North Ayrshire
Community Planning Partnership

Community Planning Partnership Board

Thursday 3 March 2022 at 11.00 a.m.

Via Microsoft Teams

AGENDA

Time	No.	Page	Item	Presenter	Ask of CPP Partners
11.00 – 11.05	1.		**Welcome & Apologies**	Cllr Cullinane, Chair of CPP, North Ayrshire Council	
11.05 – 11.15	2.	Pg 4	**Minutes of Previous Meeting and Action Note** Submit minutes and action note of 2 December 2021 (copy enclosed)	Cllr Cullinane, Chair of CPP, North Ayrshire Council	Confirm that this is an accurate record of the meeting and actions have been completed.
Safer North Ayrshire					
11.15 – 11.35	3.	Pg 12	**Fall Fighters** Receive report from Ian McMeekin.	Ian McMeekin, Scottish Fire and Rescue	Board agrees to commit to falls prevention via promotion of the Fall Fighter programme.
Working North Ayrshire					
11.35 – 11.55	4.	-	**Community Learning and Development Plan** Receive rupdate from Angela Morrell.	Angela Morrell, North Ayrshire Council	Discuss the progress of the implementation of the CLD Plan.
11.55 – 12.05			**Comfort Break**		
Governance					
12.05 – 12.35	5.	Pg 14	**Local Outcomes Improvement Plan 2022-2030** Receive report on proposed new plan	Morna Rae, North Ayrshire Council	Review and agree proposals.
12.35 – 12.50	6.	Pg 152	**Locality Partnership Overview** Report from Morna Rae.	Morna Rae, North Ayrshire Council	Note update and consider any actions required.
Future Developments					

For further information please contact Morna Rae, Senior Manager Policy, Performance and Community Planning
North Ayrshire Council, Cunninghame House, Irvine, KA12 8EE
Tel: (01294) 324177 Email: mrae@north-ayrshire.gov.uk

12.50 - 1.20	7.	-	**Partner Discussion and Sharing on Key Developments and Opportunities**	All	Partners share developments and partnership working opportunities
1.20 – 1.30	8.	-	**AOCB**	Cllr Cullinane, Chair of CPP, North Ayrshire Council	

	9.	Pg 156 Pg162	**Reports for information**
			
			• Minutes of Locality Partnerships
			  • Arran
			  • Garnock Valley
			  • Irvine
			  • Kilwinning
			  • North Coast
			  • Three Towns
			• Minutes of IJB
			• Minutes of CPPSOG
			• Decision Tracker		

Date of next meeting: Thursday 23 June 2022 at 11.00 am via Microsoft Teams.

North Ayrshire Community Planning Partnership Board
Board Membership

Ayrshire College Carol Turnbull, Principal	**Scottish Government** Sam Anson, Location Director
Health and Social Care Partnership Robert Martin (Chair, IJB) Caroline Cameron, Director	**Skills Development Scotland** Paul Zealey, Skills Planning Lead
Jobcentre Plus Sheila Lynn, Service Lead	**Scottish Fire & Rescue** Ian McMeekin Area Manager
KA Leisure Lorraine Tulloch, KA Leisure Board Member Anne Todd, KA Leisure Board Member	**Strathclyde Partnership for Transport** Allan Comrie, Senior Transport Planner
NHS Ayrshire and Arran Claire Burden, Chief Executive Ruth Mellor, Consultant Public Health Lesley Bowie, Chair **(Vice Chair)**	**North Ayrshire Council** Joe Cullinane, Elected Member **(Chair)** Alex Gallagher, Elected Member John Bell, Elected Member Marie Burns, Elected Member Scott Davidson, Elected Member Anthony Gurney, Elected Member Ellen McMaster, Elected Member Craig Hatton, Chief Executive
Scottish Enterprise Theresa Correia, Senior Manager	**Police Scotland** Chief Supt Faroque Hussain Supt Derek Frew
Third Sector Interface Vicki Yuill, Chief Executive Officer, Arran CVS	

Community Planning Partnership Board
Thursday 2 December 2021 at 11.00 am
Via Microsoft Teams

Present

North Ayrshire Council
Joe Cullinane, Elected Member **(Chair)**
John Bell, Elected Member
Scott Davidson, Elected Member
Anthony Gurney, Elected Member
Ellen McMaster, Elected Member
Karen Yeomans, Executive Director, Growth & Investment
Caroline Amos, Interim Executive Director, Communities & Education

North Ayrshire Health and Social Care Partnership
Bob Martin, Chair North Ayrshire IJB

Ayrshire College
Carol Turnbull, Principal and Chief Executive

DWP
Sheila Lynn, Service Leader

NHS Ayrshire and Arran
Ruth Mellor, Consultant in Public Health (sub for Lynn McNiven)

Police Scotland
Chief Superintendent Faroque Hussain

Scottish Enterprise
Theresa Correia, Senior Manager

Scottish Fire and Rescue Service
Ian McMeekin, Area Manager

Skill Development Scotland
Paul Zealey, Skills Planning Lead

Scottish Partnership for Transport
Allan Comrie, Senior Transport Planner

Third Sector Interface
Kaileigh Brown, Executive Director, The Ayrshire Community Trust

In Attendance
Morna Rae (NAC), Jacqueline Greenlees (NAC), Paul Timmons (Scottish Fire and Rescue Service), Jennifer McGee (NAC), Annie Torrance (Community Justice Ayrshire), Claire Gilsenan (Community Justice Ayrshire)

Apologies
Cllr M Burns (NAC), Cllr A Gallagher (NAC), Craig Hatton (NAC), Lesley Bowie, (NHS Ayrshire and Arran), Hazel Borland (NHS Ayrshire and Arran), Lynne McNiven (NHS Ayrshire & Arran), Caroline Cameron (NA HSCP), Vicki Yuill (Arran CVS), Audrey Sutton (NAC), Rhona Arthur (NAC), Lorraine Tulloch (KA Leisure), Sam Anson (Scottish Government).

1.   Welcome and Apologies

The Chair welcomed everyone to the meeting and apologies were noted.

2.   Minute of the Previous Meeting and Action Note

The minutes of the meeting held on 30 September 2021 were approved.

Ian McMeekin highlighted that in terms of the Unwanted Fire Alarm Consultation action, discussions have taken place in regarding schools and the wider Council estate. The team continue to liaise with Council Officers.

3.   Ayrshire Growth Deal

Karen Yeomans provided the Board with an update on the work of the Ayrshire Growth Deal.

K Yeomans advised the Board that in i3 area, Irvine there are two significant projects. The first is flexible space which is about bringing advanced manufacturing business space and will provide much needed high spec, energy efficient and flexible commercial space. The project has secured £15m of Ayrshire Growth Deal investment.

The project is currently at phase 1 which will commence in 2022 and the team are exploring options for acceleration of future phases. In the last 12 months the outline business case has received approval from the Scottish Government with anticipated Full Business Case expected early 2022.

The second project at the i3 area is the digital processing manufacturing centre which will be operated by the University of Strathclyde and the National Manufacturing Institute Scotland. The project has secured £6m of Ayrshire Growth Deal investment.

Online services were launched August 2021, with phase 1 opening in 2022 and phase 2 opening in 2025. K Yeomans commented that the business case for phase 1 is advanced.

In terms of the Great Harbour and Maritime Mile, K Yeomans highlighted that this comprises part of an expansive investment programme to secure The Great Harbour as a major regional destination.

The Growth Deal will commit £14m investment into a phased programme of works which will lead the physical transformation of the wider location by implementation of the maritime mile project. Additional Growth Deal funding will create capacity to support community participation in commercial opportunities at the maritime mile.

K Yeomans highlighted that detailed project work advancing. There has been:

- An appointment of design team for regional play facility concept,
- Early-stage interventions being identified for Ship/HAC/Harbour Master's Cottage to bring early opportunities to market,
- Partnership approach explored,
- Engagement with NPL (Harbour Master) to unlock potential and
- Boat based tourism funding explored to explore additional funding support.

K Yeomans commented that the development of The Great Harbour will create a unique coastal destination comprising a number of key assets to attract new visitors to the area and create jobs.

In terms of the Hunterston Strategic Development Area, K Yeomans highlighted that this project will receive £18m of Ayrshire Growth Deal Funding.

This site offers offering a unique industrial capacity associated with strategic infrastructure such as rail, utilities, grid connections, deep water marine access and proximity to key academic research and innovation resources across the City Region. As Scotland's largest strategic deep-water port with direct rail and grid connections, the site has a critical role in Scotland's energy, blue and green economy priorities.

Extensive research, analysis and engagement with experts, industry, academics and land owners has developed a sophisticated understanding of the strategic capacity of the assets at Hunterston and relationship with International Marine Science and Environment (IMSE) and wider blue economy opportunities. This is currently being tested and finalised with partners in order to enable a strategic programme of activity that will unlock a national scale opportunity in the Blue Economy and one that will support the national transition to net zero. This will provide a new platform for socio economic benefit and wellbeing to North Ayrshire

In terms of the International Marine Science and Environment Centre at Ardrossan, K Yeomans highlighted that this project will receive £10.5m of Ayrshire Growth Deal funding and it will be part of £170m+ of Capital investment which will fund:

- Campus,
- Harbour,
- Marina expansion,
- International Marine Science and Environment Centre ,
- Housing and
- Low Carbon Hub.

