

About You	
1.	<p>Your Name</p> <p>Ruth Mellor</p>
2.	<p>Your Employer / Organisation</p> <p>NHS Ayrshire and Arran / now with NHS Lanarkshire</p>
3.	<p>Your Position</p> <p>Previously (when developing) Child Poverty Lead and Consultant in Public Health (Child Health, Inequalities and Place) / Now Consultant in Public Health (Health Intelligence)</p>
4.	<p>Your E-Mail at Work</p> <p>ruth.mellor@lanarkshire.scot.nhs.uk</p>
5.	<p>Your Address at Work</p> <p>NHS Lanarkshire, Public Health Directorate, Fallside Road, Bothwell, G71 8BB</p>
6.	<p>Your Role in the Project</p> <p>Ruth was responsible for the initial idea and implementation of the project, she also co-ordinates the work carried out.</p>
An Introduction to the Project	
7.	<p>Which partner organisations are involved in delivering the project (local authorities, organisations, community groups, etc.)?</p> <p>Key stakeholders within NHS Ayrshire and Arran, including those within NHS Ayrshire and Arran with legal expertise, finance expertise, health protection nursing & administration expertise, public health expertise, and public communication. They are also involved with the Lived Experience lead from Recovery Ayr.</p>
8.	<p>Does the project have specific aims and/or objectives?</p> <p>The aims of the project are to repay income lost to those who are self-isolating due to illness, to protect public health and to provide income support in a more dignified and timely manner.</p>
9.	<p>Does the project have a title?</p> <p>Producing user-friendly formal communication to increase benefit uptake.</p>
10.	<p>When did it start?</p> <p>The project began in October 2022. It was fully implemented by March 2023.</p>
11.	<p>Has it finished? Is it on-going?</p> <p>On-going, the project is now part of a standard service provided by NHS Ayrshire and Arran.</p>
12.	<p>Which groups of people, if any, are targeted by the service provided?</p>

	Individuals with an illness who must remove or restrict themselves from work, volunteering, education or social gatherings to protect others.	
13.	How many people have been served by the project?	
	Fewer than 10 people in the first 6 months.	
14.	Where is it delivered?	
	Ayrshire and Arran (NHS area).	
The Initial Idea		
15.	Who had the initial idea?	
	Ruth Mellor	
16.	How did the idea for the project come about?	
	Health Protection nurses raised awareness that individuals eligible for benefits were having difficulty accessing their entitlement.	
17.	Did you draw on any published reports / papers / research evidence or practice you had seen elsewhere to inform your plans?	
	No.	
18.	Who was involved in developing the initial idea of the project?	
	Ruth Mellor. She consulted with other NHS Health Boards and found that the same problem was evident elsewhere.	
19.	Were those with lived experience of poverty involved in developing the initial idea of the project?	
	No.	
20.	What funding was used, if any, to support the development of the initial idea of the project?	
	N/A	
21.	What in-kind resources were needed when developing the initial idea of the project?	
	Facilities	No.
	Equipment	No.
	Local Knowledge	No.
	Food and Drink	No.
22.	What, if any, barriers did you have to overcome when developing the initial idea of the project?	
	None.	
23.	Did you conduct a feasibility study?	
	No.	
24.	What was the timeline between the initial idea and the start of the project?	
	Several months.	
25.	Who made the decision to introduce the project?	

	Ruth Mellor.
Pilot Project	
26.	Did you run a pilot project?
	No.
The On-going Development of the Project	
27.	Has the project changed through time?
	No.
Accessing the Service and Engaging with Service Users	
28.	How are potential clients made aware of the project?
	This is no longer a project, but part of standard service. If an ill individual is self-isolating, they receive information about how to reclaim lost income over the telephone and via letter.
29.	How do you keep in touch with service users? Do your service users have a preferred method of contact?
	Telephone.
Working With People with Lived Experience of Poverty	
30.	Are those with lived experience of poverty involved in <u>delivering</u> the project?
	No.
31.	Are people with lived experience of poverty involved in <u>managing</u> the project, <u>supervision</u> within the project, or project <u>governance</u>?
	No.
32.	Are people with lived experience of poverty involved in <u>any other aspect</u> of the project?
	Yes, those with lived experience were involved in the design and development of the letter. Amy Gray (nee Donnachie) is an Experiential Worker for Recovery Ayr (a charity based in South Ayrshire). She also currently works 10hrs/week to support child poverty work in NHS Ayrshire and Arran. Amy's role in the process was pivotal. She sense-checked the letter and identified where changes were required, many of which had not recognised as potential problems by other members of the working group.
Leadership, Governance and Partnership Working	
33.	Who has overall responsibility for the project?
	Ruth Mellor.
34.	Is this the only responsibility of the person managing the project?
	No. Ruth has wider responsibilities regarding public health in NHS Ayrshire and Arran, including as a lead for child poverty work in the area.
35.	Is there a Project Steering or Advisory Group or Organising Committee?
	No.

