increase in confidence of raising the issue of alcohol following the training:</p> <ul style="list-style-type: none"> • 25% increase reporting feeling extremely confident to raise the issue of alcohol • 39% increase reporting feeling confident to raise the issue of alcohol • 0% reporting as feeling average in confidence to raise the issue of alcohol • 0% reporting feeling not confident to raise the issue of alcohol <p><u>2024/25</u>: Q1 – 2 sessions delivered, 15 participants</p>	<p>Participation numbers Feedback from participants.</p>	<p>Age Disability</p>
<p>e)</p>	<p><u>Update 2021</u>: In our Housing Support Service covering Woodview and Woodview Children and Young People they implemented a document to record sensitive information the young person wished to share with staff members. Staff were instructed and</p>	<p>Review documents and records regularly.</p>	<p>Disability</p>

	shown how to use the system, record the information and when to report concern to senior staff.		
g)	<p><u>Update 2021:</u> (See references above to MADP workforce programme). The new DAISY (Drug and Alcohol Information System) was introduced in December 2020. Staff have been trained and supported in using the system.</p> <p>Contracted agencies have workforce development and staff support systems in place.</p>	Agency and MADP quarterly reports and agencies contract reviews.	All

Key Focus	3.3 The health and wellbeing of staff is prioritised and supported. Opportunities for personal well-being, development and learning are provided for all employees.		
Ref	Actions	Measures	key protected characteristics
a)	<p><u>Update 2021:</u> Health and Wellbeing – key health messages delivered via video and QR codes. Telephone and MS Teams appointments for staff and staff supported via virtual t breaks</p>	Participation numbers Feedback from participants.	Age Disability
	<p><u>2019/20:</u> HealthPoint staff continued to support colleagues via phone, email, and in person. The Public Health Directorate organised various short, virtual stress awareness and management courses, along with other public mental health training for health, social care, and Third Sector staff.</p> <p><u>2020/21:</u> HealthPoint closed for walk-ins, and outreach services ceased due to team redeployment. Telephone enquiries were welcomed. A Staff Health and Wellbeing Group was established in response to Covid-19, with representatives from NHSG and HSCM. HealthPoint supported staff health and wellbeing through accessible information and supportive telephone appointments, prioritising shielding individuals and those working remotely. In July, HealthPoint reopened at designated times for staff only, offering general health and</p>		

	<p>wellbeing support, including healthy eating advice and smoking cessation.</p> <p><u>2021/22:</u> HealthPoint continued to support staff, handling 105 enquiries, many related to Covid-19, vaccination, and testing procedures. HealthPoint participated in virtual tea breaks for staff who were shielding or working from home, providing practical advice on healthy eating, mental wellbeing, and sleep. Eight virtual tea breaks were delivered. Short information videos on key health topics were shared with staff and the public via social media. The Health Improvement Team delivered a live presentation on promoting positive health and wellbeing during Health Information Week.</p> <p><u>2022/23:</u>The HSCM Staff Health and Wellbeing newsletter, "We Care, Let's Share," was created, with August and September briefings receiving 99 and 261 views, respectively. The We Care website was updated, and the newsletter was discontinued. The Staff Health and Wellbeing Working Group was disbanded due to poor attendance, with updates shared via an MS Teams channel.</p> <p><u>2023/24:</u> Monthly Monday drop-in sessions at Dr Gray's Hospital focused on women's health topics, including menopause, providing peer support. Approximately 18 staff members attended over 12 weeks. The sessions ended due to reduced engagement, but continued support via HealthPoint was encouraged.</p> <p><u>2024/25:</u> Health and wellbeing support was incorporated into The Moray Vaccination Team study day, attended by 35 staff members. Staff were supported in creating a team We Care information board.</p>		
	<p><u>Update 2025:</u> Wellbeing at Team Meetings: Regular team meetings include discussions on wellbeing to ensure staff feel supported and valued. Supervision for Qualified Staff: Qualified staff receive supervision to provide guidance, support, and opportunities for professional development. Wellbeing Resources: Wellbeing resources are shared on Teams, offering easy</p>		