This project is a Centre of Excellence & Innovation developed between industry and academic partners. It will develop and capture innovation in marine sciences; marine spatial planning; marine technology; and marine education and training and ensure that the Firth of Clyde is recognised as an exemplar in marine sustainability.

The University of Stirling are supporting project development as a blue economy academic partner.

In terms of the Marine Tourism, K Yeomans highlighted that this project will receive £9.5m of Ayrshire Growth Deal Funding. £5.5m will be used for enabling works for expansion at Ardrossan which is expected to commence in 2023. The team are currently reaching final draft outline business case with concept design and financially viable operating and capex model. £4m will be use for transit marina provision on Arran & Cumbrae which is currently programmed for commencing 2025/26, although project activity now underway and will explore opportunities for acceleration. Outline business cases will be targeted in 2022.

The Chair thanked K Yeomans for her comprehensive update and advised that the Board would welcome further updates in 2022.

I McMeekin asked K Yeomans about wider performance management and how the team report back to stakeholders and links back to groups across Ayrshire. K Yeomans explained the benefits realisation plan which is being pulled together. K Yeomans suggested that this should be brought to a future meeting of the CPP Board.

M Rae asked K Yeomans if she can advise the Board of the comms plan used for the Growth Deal work. K Yeomans highlighted that there is a plan for each programme, the next engagement work will be around the Great Harbour in the new year. K Yeomans suggested that it would be keen to meet with M Rae to discuss how to effectively consult communities.

T Correia commented that the team do a tremendous about of work and it is exciting to see things taking shape.

The Chair thanked K Yeomans for her update.

4.   Workshop Session

The Board split into two groups, and each attended two workshop sessions.

Workshop 1 – New Fire Alarm Requirements from 2022 – supporting vulnerable people

I McMeekin led this workshop which covered new legislation around home fire alarms coming into force in Scotland in 2022 and partners discussed how best to prepare communities and spread the message.

This included:

- Discussion around increased scams relating to the purchase of new fire alarms and how to protect communities against this. National adverts have been circulated but what could we be doing locally?
- The role of locality planning and the Locality Partnerships in helping spread the message.
- Partners working with Trading Standards to ensure good quality advice and support on choosing a provider is available.
- A letter drop was suggested covering what communities need to know.
- Partners including the Police continuing to refer Home Fire Safety Visits when entering properties.

Workshop 2 – Community Justice Ayrshire

A Torrance led this workshop. Background was given on Community Justice and partners discussed what more we can do.

This included:

- Support with cascading key messaging effectively through CPP and to Council services,
- Building on engagement with Ayrshire College,
- Sharing learning with CJAP from DWP pilot with HMP Kilmarnock,
- Supporting Recruit with Conviction, highlighting strategic link with Community Wealth Building and sharing learning from Scottish Fire and Rescue's experience,
- Working with the CPP Senior Officers Group to identify opportunities, and
- There is a need to ensure parents get access to wrap around childcare allowing them to be able to attend training, work, or volunteering.

5. Governance

Development of the new LOIP

Morna Rae advised the Board on the development of the new LOIP and the work done to date.

A Stakeholders Reference Group has been set up and their first meeting has taken place. The group is chaired by Kaileigh Brown.

M Rae commented that there has been good participation from Community Reps, Elected Members and Community Planning partners which fed into our consultation which is now live.

Communities can respond to the consultation via a number of different channels such as:

- Hard copy forms will be available in libraries,
- Online Microsoft Forms questionnaire,
- Shaping North Ayrshire – online debate,
- Email,
- Telephone and
- Survey to Peoples Panel members.

M Rae advised the Board that communication materials were shared with Community Planning partners and encouraged them to promote this via their channels. In terms of internal promotion of this work M Rae advised that the following promotional methods are being used:

- CPP and Council social media,
- All staff email to NAC/HSCP employees,
- Email distribution lists,
- Youth engagement, and
- School social media.

M Rae also highlighted that there will be thematic workshops scheduled in January to look at potential outcomes and targets. To support discussions the team are carrying out some background research.

The Chair thanked M Rae for her update.

Community Planning Improvement Board

M Rae advised the Board that Community Planning Improvement Board (CPIB) is a national group. They wrote to all Chairs of Community Planning Boards in October 2021 to share their research into the critical role Community Planning has played during Covid and the significant contribution Community Planning can make to Covid recovery plans in Scotland. The CPIB asked for comment on their report and M Rae provided an overview of the response provided.

This included some examples of our local response to the pandemic which reflect the themes of whole systems response, empowerment and Community Planning as a mechanism for local delivery. Such as:

- Community Supports Hubs,
- Kindness work with Carnegie,
- Whole Systems approach – Health Weight Priority 6,
- Clear strong communication and
- Fortnightly meetings with the TSI to provide coordinated support to community groups.

The CPIB has identified the following areas of focus for Community Planning to meet future expectations:

- Re-Focusing priorities
- Involving and empowering communities
- Relationships, structures and bureaucracy

The local illustrations given for each of these were:

- Aligning spatial planning and community planning,
- LP refresh of priorities,
- Approach to new LOIP,
- Case study of the Local Police Plan HISA,
- Supporting people to be more involved with local democracy, and
- Customer to Citizen work.

Partners commented on the usefulness of the report as an overview of the local approach. The Chair thanked M Rae for her update.

LOIP Q2 Performance

J Greenlees provided Senior Officers with a presentation on the LOIP Q2 Performance. J Greenlees provided updates under each of the LOIP themes:

- Working and Fair For All Economic Growth
- Thriving & Fair For All Children
- Safer & Fair For All Environment
- Healthier & Fair For All Health
- Fair For All Food

J Greenlees highlighted that in terms of next steps, the Q2 detailed report will be circulated in due course.

The 20/21 Annual Report has been published. J Greenlees encouraged the Board to complete the survey embedded with the Annual Report.

Cllr Bell asked J Greenlees how the average earnings were calculated. J Greenlees undertook to find out this information and report back to Cllr Bell.

The Chair thanked J Greenlees for her update.

6. **Key Partner Discussion and Sharing on Key Developments and Opportunities**

The Chair advised at the September Board meeting that this would become a standing item on the agenda to allow wider sharing amongst partners.

I McMeekin explained to the Board that Scottish Fire and Rescue Service have sought funding for another youth volunteer scheme in North Ayrshire covering Kilwinning and Three Towns. The team are also having discussions regarding the Kickstart scheme to help get people back into employment.

T Correia advised that Scottish Enterprise are waiting on the publication of the Government Economic Strategy to support the finalisation of Scottish Enterprise's plan. There will be consultation with a range of partners as the new plan is developed.

A Comrie advised that SPT are consulting with Local Authorities about their capital projects and accepting bids from various schemes. Discussions have taken place to see how projects can be carried forward to the next financial year.

M Rae advised that Ashley Pringle from KA Leisure has stepped down as link between KA Leisure and the CPP Board. M Rae conveyed her thanks to A Pringle. Anne Todd and Lorraine Tullloch will be taking forward this role.

M Rae also advised that she produces a weekly policy briefing and asked for any members of the Board who wish to be added to the distribution list to get in touch.

The Chair thanked everyone for their updates.

9. Any Other Business

No other business was discussed.

The Chair thanked everyone for attending today and conveyed his best wishes for the festive period.

10. Date of next Meeting

The next meeting of the North Ayrshire CPP Board will be held on **Thursday 3 March 2022 at 11.00 am via Microsoft Teams.**

North Ayrshire
Community Planning Partnership

Community Planning Board Action Tracker 2022

Date of Meeting	Action	Responsible	Notes
02.12.21	**LOIP Q2 Performance** Information on calculation of average earnings to be supplied to Cllr Bell	J Greenlees	Complete
02.12.21	**LOIP Development** Partners to promote consultation	All partners	Complete
02.12.21	**Ayrshire Growth Deal** Further updates to be provided over 2022 including benefits realisation plan	K Yeomans	Scheduled for future meeting
02.12.21	**Ayrshire Growth Deal** Community engagement on local developments to be discussed	K Yeomans/ M Rae	Complete – M Rae has discussed engagement on Ardrossan Harbour and Great Harbour and ongoing support offered
10.06.21	**Multi-agency locality working** Update will be brought to a future Board meeting.	A Sutton	Scheduled for future meeting
10.06.21	**Youth Participation and Citizenship Strategy** UNCRC implementation to be discussed by CPP Senior Officers Group and Board	A Sutton	Scheduled for future meeting

Community Planning Board

Date: 3rd March 2022

Subject: Fall Fighters Training

Purpose: To request that the Board agrees to commit to falls prevention via promotion of the Fall Fighter programme across the CPP and agree that we will encourage members of staff, volunteers and the wider community to undertake the training.

1.   Introduction

The CPP Senior Officers Group (CPPSOG) received a presentation on the work of RoSPA Scotland (Royal Society for the Prevention of Accidents) at its meeting in January 2022. A follow up meeting took place between Liz Lumsden (Community Safety Manager at RoSPA), Ian McMeekin (Chair of CPPSOG and Area Commander of Scottish Fire and Rescue Service) and Morna Rae (Senior Manager, North Ayrshire Council) on the Fall Fighters training. Endorsement of the training proposal was then obtained from the CPPSOG via email.