36.	If there is no Steering Group, what governance arrangements are in place to review strategy and performance?	
	Overarching child poverty work feeds into the Ayrshire Infant, Children and Young People Transformational Change Programme Board and through that to the Strategic Planning and Operational Group.	
Staffing		
37.	Are there any paid staff?	
	Yes, but they were already employees prior to the project. Distributing the updated letter is part of the Health Protection Team's standard work now.	
38.	Are volunteers involved in delivering the project? <i>Please describe their role and their contribution.</i>	
	No.	
Links to Wider Policies, Strategies and Statutory Requirements		
39.	Is the project part of a wider anti-poverty strategy?	
	No.	
40.	Is the project part of any other strategy?	
	No, although it is one of the actions within the NHS Ayrshire & Arran Child Poverty Action Plan.	
41.	Is the project delivering a service that is a statutory commitment.	
	Yes. The Public Health Act places a duty on NHS authorities to reduce health-related restriction and exclusion.	
Funding		
42.	Who funds the project?	
	NHS Ayrshire and Arran fund the project indirectly by paying for wages.	
43.	How is the project funded?	
	No specific budget required.	
Resources		
44.	What in-kind resources do you need to deliver your project?	
	Facilities	Computers.
	Equipment	Work-processing equipment, specifically standard packages.
	Local Knowledge	Local knowledge of processes within NHS Ayrshire and Arran are required.
	Food and Drink	No.
45.	For each of the in-kind resources listed above, who provides it?	
	Facilities	NHS Ayrshire and Arran.
	Equipment	NHS Ayrshire and Arran.
	Local Knowledge	NHS Ayrshire and Arran.
	Food and Drink	N/A

46.	Did you have to buy or develop new IT systems, software (databases, apps) or technology to deliver your project?	
	No.	
47.	Was additional staff training required to deliver your project?	
	No.	
Formal Monitoring and Evaluation		
48.	What information, if any, do you collect about your project?	
	Number of users	Yes.
	Profile of users	Yes. Demographic details for health protection cases are collected.
	Experience of users	N/A
	Anything else	N/A
49.	How often is data collected? Who collects the data?	
	Data is entered as a standard, as NHS Ayrshire and Arran process health protection cases and contacts.	
50.	Do you have baseline data on what things were like before the start of the project or before users started the project?	
	A one-off audit was conducted to review the six months prior to the implementation of the letter and the six months since implementation. A review of recorded conversation notes was conducted to find out whether financial stress was brought up by cases/contacts. However, the report is unavailable for sharing as the number of individual cases involved is too small.	
51.	Do you produce an annual report?	
	No.	
52.	In what ways, if at all, do you use the data that you collect to adapt the service that you provide?	
	A one-off post-implementation audit has been conducted and findings fed back to the Health Protection Team, which has helped them consider if further changes should be made.	
53.	Have you employed an external organisation to formally evaluate your project?	
	No.	
54.	Do you intend to employ an external organisation to evaluate the service that you provide in the future?	
	No.	
Impact		
55.	What difference has the project made?	
	In the six months following the introduction of the new letter, fewer system challenges were noted. Some staff have become increasingly confident to discuss financial issues. As for the impact of the project, the numbers involved are too small to share information or be able to tell whether the change to the letter influenced the number of people who applied for loss of earning.	

56.	How do you know this? What evidence demonstrates impact (metrics, interviews, feedback)?	
	Review of records, including restriction letters, free text notes regarding conversations with cases/contacts and discussions with staff.	
57.	To what extent have the aims of the project been achieved?	
	The aims of the project have been achieved. A new dignified and user-friendly letter is being used.	
58.	How, if at all, has the demand for the service provided by the project changed since it started?	
	The numbers are too small to tell if there has been a significant change.	
59.	Has the project had any unexpected or unintended outcomes?	
	It has opened the door for wider conversations around financial inclusion pathways and supporting those out of work.	
60.	In your opinion, is the project having an impact on tackling poverty? If so, please describe in what ways.	
	Yes. Although it is only impacting a few people, it can still make a big difference to them during a difficult time.	
Learning from Experience		
61.	What is working well?	
	Administrative tasks have been reduced. For example, the claim form is now distributed at the same time as the user-friendly letter. Having the poster with financial inclusion pathway information up on the health protection office wall has improved ability to access that information, and is also a reminder of the benefits of having those conversations.	
62.	What are the key learning points that you'd like to share with other practitioners? For example, is there anything that you would do differently?	
	A key learning point is to put more emphasis on talking to parents or carers of children who are restricted or excluded. It is important to consider if those caregivers need to access loss of earnings repayment as they are having to miss work to care for their child.	
63.	What plans do you have to develop or expand the project in the future?	
	They have conducted a post-audit discussion session and suggested a few further changes that can be made, including adding a reminder into the computer programme where information is recorded.	
64.	How easily do you think your project could be replicated in another setting?	
	The project could easily be replicated, both directly and indirectly in other NHS areas and both within and beyond the NHS. This could be done by following the design principles for preparing written communication.	
Social Media		
65.	Please enter social media contact details and weblinks to supporting documents or resources below:	
	Web Pages	N/A
	Facebook	N/A



Tackling Poverty Locally Online Directory



	Instagram	N/A
	Twitter	N/A
	Tik-Tok	N/A
GDPR Consent (Add yes or no in the box)		
I give my permission to be named in the tackling poverty locally directory and associated public outputs.		Yes.
I give permission for our organisation to be named in the tackling poverty locally directory and associated public outputs.		Yes
I give permission for me to be contacted by directory users.		Yes.
I am willing to be contacted if more details are required		Yes.