	access to information and tools that promote personal health and wellbeing. Regular Breaks and Timely Leave: Staff are encouraged to take regular breaks and leave work on time to maintain a healthy work-life balance.		
b)	<p><u>Update 2025:</u> <u>Walk Moray – promotion of physical activity through Walk Moray.</u> <u>2019/20:</u> Health Walk for NHS Staff and Partners commenced <u>2022/23:</u> NHSG Winter Step Count Challenge supported by Paths for All <u>2023/24:</u> NHSG Winter Step Count Challenge supported by Paths for All <u>2024/25:</u> NHSG Winter Step Count Challenge supported by Paths for All - Over 370 active teams and over 1,800 hundred active participants</p> <p>Health Walk Coordinator achieved the Walk at Work Award through Paths for All, promoting walking in the workplace Walk at Work Award Paths for All.</p>	Participation numbers Feedback from participants.	Age Disability
c)	<p><u>Update 2021:</u> taking lessons and experiences of staff who are shielding and working from home at the same time, the service will continue with the home working model to enable staff remain in the workplace. This would be done in conjunction with OHS and GP to ensure staff are fit to work in some capacity within the home environment.</p>	OHS assessments, feedback from staff	disability/age/ pregnancy/race
	<p><u>Update 2025:</u> Following the pandemic recovery, staff have returned with a hybrid model of working, where applicable. Hybrid working is beneficial for staff wellbeing as it offers greater flexibility, allowing employees to balance work and personal life more effectively. This approach also reduces commuting stress and time leading to improved mental health and productivity.</p>		
d)	<p><u>Update 2021:</u> Within all Provider Service Teams, the Time for Talking service was added in updates for people who felt they needed confidential advice and support for any personal issues they were going through.</p>	Voluntary and Confidential	All Protected characteristics are included
e)	<u>Update 2021:</u>	Feedback from	All

	In all of our Provider Service Teams, regular updates on COVID-19 communicated to the workforce as they become available. This included information from HSCM, Moray Council, the Care Inspectorate, Health Protection Scotland and NHS Grampian. Social Care Assistants kept service users updated on issues which were relevant to them to maintain appropriate protection for employees and people using services No update for 2025 due to end of pandemic response.	employees	
f)	<u>Update 2021:</u> All teams within our Independent Living Service were given information on Health and wellbeing. This included emails with information on looking after yourself and your mental health also, invitations to webinars discussing Health and wellbeing.	It was voluntary participation	All Protected Characteristics are be included
g)	<u>Update 2021:</u> In all of our Provider Service Teams, staff support during the pandemic has been maintained by; Daily, weekly, monthly oversight meetings; <ul style="list-style-type: none"> • regular updates and new or amended information immediately; • Having access to a central point to discuss any processes or fears; • Having access to appropriate PPE; • Early access to vaccination programmes; • Access to Lateral Flow testing; Access to Time for talking which is a confidential advice service available to council employees.	Feedback from employees	All
h)	<u>Update 2021:</u> See references to MADP workforce development above. Contracted agencies have staff support systems in place.	Quarterly contract review meetings	

Review of Equality Outcomes set out in [2021-2024 report](#)

[What we said](#): A key priority will be to continue the review work completed to date incorporating the potential health and social care debt impacts and consequences of Covid to ensure that key focus is directed to the greatest need. We will consult more widely with communities to ensure they reflect their desired outcomes and to further develop the reporting of data against the measures identified. This information will be reported to the Strategic Planning and Commissioning Group (SPCG), which will have oversight and be able to provide clear recommendations in relation to how Equality Issues are supported, governed, monitored and driven forward. SPCG will also explore how our commissioning activity, both internal and external, can better support the delivery of equality outcomes.

Moray Community Appointment Day

To address post-Covid waiting times, HSCM organised an event for people with joint, bone, and muscle problems. Over 120 attendees received support from physiotherapists, podiatrists, occupational therapists, nutritionists, and dietitians at Moray Sports Centre in Elgin. Charities and community groups also provided advice on mental health, cost of living, arthritis, home energy costs, and general fitness. A video link to the event is available [here](#).