2.   Current Position

Falls can have a huge impact on individual's lives, as well as on our partner services. Falls are the single biggest cause of accidental injuries in the home, and the largest cause of accidental death among over-65s in the UK.

Our recent Strategic Needs Assessment illustrates the levels of emergency admissions from falls in North Ayrshire.

Emergency Admissions from Falls per 100,000 over time over time by Residence

Source: PHS SMR01

Emergency Admissions from Falls per 100,000 over time by Age Group
for North Ayrshire

Source: PHS SMR01
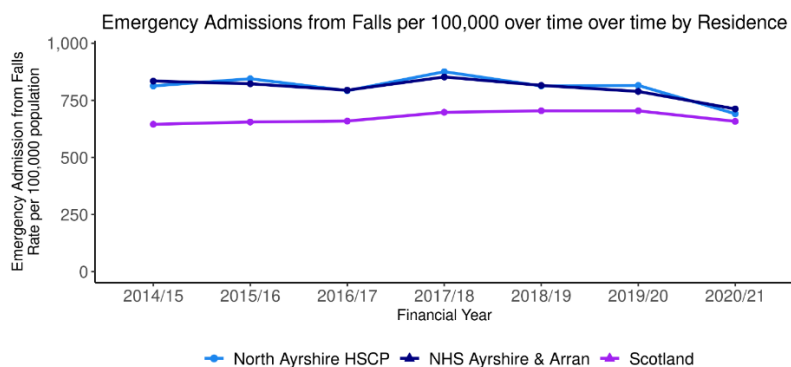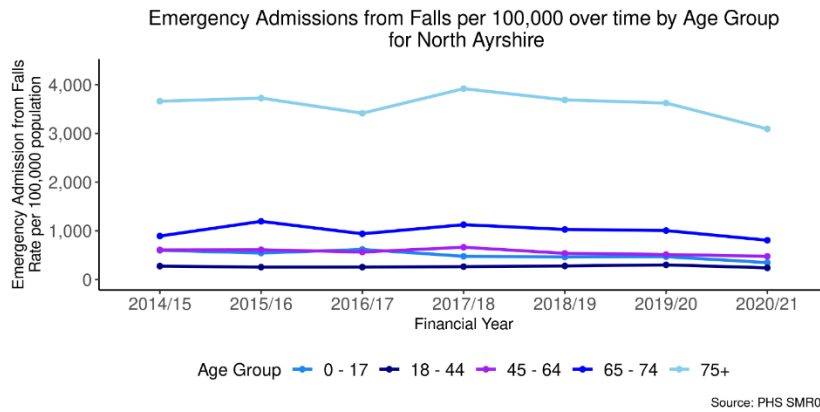
Our demographic profile also shows that we have an increasing concentration of over 65s in North Ayrshire.

The RoSPA Fall Fighter training programme involves free online training which can be undertaken individually or in group sessions. It raises awareness of the risks of falls and how to prevent them. More information is available here.

3. Proposals

It is proposed that the Board agrees to promote the Fall Fighter programme across our organisations and that we will encourage members of staff, volunteers and the wider community to undertake the training.

Name: Ian McMeekin

Designation: Area Commander / Local Senior Officer for Ayrshire, Scottish Fire and Rescue Service

Date:10th February 2022

Community Planning Board

Date: **3rd March 2022**

Subject: **Local Outcomes Improvement Plan 2022-30**

Purpose: **To request that the Board agrees the new Local Outcomes Improvement Plan 2022-30**

1. **Introduction**

The Board has received previous reports on the development of the new strategic plan for the partnership.

It has been agreed by the Board that:
- the lifespan of the Local Outcomes Improvement Plan (LOIP) will be 2022-30,
- it will be more focused than the current plan, and
- it will contain priority outcomes that address local inequalities and are partnership in nature.

2. **Legislative Requirements**

The guidance under the Community Empowerment (Scotland) Act 2015 includes:

"*The voices of communities themselves, especially those experiencing socio-economic disadvantage, are integral to successful community planning. Their needs and aspirations, and their own capacity to make change happen (with support*

where needed), are reflected in the local priorities the CPP sets, in how community planning partners shape services and direct resources."

"*Effective community planning focuses on where partners' collective efforts, can add most value for their local communities, with particular emphasis on reducing inequalities. The CPP has a clear and ambitious vision for its local area. This focuses community planning on a small number of local priorities where the CPP will add most value as a partnership - in particular by improving outcomes for its most vulnerable communities and moderating future demand for crisis services.*"

Partners are reminded that under the Community Empowerment (Scotland) Act 2015 s14 the LOIP is a binding plan for CPP partners.

S14(3) Each community planning partner must, in relation to a community planning partnership, contribute such funds, staff and other resources as the community planning partnership considers appropriate—
(a) with a view to improving, or contributing to an improvement in, the achievement of each local outcome referred to in section 6(2)(a), and
(b) for the purpose of securing the participation of the community bodies mentioned in section 4(6)(a) in community planning.

(4) Each community planning partner must provide such information to the community planning partnership about the local outcomes referred to in section 6(2)(a) as the community planning partnership may request.

(5) Each community planning partner must, in carrying out its functions, take account of the local outcomes improvement plan published under section 6 or, as the case may be, section 7(5).

3.   **Development Process**

The process for the development of the new LOIP is detailed below.

CPP PARTNER STRATEGIC DISCUSSION

From autumn 2021 there has been:

- Discussion at CPP Board and Senior Officer Group meetings,

- One to one meetings between the Senior Manager (Policy, Performance and Community Planning) and CPP partners, and
- Participation in workshop discussions.

This has informed the principles that have guided the development of the LOIP and has been an opportunity for testing drafts with partners.

An Elected Member briefing session is scheduled for 25th February. Verbal feedback on this can be provided at the Board meeting.

PUBLIC FEEDBACK

A Stakeholder Reference Group was created to guide the consultation process and materials. This was chaired by Kaileigh Brown, from The Ayrshire Community Trust. It had good levels of participation and engagement from community representatives, Elected Members and Community Planning partners.

Over November 2021 to January 2022 members of the public were asked to give their feedback and this was the messaging used:

"These are proposed priorities for our partnership. While they are all important there may be some that you think are particularly relevant for North Ayrshire where we can do better and are areas in which we, as a local partnership, can make the greatest impact."

Responses could be given via an on-line questionnaire, by email, by phone or on hard copy questionnaires at local libraries.

There was widespread promotion of this process including the local press, social media, email distribution lists, and direct approaches to specific groups.

Alongside this we asked the 2000 members of our Peoples Panel a similar question under a survey delivered by a contracted market research company.

We also drew from the previous consultation on the Locality Partnership priorities and other local exercises such as the Health and Social Care Partnership strategic plan. We have considered the relevant responses from these to add to the other LOIP feedback.

RESEARCH ON OTHER AREAS

We undertook research on the approaches undertaken by other Community Planning Partnerships in Scotland in terms of their Local Outcomes Improvement Plan or equivalent document.

An overview of the other 31 areas was compiled in order to identify best practice and models for testing with partners. This work was also shared with the national Community Planning Network.

STATISTICAL PROFILE OF NORTH AYRSHIRE

Public Health Scotland (PHS) had previously committed to providing a Strategic Needs Assessment to support the development of the Health and Social Care Partnership Strategic Plan. In discussion with PHS they agreed to include a wider range of information to also inform the LOIP.

We drew from a range of other sources including North Ayrshire Council economic briefings and the Improvement Service's Community Planning Outcomes Profile.

MAPPING OF WIDER STRATEGIC FRAMEWORK, NATIONAL REQUIREMENTS AND INFLUENCING FACTORS

In order that we could understand how the LOIP sits within the wider landscape we collated information on other strategies and legislative requirements. This has helped us to ensure that our LOIP is consistent with these approaches and understand where we can best add value.

IMPACT ASSESSMENT

A combined impact assessment of the plan has been undertaken. A health impact workshop was also coordinated by Elaine Young, Assistant Director of Public Health to support the development of the LOIP. There has been insufficient time to compile a workshop report as this took place on 23rd February. The key messages from this can be shared verbally with the Board.

4.   **Key Messages from Feedback and Needs Assessment**

The consultation report on the LOIP and the Strategic Needs Assessment have previously been circulated to the Board. These are also available as appendices to this report.

Members will see that the top ranking aspects of both of these are highlighted in the draft LOIP document and their relationship to the priority areas and outcomes highlighted. This is supplemented by the other evidence sources outlined in section 3.

In summary the LOIP consultation showed that the following themes were the most highly rated:

- Supporting children to grow up loved, safe and respected so that they can reach their full potential.
- Creating a local economy where people can access good jobs with fair pay and conditions.
- Reducing poverty.
- Supporting communities to have the tools and skills they need to work through situations, feel safe and have a voice.

The Strategic Needs Assessment highlighted that these are areas of concern:

- Unemployment and economic inactivity,
- Child poverty,
- Concentration of older population,
- Poverty,
- Life expectancy,
- Long term health conditions,
- Drug and alcohol hospital admissions,
- Emergency hospital admissions/falls admissions, and
- Child protection.

5.   **Rationale Used for Developing LOIP Document**

In developing the LOIP we have used the rationale of not replicating existing work but what can we do more of, accelerate or do differently. We have focused on a smaller number of priorities, and each priority should address inequalities and be partnership in nature.

This has involved balancing public feedback, what the statistics tell us, fit within the wider landscape, and an understanding of what is within our gift as a North Ayrshire partnership.

6. Proposed Priorities and Outcomes

The draft LOIP document is available at Appendix 3 to this report. The table below summarises the priorities and outcomes.

Fair for All - Addressing Inequalities					
Wellbeing		**Work**		**World**	
Health and wellbeing		**Economy and Skills**		**Climate change**	
We will reduce inequalities by targeted support to improve individual, family and community health and wellbeing. In addition to the wide range of partnership activity already underway we will. . .		We will address the causes and effects of poverty through a strong local economy and skills base. In addition to the wide range of partnership activity already underway we will. . .		We will work more closely and effectively together to reduce carbon emissions and mitigate the impacts of climate change. In addition to the wide range of partnership activity already underway we will. . .	
Address health inequalities • Health improvement activities and support are accessible. • Levels of accidental harm, such as falls, and its impact is reduced.	**Why?** Our early mortality rate, and population with long term conditions is above Scottish levels (27%). Healthy life expectancy is below the national figure. Our communities told us supporting people to get active is important 23% of our population is over 65. This concentration is expected to increase,	**Increase employment** We will increase the number of people in these groups employed by CPP partner and other local organisations • People with a disability/long term health condition • Low income families • Long term unemployed people	**Why?** We have the 3rd lowest employment rate and 2nd highest unemployment rate in Scotland. 42% of local people live in the most deprived SIMD quintile. Our communities told us that creating a local economy where people can access good jobs with fair pay and conditions, and	**Work together to reduce carbon emissions** We will share best practice, and work more closely together as partner organisations to reduce carbon emissions.	**Why?** Our localities told us that improving our local environment and championing the natural environment is important to them. We have declared a climate emergency.

Fair for All - Addressing Inequalities					
Wellbeing		**Work**		**World**	
Health and wellbeing		**Economy and Skills**		**Climate change**	
	with levels above that of the Scottish figures. Emergency admissions for falls are above Scottish levels.	• People with convictions • People living in 0-15% SIMD Areas	reducing poverty is important to them. Our localities told us that supporting skills and work opportunities is important to them. Our communities told us that supporting children to grow up loved, safe and respected so that they can reach their full potential is important to them.		
Promote children and young people's wellbeing Children and young people feel valued, are at the heart of our decisions, can participate and have their voices heard.	**Why?** Our communities told us that supporting children to grow up loved, safe and respected so that they can reach their full potential is important to them. The number of children on the Child Protection register in North Ayrshire increased by 57% over a 7-year period	**Develop volunteering** Our Community Planning Partnership Volunteering Strategy will provide opportunities for local people to gain experience and skills across our partner organisations.	**Why?** We have the 3rd lowest employment rate and 2nd highest unemployment rate. 42% of local people live in the most deprived SIMD quintile. Our communities told us that creating a local economy where people can access good jobs with fair pay	**Increase active travel** We will promote increased levels of active travel across our organisations and in our communities.	**Why?** Our localities told us that improving our local environment and championing green health and the natural environment is important to them. The second highest source of CO2 emissions in North Ayrshire is from transport.

Fair for All - Addressing Inequalities					
Wellbeing		**Work**		**World**	
Health and wellbeing		**Economy and Skills**		**Climate change**	
	The 2020 figure for North Ayrshire was more than double the rate observed across the whole of Scotland.		and conditions, and reducing poverty is important to them. Our localities told us that supporting skills and work opportunities is important to them.		Our communities told us supporting people to get active is important. Our early mortality rate, and population with long term conditions is above Scottish levels (27%). Healthy life expectancy is below the national figure.
Enable community wellbeing • We have strong relationships within our communities to reduce social isolation and loneliness. • People can easily access local facilities and	**Why?** Our localities told us that improving community wellbeing, increasing social inclusion, access to local facilities and financial services and civic pride is important to them. The HSCP consultation and LOIP consultation told us	**Better support our young people to develop the skills they need to play a strong role in our local economy** • We will increase the number of young people employed by CPP partner and other	Our communities told us that supporting children to grow up loved, safe and respected so that they can reach their full potential is important to them. Our communities told us that creating a local economy where people can access good jobs with fair pay and conditions, and	**Increase carbon literacy within our organisations and communities** We will increase awareness of the carbon dioxide costs and impacts of everyday activities, and the ability and motivation to reduce emissions.	**Why?** Our localities told us that improving our local environment and championing the natural environment is important to them. We have declared a climate emergency.

Fair for All - Addressing Inequalities					
Wellbeing		Work		World	
Health and wellbeing		Economy and Skills		Climate change	
support through clear coordination and signposting. • We help people to prevent, stop and recover from dangerous levels of alcohol and drug consumption.	that reducing social isolation and loneliness is important to local people. Our communities told us improving access to local facilities and amenities is important to them. There has been a 57% increase in drug related hospital admissions. In comparison to the rest of Scotland we have higher alcohol-related admissions and alcohol mortality rates.	local organisations • We will provide a wide variety of youth work opportunities to young people in North Ayrshire • Across our partnership we will support care experienced young people	reducing poverty is important to them. Our localities told us that supporting skills and work opportunities is important to them.		

7.   Next Steps

Following the Board's approval the following steps are proposed:

- Finalisation of the LOIP document (e.g. what we are already doing, the impact we want to make),
- Creation of an easy read version and LOIP on a page,
- Action planning in collaboration with our communities (we will create an engagement plan to support this), and

- Development of a performance management framework.

8. Proposals

It is proposed that the Board agrees the Local Outcomes Improvement Plan appended to this report, and commits partner organisations to its delivery.

Name: Morna Rae

Designation: Senior Manager (Policy, Performance and Community Planning)

Date: 21st February 2022

North Ayrshire
Community Planning Partnership

Survey on
Local Outcomes Improvement Plan

Report

3rd February 2022

Contents

SUMMARY OF KEY POINTS

The overall priorities relating to supporting children and to the local economy being most likely to appear in respondents' top three priorities (this being the case in 57% and 51% of cases respectively). The supporting children priority received the highest share of respondents' selections for the top overall priority (35%). The priorities relating to reducing poverty and to supporting communities then sit slightly below this, with 36% and 35% respectively placing these in their top three priorities. There are only marginal variations in relation to each of the remaining overall priority areas (relating to access to education, mental health, climate change, physical health, and supporting people who may be more vulnerable) with between 22% and 25% of respondents placing these in their top three priorities.

When asked to comment on any other areas of the priority, a number of comments were actually reflective of the prompted list that had already been provided. There were also a number of themes other themes identified in these comments that related specifically to defined aspects of service delivery (to relate specifically to aspects of service delivery (roads, public transport, physical environment, housing, drugs and alcohol, crime and policing).

With respect to the "supporting children" priority, themes relating to mental health and developmental milestones were most likely to rank in respondents' top three priorities (70% and 60% respectively placing this in their top three priorities).

The most common "supporting communities" priority was improving access to local facilities and services (92% placing this in their top three priorities) followed by creating places and spaces for people to meet (76%) and improving community safety (64%).

In relation to "local economy" priorities, creating new employment and training opportunities was the theme that appeared most commonly in respondents' top three priorities (78% placing in their top three priorities) followed by helping young people to reach a positive destination when they leave school (62%).

With respect to "physical health", a particularly high level of priority was ascribed to supporting people to get active (79% placing this in their top three priorities), followed by supporting carers (60%).

Three particular priorities stand with respect to "mental health", these being reducing social isolation (69% placing in their top three priorities), supporting people in distress and reducing suicide rates (65%) and supporting children and young people with their mental health (64%).

SUMMARY OF KEY POINTS (CONTINUED)

The most common priority under the "reducing poverty" theme was reducing child poverty (86% placing this in their top three priorities including 48% who placed it as their top priority). A reasonable level of priority was also ascribed to access to healthy low cost food, to reducing barriers to participation and to increasing awareness of, and access to, financial support (between 58% and 69% placing these in their top three priorities).

With respect to "tackling climate change", reducing waste was most commonly ascribed a high level of priority (81% placing this in their top three priorities) followed by increasing use of walking, cycling and green vehicles (60%).

In relation to "supporting vulnerable people", priorities were broadly spread with between 61% and 67% of respondents pacing each of reducing child poverty, supporting people in distress and reducing suicide rates, and improving support to people experiencing domestic abuse amongst their top three priorities. It is notable that a very high proportion (41%) placed reducing child poverty as their most important priority.

With respect to access to education, priorities were broadly spread between creating new training opportunities, helping young people leaving school to achieve positive destinations and keeping children engaged in school (with 94%, 92% and 82% respectively placing these in their top three priorities).

1.0 BACKGROUND, OBJECTIVES AND METHODOLOGY

BACKGROUND

1.1 North Ayrshire Community Planning Partnership brings together public and voluntary sector agencies, working together with local people to make a positive difference to the lives of local people.