Day Opportunities Team

The pandemic led to the closure of building-based day services, prompting service transformation. Extensive engagement revealed a need for person-centered, flexible support options. Self-Directed Support (SDS) Enablers and the Social Work team developed individualised support plans, benefiting around 100 carers and care recipients. The approach focused on communication, relationship building, and supporting unpaid carers to achieve 'a good life.' Following a successful pilot, MIJB approved the permanent implementation in [June 2022](#), with three additional SDS Enablers recruited by October 2022. Positive feedback from service users highlights the impact, such as improved mental health and wellbeing.

The positive impact of this transformation is reflected in feedback from service users, including: 'I can't believe how much you have done for D, which has really benefitted her mental health and wellbeing.'

Engagement with Equality Groups

[What we said](#): We recognise that people with protected characteristics must help shape our equality goals - this is both a legal requirement and essential for effective outcomes. Though COVID-19 limited our engagement efforts, we are forming a dedicated working group to Priorities identified in Equalities and Mainstreaming Report 2019/21 address this gap. This group will improve how we connect with diverse communities, making it easier for everyone to participate in developing and reviewing our services. We are committed to ensuring all voices are heard as we move forward.

Carers Strategy – Engagement/Feedback

In January 2021, during the COVID-19 pandemic, engagement sessions were held with unpaid carers to explore what a meaningful break would look like for them. This feedback was incorporated into wider engagement sessions for developing the Moray Carers Strategy "Recognised, Valued, Supported" (2023-2026).

Wider Engagement Sessions

Focus groups were conducted in August 2021, followed by an online survey launched on 1st October 2021, which remained open for four weeks. The survey received 181 responses, with 85% identifying as female and 15% as male. Nearly half of the respondents provided care for more than 50 hours per week.

Key Findings

- Time for Self: Carers expressed the need for "time for me" and "a few hours to myself—a whole day would be bliss" to support their health and wellbeing.
- Pursuing Hobbies: Carers wanted "time out for myself to pursue hobbies whilst my partner was cared for in my absence" to maintain a life alongside their caring role.
- Rest and Relaxation: Carers highlighted the importance of "catching up on sleep" and "a day out of the house relaxing" as essential components of a meaningful break.

Making Recovery Real (MRR) Partnership

Value of Lived Experience in Service Improvements

HSCM values the contributions of those with lived and living experience in enhancing service improvements. The MRR Partnership, established in 2014/15, exemplifies this by balancing lived experience with professional expertise to deliver the local mental health and wellbeing strategy. The partnership, which meets both offline and online, follows a strengths-based approach underpinned by the CHIME recovery framework. It emphasises sharing skills, knowledge, and resources in a mutually supportive manner.

Collaboration with Moray Wellbeing Hub

HSCM collaborates with the Moray Wellbeing Hub, a local social enterprise, on the 'Collective Voice' initiative. This initiative gathers and shares feedback from individuals with lived mental health experiences. It has led to the integration of lived experience peers in inpatient mental health wards and influenced the procurement of mental health support contracts in late 2024. The Hub also facilitates peer support and training events across Moray and undertakes specific projects funded by organisations like the Drug and Alcohol Partnership.

Co-Production in Commissioning and Procurement

In recent commissioning and procurement efforts, HSCM and representatives with lived experience co-produced the service specifications. Community members with lived experience participated in the evaluation panel, scoring submissions and influencing the awarding of contracts.

Horizon Scanning

What we said: Future Planning

We are enhancing our ability to identify potential inequalities early, especially for vulnerable groups, to take timely action and access resources. The Independent Review of Adult Social Care in Scotland will guide our approach as we implement its key recommendations.

Service Development

The new Self-Directed Support (SDS) standards will expand understanding of SDS options and focus on personal outcomes through our 3 Conversations model. We are also updating the Moray Carer Strategy to support the increasing number of unpaid carers for our aging population and those with long-term conditions. Additionally, we are monitoring the impact of new legislation, including Human Rights in Scots Law, on our services.