1.2 The framework for the partnership's work is set out in a Local Outcomes Improvement Plan (LOIP). The new plan will run from 2022 to 2030 and the programme of community consultation described herein is intended to guide the setting of priorities for this plan.

OBJECTIVES

1.3 The first objective has been to identify the relative priorities of the North Ayrshire population in relation to a number of themes, which are discussed in this report and may be summarised thus:

- Supporting children
- Supporting communities
- Local economy
- Physical health
- Mental health
- Reducing poverty
- Tackling climate change
- Supporting vulnerable people
- Access to education.

In addition, a further objective was to gather feedback as to whether anything was missing in relation to these priorities.

A subsidiary objective was then to identify relative priorities within each of the above themes.

METHODOLOGY

1.4 The initial programme of consultation was delivered internally by the Community Planning Team and involved an online survey that North Ayrshire residents were invited to respond to. This included an initial "Overall Priorities" question and respondents were asked to answer subsequent questions on the priorities within those themes that they had ranked in their top three. There were 187 responses to this initial phase, which was conducted in late-2021.

1.5 To supplement this, current members of the North Ayrshire People's Panel were invited to provide their feedback. A short paper survey focused on an "Overall Priorities" question was issued to all Panel members and online reminders were issued to all those for whom a valid email address was available. The online version invited respondents to comment further on the subsidiary priorities within all of the overall priorities, on an optional basis. A total of 458 valid responses were secured from this element of the consultation leading to a total of 645 responses.

1.8 IBP have merged the responses into a single data file for the purposes of this report. The surveys were somewhat different in their construction and the profile information available from the initial survey and from the Panel is different, meaning that we have had to merge certain questions on a "best fit" basis.

1.9 The questionnaires used for the Panel element of the survey are included as Appendix 1 to this document.

Appendix 2 includes a detailed set of data tables, which include breakdowns of responses by respondent criteria. Within this report we have focused on the overall feedback, but these data tables provide a further reference tool.

Appendix 3 includes a full listing of responses to the open-ended questions in the survey. As described in the body of the text, IBP has coded these responses into common categories to provide an overall sense of their content.

1.10 Section 2 of the report illustrates responses to the "Overall Priorities" question and also summarises the outcome of IBP's coding of open-ended responses.

Sections 3 to 10 then summarise the results of the "extended" parts of the surveys, being the perceived priorities within each overall priority theme.

Section 11 then summarises briefly responses to a "further feedback" question,

2.0   OVERALL PRIORITIES

2.1   The following point was noted within this part of the survey:

"These are proposed priorities for our partnership. While they are all important there may be some that you think are particularly relevant for North Ayrshire where we can do better and are areas in which we, as a local partnership, can make the greatest impact."
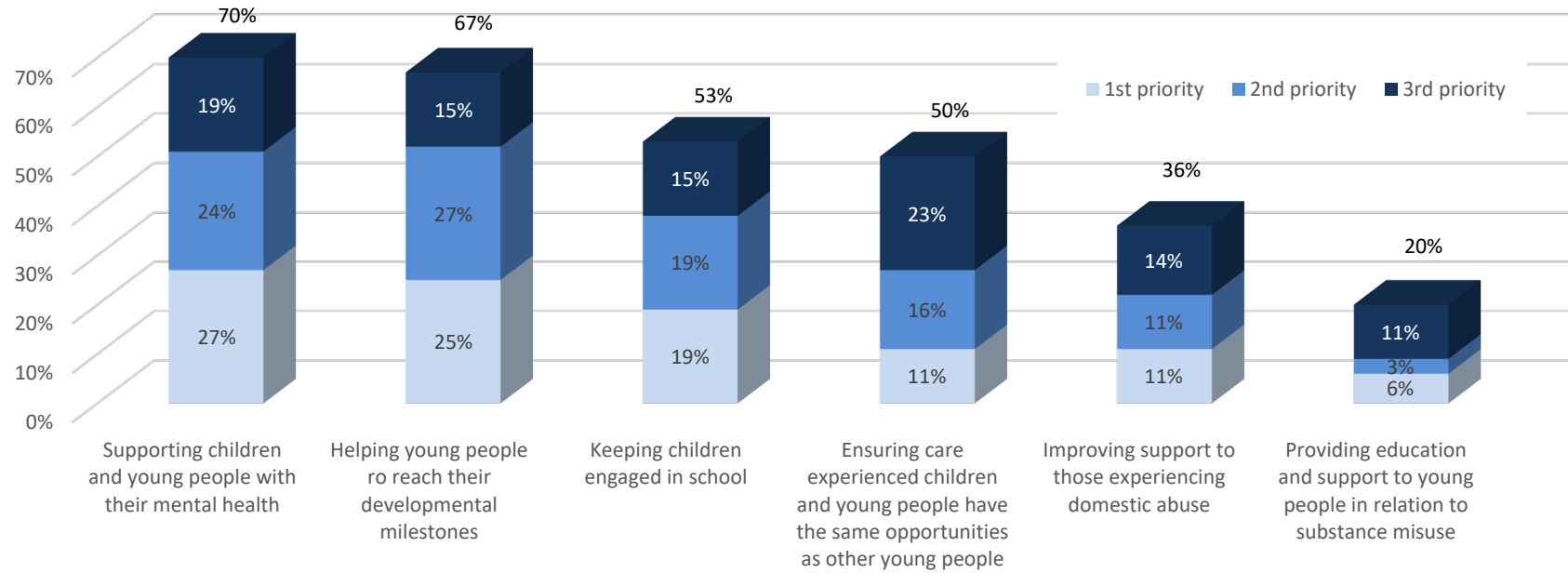
2.2   We have set out over the page an illustration of those issues most commonly ranked as priorities, showing the proportion of responses that ranked in respondents' top three priorities.

2.3   These results do show a clear "pecking order" in terms of overall priorities, with the priorities relating to supporting children and to the local economy being most likely to appear in respondents' top three priorities (this being the case in 57% and 51% of cases respectively). The supporting children priority received a very substantial share of respondents' selections for the top overall priority (35%).

The priorities relating to reducing poverty and to supporting communities then sit slightly below this, with 36% and 35% respectively placing these in their top three priorities.

There are only marginal variations in relation to each of the remaining overall priority areas (relating to access to education, mental health, climate change, physical health, and supporting people who may be more vulnerable) with between 22% and 25% of respondents placing these in their top three priorities.

2.4   Whilst there are clear differences in the relative priority accorded to each of the above, it is noted that at least a significant minority in each case ascribe a relatively high level of priority to all of these themes.
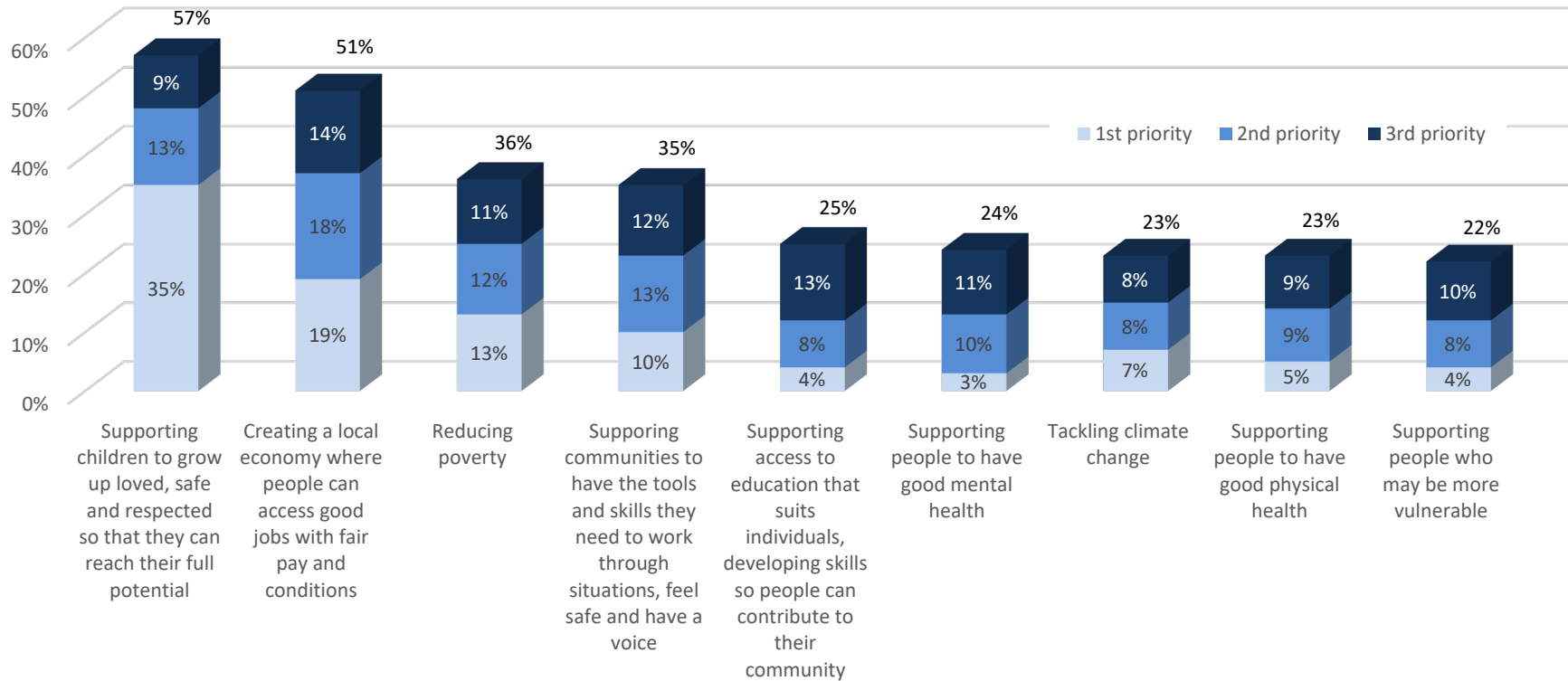
2.5   Respondents were given the opportunity to respond to the question "Please tell us about anything else that you think should be a priority". The full listing of responses to these questions is set out in Appendix 3.

To provide an overview of the key themes emerging from these comments, IBP have developed a Coding Framework and allocated comments to each element of that framework. The results of this are shown in Table 2.1 below.[1]

Table 2.1: Additional Priorities

Issue	%
Supporting children to grow up loved, safe and respected so that they can reach their full potential	4%
Supporting communities to have the tools and skills they need to work through situations, feel safe and have a voice	4%
Creating a local economy where people can access good jobs with fair pay and conditions	3%
Supporting people to have good physical health	3%
Supporting people to have good mental health	3%
Reducing poverty	5%
Tackling climate change	3%
Supporting people who may be more vulnerable	8%
Supporting access to education that suits individuals, developing skills so people can contribute to their community	7%
Importance of ALL issues	10%
Roads	7%
Public transport	6%
Physical environment	13%
Housing	5%
Drugs and alcohol	3%
Crime and policing	10%
Community engagement and consultation	5%
Management of public finances	4%
Comments on survey process and responses	2%
Other / miscellaneous comments	11%
Base	**185 comments**

[1] Individual comments could be allocated to multiple codes and so the sum of responses is greater than 100%.

2.6 We have separately shaded different categories of response to the invitation to make further comment.

The first group of shaded responses reflects where these comments were essentially a restating of priorities from within the overall prompted list.

Secondly, a number of comments were to the effect that all of the issues needed to be considered as a priority.

Thirdly, there were a number of themes identified in the comments that related specifically to defined aspects of service delivery (to relate specifically to aspects of service delivery (roads, public transport, physical environment, housing, drugs and alcohol, crime and policing).

Fourthly, some comments related to "process" issues including issues to do with community engagement and consultation, and with the management of public finances.

Finally, there were a small number of miscellaneous comments, and comments on the survey process.

3.0 SUPPORTING CHILDREN

3.1 The following point was noted within this part of the survey:

"There are lots of ways in which we can support children to grow up loved, safe and respected so that they can reach their full potential . While they are all important there may be some that you think are particularly relevant for North Ayrshire where we can do better and are areas in which we, as a local partnership, can make the greatest impact."

3.2 We have set out over the page an illustration of those issues most commonly ranked as priorities, showing the proportion of responses that ranked in respondents' top three priorities.

3.3 These figures show a relatively even spread of priority, but with themes relating to mental health and developmental milestones being most likely to rank in respondents' top three priorities (70% and 60% respectively placing this in their top three priorities). A significant proportion also ascribed a high priority to keeping children engaged in school and to supporting care experienced young people (53% and 50% respectively). Fewer, however, ascribed a high level of priority to improving support in relation to domestic abuse and to providing education and support to young people in relation to substance misuse (36% and 20% respectively).

3.4 As with all of the "extended" themes, these results should be treated with appropriate caution due to the smaller sample sizes concerned.

Figure 3.1: Supporting Children Priorities

Base: 114

Legend: 1st priority, 2nd priority, 3rd priority

- Supporting children and young people with their mental health — 70% (1st priority 27%, 2nd priority 24%, 3rd priority 19%)
- Helping young people ro reach their developmental milestones — 67% (1st priority 25%, 2nd priority 27%, 3rd priority 15%)
- Keeping children engaged in school — 53% (1st priority 19%, 2nd priority 19%, 3rd priority 15%)
- Ensuring care experienced children and young people have the same opportunities as other young people — 50% (1st priority 11%, 2nd priority 16%, 3rd priority 23%)
- Improving support to those experiencing domestic abuse — 36% (1st priority 11%, 2nd priority 11%, 3rd priority 14%)
- Providing education and support to young people in relation to substance misuse — 20% (1st priority 6%, 2nd priority 3%, 3rd priority 11%)

4.0 SUPPORTING COMMUNITIES

4.1   The following point was noted within this part of the survey:

"There are lots of ways in which we can support communities to have the tools and skills they need to work through situations, feel safe and have a voice. While they are all important there may be some that you think are particularly relevant for North Ayrshire where we can do better and are areas in which we, as a local partnership, can make the greatest impact."

4.2   We have set out over the page an illustration of those issues most commonly ranked as priorities, showing the proportion of responses that ranked in respondents' top three priorities.

4.3   The most common priority here was improving access to local facilities and services (92% placing this in their top three priorities) followed by creating places and spaces for people to meet (76%) and improving community safety (64%).

Figure 4.1: Supporting Communities Priorities

Base: 81

CPP Board - Pg 37
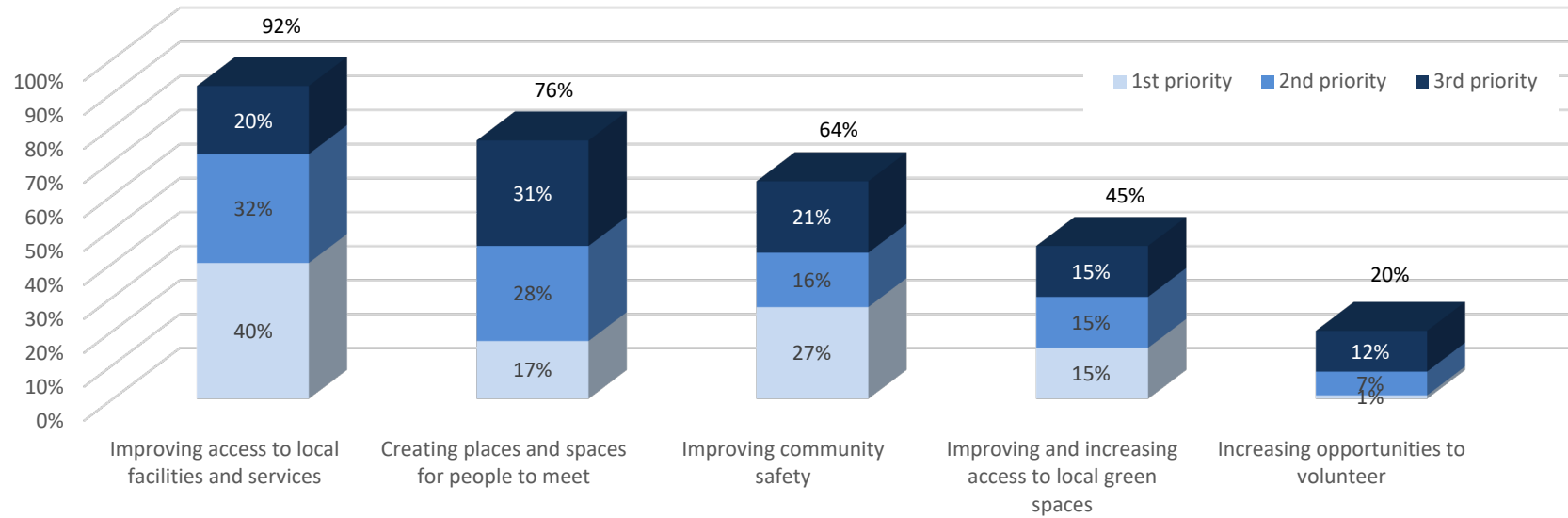
5.0 LOCAL ECONOMY

5.1   The following point was noted within this part of the survey:

"There are lots of ways in which we can create a local economy where people can access good jobs with fair pay and conditions. While they are all important there may be some that you think are particularly relevant for North Ayrshire where we can do better and are areas in which we, as a local partnership, can make the greatest impact."

5.2   We have set out over the page an illustration of those issues most commonly ranked as priorities, showing the proportion of responses that ranked in respondents' top three priorities.

5.3   Creating new employment and training opportunities was the theme that appeared most commonly in respondents' top three priorities (78% placing in their top three priorities) followed by helping young people to reach a positive destination when they leave school (62%). A significant minority of respondents also ascribed priority to employers offering the Real Living Wage, to regeneration of buildings and vacant land and to Community Planning partners using local businesses (50%, 47% and 42% respectively). Fewer respondents (22%) placed promotion of Shop Local within their top three priorities.