Self-Directed Support (SDS)

The SDS Framework of Standards (2024) aligns with the Social Care (Self-Directed Support) (Scotland) Act 2013. The 12 standards and practice statements support system changes to implement SDS principles, improve practice, and ensure consistency for care recipients. A self-evaluation will benchmark progress against these standards. The re-established SDS Steering Group will provide governance and oversight. The re-establishment of the SDS Steering group will provide the necessary governance and oversight, in embedding the SDS principles in line with the national SDS Framework of Standards.

The Human Rights Bill

The Human Rights Bill for Scotland is currently in development but has faced some delays.

The Scottish Government has committed to introducing this legislation to incorporate:

1. The International Covenant on Economic, Social and Cultural Rights (ICESCR)
2. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
3. The Convention on the Elimination of Racial Discrimination (CERD)
4. The Convention on the Rights of Persons with Disabilities (CRPD)

The bill has not yet been formally introduced to Parliament.

New Scots

Moray has welcomed 19 asylum-seeking young people via the National Transfer Scheme, adopting the term 'New Scots' instead of 'Unaccompanied Asylum Seeking Children' (UASC). Upon arrival, they are supported by the Throughcare & Aftercare Team as Looked After Children and provided accommodation based on their needs. To date, 12 New Scots have been granted asylum, with some moving to their own tenancies or starting courses, while others relocated to cities like Glasgow and London to be closer to their communities. For example, two young people have moved to their own tenancies in Moray and one young person started a course at Dundee College.

Moray Mental Health Strategic Group

The Moray Mental Health Strategic Group, established in 2024 has delivered the following outcomes:

Created a comprehensive Moray mental health service delivery plan with clearly defined development priorities, developed with direct input from people accessing services and operational staff.

Established a multi-service governance framework that monitors, evaluates and reports on mental health service delivery across Moray, bringing together third sector and public sector services.

Developed early intervention, prevention and self-management resources and protocols.

Implemented a structured approach to mental health service improvement organised around five quality standards:

1. Mental Health Quality Standard 1: Access
2. Mental Health Quality Standard 2: Assessment, Care Planning, Treatment & Support
3. Mental Health Quality Standard 3: Moving between and out of services
4. Mental Health Quality Standard 4: Workforce
5. Mental Health Quality Standard 5: Governance & accountability

Created a regular reporting system with six-monthly progress updates to the MIJB.

Achieved integration of perspectives across sectors, establishing a whole-system approach to mental health service delivery in Moray.

Working with our Partners

[What we said](#): We will work closely with our partners across the public sector to meet our equality duties, particularly in areas like employment practices and procurement. We will continue collaborating with Integrate Grampian to better understand our diverse population's needs and coordinate our equality efforts throughout the region.

Frailty

Over the past 18 months, Health and Social Care Moray participated in the National Frailty Collaborative, resulting in a Frailty Action Plan aligned with Grampian initiatives. Key outcomes include:

- Creating conditions for a whole-system approach to frailty, encompassing community initiatives, early identification in Primary Care, and various interventions.
- Early identification of frailty in primary and secondary care settings.
- Proactive integrated planning and case management for optimal individual outcomes.
- Engaging the public, health and social care staff, and third sector/community groups to promote healthy aging practices.
- Collaborating with the Digital Health Institute to maximise digital innovation for prevention, early intervention, condition monitoring, and self-management.
- Integrating Moray's frailty initiatives with the broader NHS Grampian Frailty Network.

The Moray Frailty Delivery Group continues to progress this work, collaborating closely with leads in Aberdeen City and Aberdeen Shire through the Grampian Frailty Group.



MORAY INTEGRATION JOINT BOARD

Equality Progress Report 2021-2024

Appendix 1

Find out more about the Moray Integration Joint Board and Health & Social Care Moray on our website:

<https://hscmoray.co.uk/index.html>

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