Figure 5.1: Local Economy Priorities

Legend: 1st priority, 2nd priority, 3rd priority

Priority	Creating new employment and training opportunities	Helping young people to reach a positive destination when they leave school	Encouraging employers to offer the Real Living Wage	Regenerating buildings and vacant land	Community Planning partners using local businesses instead of those outwith North Ayrshire to support local business development	Promoting Shop Local
3rd priority	15%	21%	17%	13%	21%	13%
2nd priority	27%	23%	19%	16%	7%	6%
1st priority	36%	18%	14%	16%	14%	3%
Total	78%	62%	50%	47%	42%	22%

6.0 PHYSICAL HEALTH

6.1   The following point was noted within this part of the survey:

"There are lots of ways in which we can supporting people to have good physical health. While they are all important there may be some that you think are particularly relevant for North Ayrshire where we can do better and are areas in which we, as a local partnership, can make the greatest impact."

6.2   We have set out over the page an illustration of those issues most commonly ranked as priorities, showing the proportion of responses that ranked in respondents' top three priorities.

6.3   A particularly high level of priority was ascribed to supporting people to get active (79% placing this in their top three priorities), followed by supporting carers (60%). The degree of priority accorded to other aspects of this theme (supporting people to manage their weight, supporting people to address harmful alcohol and drug consumption, and reducing levels of smoking) varied little with between 46% and 51% placing this in their top three priorities.

Figure 6.1: Physical Health Priorities

Legend: 1st priority | 2nd priority | 3rd priority

- Supporting people to get active: 79% (29% 1st priority, 24% 2nd priority, 26% 3rd priority)
- Supporting carers: 60% (23% 1st priority, 24% 2nd priority, 13% 3rd priority)
- Supporting people to manage their weight: 51% (11% 1st priority, 20% 2nd priority, 20% 3rd priority)
- Helping people to prevent, stop and recovere from dangerous levels of alcohol and drig consumption: 48% (21% 1st priority, 20% 2nd priority, 7% 3rd priority)
- Reducing levels of smoking: 46% (16% 1st priority, 10% 2nd priority, 20% 3rd priority)

7.0 MENTAL HEALTH

7.1   The following point was noted within this part of the survey:

"There are lots of ways in which we can supporting people to have good mental health. While they are all important there may be some that you think are particularly relevant for North Ayrshire where we can do better and are areas in which we, as a local partnership, can make the greatest impact."

7.2   We have set out over the page an illustration of those issues most commonly ranked as priorities, showing the proportion of responses that ranked in respondents' top three priorities.

7.3   Three particular priorities stand out here, these being reducing social isolation (69% placing in their top three priorities), supporting people in distress and reducing suicide rates (65%) and supporting children and young people with their mental health (64%).

Figure 7.1: Mental Health Priorities

Base: 75

	1st priority	2nd priority	3rd priority	Total
Reducing social isolation	15%	31%	23%	69%
Supporting people in distress and reducing suicide rates	33%	13%	19%	65%
Supporting children and young people with their mental health	19%	24%	21%	64%
Supporting carers	17%	13%	12%	42%
Promoting the use of "green health", engaging with nature and spending time outdoors to support good mental health	11%	12%	8%	31%
Helping people to prevent, stop and recover from dangerous levels of alcohol and drug consumption	5%	7%	13%	25%

8.0   REDUCING POVERTY

8.1   The following point was noted within this part of the survey:

"There are lots of ways in which we can reduce poverty. While they are all important there may be some that you think are particularly relevant for North Ayrshire where we can do better and are areas in which we, as a local partnership, can make the greatest impact."

8.2   We have set out over the page an illustration of those issues most commonly ranked as priorities, showing the proportion of responses that ranked in respondents' top three priorities.

8.3   The most common priority here was reducing child poverty (86% placing this in their top three priorities including 48% who placed it as their top priority). A reasonable level of priority was also ascribed to access to healthy low cost food, to reducing barriers to participation and to increasing awareness of, and access to, financial support (between 58% and 69% placing these in their top three priorities here) but with fewer ascribing a high level of priority to improving digital inclusion (29%).

Figure 8.1: Reducing Poverty Priorities

Base: 96

| | 1st priority | 2nd priority | 3rd priority |

Reducing child poverty — 86%
- 48% (1st priority)
- 20% (2nd priority)
- 18% (3rd priority)

Improving access to healthy low cost food — 69%
- 17% (1st priority)
- 31% (2nd priority)
- 21% (3rd priority)

Reducing the barriers for people to participate in opportunities — 60%
- 17% (1st priority)
- 20% (2nd priority)
- 23% (3rd priority)

Increasing awareness of and access to financial support — 58%
- 16% (1st priority)
- 19% (2nd priority)
- 23% (3rd priority)

Improving digital inclusion — 22%
- 3% (1st priority)
- 9% (2nd priority)
- 11% (3rd priority)

9.0 TACKLING CLIMATE CHANGE

9.1   The following point was noted within this part of the survey:

"There are lots of ways in which we can tackle climate change. While they are all important there may be some that you think are particularly relevant for North Ayrshire where we can do better and are areas in which we, as a local partnership, can make the greatest impact."

9.2   We have set out over the page an illustration of those issues most commonly ranked as priorities, showing the proportion of responses that ranked in respondents' top three priorities.

9.3   Reducing waste was most commonly ascribed a high level of priority (81% placing this in their top three priorities) followed by increasing use of walking, cycling and green vehicles (60%). A reasonable proportion of respondents placed issues in relation to education on climate change issues, reducing carbon emissions by Community Planning Partners and improving local green spaces within their top three priorities (between 40% and 45%). Fewer (26%) placed support for people to grow their own food amongst their top three priorities.

Figure 9.1: Tackling Climate Change Priorities

Base: 72
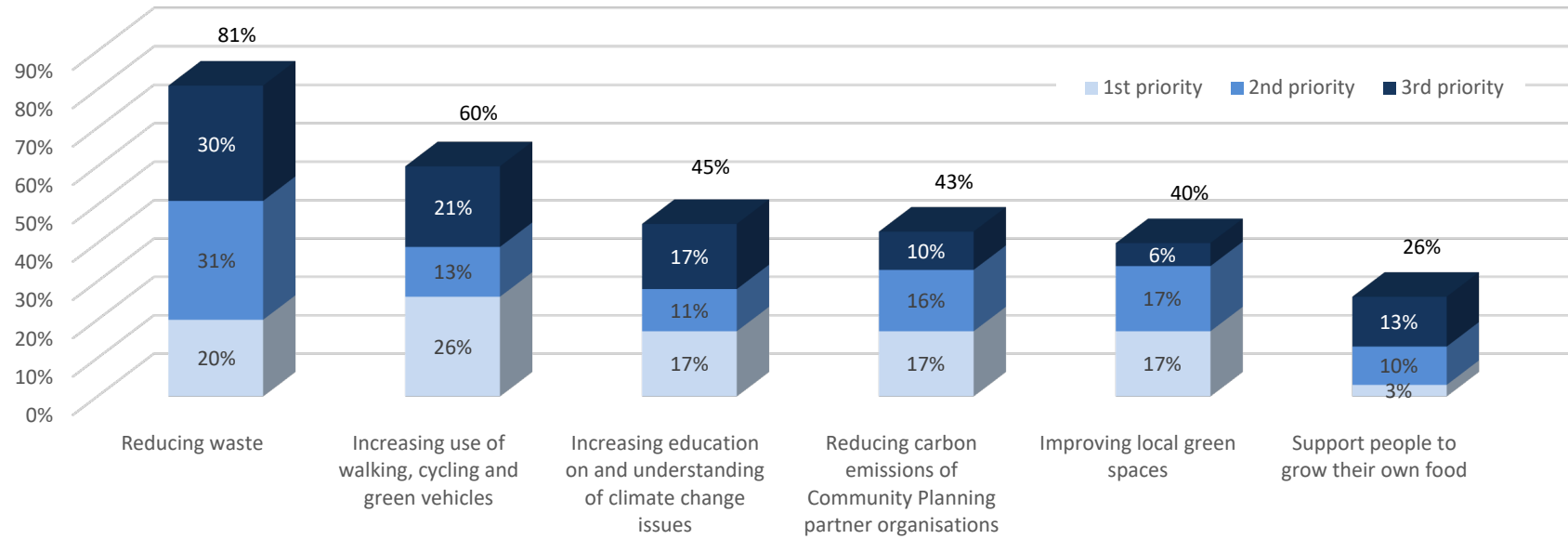
10.0 SUPPORTING VULNERABLE PEOPLE

10.1   The following point was noted within this part of the survey:

"There are lots of ways in which we can support people who may be more vulnerable. While they are all important there may be some that you think are particularly relevant for North Ayrshire where we can do better and are areas in which we, as a local partnership, can make the greatest impact."

10.2   We have set out over the page an illustration of those issues most commonly ranked as priorities, showing the proportion of responses that ranked in respondents' top three priorities.

10.3   Priorities in relation to this theme were broadly spread with between 61% and 67% of respondents pacing each of reducing child poverty, supporting people in distress and reducing suicide rates, and improving support to people experiencing domestic abuse amongst their top three priorities. It is notable that a very high proportion (41%) placed reducing child poverty as their most important priority. A reasonable proportion placed each of supporting those with dementia and supporting care experienced children within their top three priorities (51% and 40% respectively), but fewer did so for supporting those at risk of offending behaviour (22%).

Figure 10.1: Supporting Vulnerable People Priorities

Base: 78

Legend: 1st priority | 2nd priority | 3rd priority

- Reducing child poverty — 65% (1st priority 41%, 2nd priority 12%, 3rd priority 12%)
- Supporting people in distress and reducing suicide rates — 63% (1st priority 14%, 2nd priority 23%, 3rd priority 26%)
- Improving support to those experiencing domestic abuse — 61% (1st priority 17%, 2nd priority 26%, 3rd priority 18%)
- Supporting those withn dementia — 51% (1st priority 19%, 2nd priority 17%, 3rd priority 15%)
- Ensuring care experienced children and young people have the same opportunities as other young people — 40% (1st priority 5%, 2nd priority 17%, 3rd priority 18%)
- Supporting those at risk of offending behaviour — 22% (1st priority 4%, 2nd priority 6%, 3rd priority 12%)

11.0 ACCESS TO EDUCATION

11.1   The following point was noted within this part of the survey:

"There are lots of ways in which we can support people to access education that suits them and allows them to gain skills so they can contribute to their community. While they are all important there may be some that you think are particularly relevant for North Ayrshire where we can do better and are areas in which we, as a local partnership, can make the greatest impact."

11.2   We have set out over the page an illustration of those issues most commonly ranked as priorities, showing the proportion of responses that ranked in respondents' top three priorities.

11.3   Priorities were broadly spread between creating new training opportunities, helping young people leaving school to achieve positive destinations and keeping children engaged in school (with 94%, 92% and 82% respectively placing these in their top three priorities). Significantly fewer (24%) ascribed this level of priority to increasing opportunities to volunteer,

Figure 11.1: Access to Education Priorities

Legend: 1st priority | 2nd priority | 3rd priority

- Creating new training opportunities: 94% (1st priority 25%, 2nd priority 26%, 3rd priority 43%)
- Helping young people to reach a postive destination when they leave school: 92% (1st priority 34%, 2nd priority 45%, 3rd priority 13%)
- Keeping children engaged in school: 82% (1st priority 38%, 2nd priority 19%, 3rd priority 25%)
- Increasing opportunities to volunteer: 24% (1st priority 4%, 2nd priority 6%, 3rd priority 14%)

12.0 ADDITIONAL FEEDBACK

12.1   Those respondents that completed the "extended" questionnaire were given the opportunity to provide any further feedback. There were comparatively few such responses (57), and these are listed in full in Appendix 3.

For completeness, IBP have provided an overview of these comments using the same Coding Framework as the open-ended question relating to Overall Priorities. The results are shown in Table 12.1 below.[2]

Table 12.1: Further Feedback

Issue	%
Supporting children to grow up loved, safe and respected so that they can reach their full potential	2%
Supporting communities to have the tools and skills they need to work through situations, feel safe and have a voice	9%
Creating a local economy where people can access good jobs with fair pay and conditions	11%
Supporting people to have good physical health	2%
Supporting people to have good mental health	7%
Reducing poverty	11%
Tackling climate change	0%
Supporting people who may be more vulnerable	4%
Supporting access to education that suits individuals, developing skills so people can contribute to their community	9%
Importance of ALL issues	14%
Roads	9%
Public transport	2%
Physical environment	9%
Housing	0%
Drugs and alcohol	4%
Crime and policing	2%
Community engagement and consultation	11%
Management of public finances	9%
Comments on survey process and responses	18%
Other / miscellaneous comments	7%
Base	**57 comments**

[2] Individual comments could be allocated to multiple codes and so the sum of responses is greater than 100%.

12.2   These comments reflect those from the "additional priorities" question discussed previously, including a mix of comments that related to the list of overall priorities, comments to the effect that all issues were priorities, comments in relation to specific issues and aspects of service delivery, comments on "process" issues and a small number of miscellaneous comments. These categories have been separately shaded within the above table.

Needs Assessment

North Ayrshire HSCP

January 2022

Table of Contents

Summary Table

Indicators	Data Type	Time Period	North Ayrshire	East Ayrshire	South Ayrshire	NHS Ayrshire & Arran	Scotland
Demographics							
Total Populations	count	2020	134,250	121,600	112,140	367,990	5,466,000
Gender ratio male to female	ratio	2020	1:1.1	1:1.06	1:1.09	1:1.09	1:1.05
Population over 65	%	2020	23	21	26	23	19
Dependency Ratio	%	2020	65	61	71	65	56
Population in least deprived SIMD quintile	%	2020	10	11	20	30	20
Population in most deprived SIMD quintile	%	2020	42	31	17	13	20
Housing							
Total number of households	count	2020	68,826	58,814	55,790	183,430	2,653,521
Households with a single occupant tax discount	%	2020	40	39	36	38	38
Households in council tax A-C	%	2020	70	69	52	64	59
Households in council tax F-H	%	2020	7.8	7.8	16	10.2	13
General Health							
Male average life expectancy in years	mean	2018-2020*	75.3	75.2	76.7	80.3	76.8
Female average life expectancy in years	mean	2018-2020*	80.1	79.8	81.1	75.7	81
Average Healthy life expectancy at birth - males	mean	2017-2019	58.5	59.3	60	59.4	61.6
Average Healthy life expectancy at birth - females	mean	2017-2019	56.3	58.2	63.3	59.1	61.9
Early mortality rate per 100,000	rate	2018-2020	164	159	149	157	116
Population with long term condition	%	2019/20	27	26	27		19
Cancer registrations per 100,000	rate	2017-2019	654	608	607	624	644
Anxiety, depression & psychosis prescriptions per 100,000	%	2019/20	22	21	22	22	20

Indicators	Data Type	Time Period	North Ayrshire	East Ayrshire	South Ayrshire	NHS Ayrshire & Arran	Scotland
Lifestyle & Risk Factors							
Drug-related hospital admissions per 100,000	rate	2017/18-2019/20	424	374	335	380	221
Drug-related deaths per 100,000	Rate	2020	35	32	32	33	25
Alcohol-related hospital admissions per 100,000	rate	2020/21	631	561	718	633	621
Alcohol specific mortality per 100,000	rate	2015-2019	25	18	15	20	20
Bowel Screening Uptake	%	2017-2019	59	60	64	61	61
Hospital and Community Care							
Emergency admissions per 100,000	rate	2020/21	12,012	11,808	12,833	12,195	9,368
Unscheduled acute bed days per 100,000	rate	2020/21	84, 702	73,683	92,950	83,574	61,622
A&E attendances per 100,000	rate	2020/21	22,104	22,988	21.612	22,246	20,422
Delayed discharge bed days per 100,000	rate	2020/21	7,696	3,897	17,797	9,568	8,080
Falls emergency admissions per 100,000	rate	2020/21	691	655	801	713	658
Emergency readmissions per 1,000	rate	2020/21	117	126	123	122	115
Last 6 months of life spent in community setting	%	2020/21	89	91	89	90	90
Potentially Preventable Admissions per 100,000	rate	2020/21	1,577	1,616	1,788	1,654	1,181
Hospital Care							
(Mental Health Specialty)							
Emergency Admissions per 100,000	rate	2020/21	182	173	188	181	254
Unscheduled bed days per 100,000	rate	2020/21	22,736	15,518	14,930	17,972	18,507
Delayed Discharges per 100,000	rate	2019/20	2,349	733	4,069	2,349	1,910

Indicators	Data Type	Time Period	North Ayrshire	East Ayrshire	South Ayrshire	NHS Ayrshire & Arran	Scotland
Children and Young People							
Babies exclusively breastfed at 6-8 week review	%	2017/18-2019/20	18	18	22	19	31
Mothers smoking during pregnancy	%	2017/18-2019/20	21	18	17	19	15
Teenage Pregnancies	%	2017-2019	36	34	28	33	29
6 in 1 Immunisation Uptake	%	2018-2020	97	98	98	98	97
24 Months MMR Immunisation Uptake	%	2018-2020	94	96	96	95	94
Primary 1 Children with no obvious Dental caries	%	2019/20	72	60	78	70	72
Primary 1 Children with Healthy Weight	%	2019/20	73	73	81	77	76
Children on the protection register per 1,000	rate	2020	6.1	3.7	1.7	-	-
Children looked after by local authority per 1000	Rate	2020	23	16	15	-	-
Crime and Fires							
Crime rate per 1,000	rate	2020/21	49.7	45	41	-	45
Non-accidental fires per 100,0000	rate	2020/21	359	487	240	365	265

Notes for this profile:

- All years shown are calendar years unless otherwise specified.

- Upper and lower confidence intervals are shown throughout this document where available. In charts, these are displayed as shaded areas either side of trend lines, or as black error bars in bar charts. Confidence intervals show the range of possible values and a certainty that the true value falls within them.

- Definitions for the indicators shown are available in Appendix 1.

Demographics

Summary:

For the most recent time periods available, North Ayrshire HSCP had:

- A total population of **134,250** people (**52%** female, **48%** male), and **23%** were aged over 65.

- A dependency ratio of 65%.

- **10%** of people lived in the least deprived SIMD quintile, and **42%** lived in the most deprived quintile.

Population

In 2020, the total population of North Ayrshire was 134,250. The graph below shows the population distribution of the partnership.

Figure 1: Population breakdown in North Ayrshire HSCP.
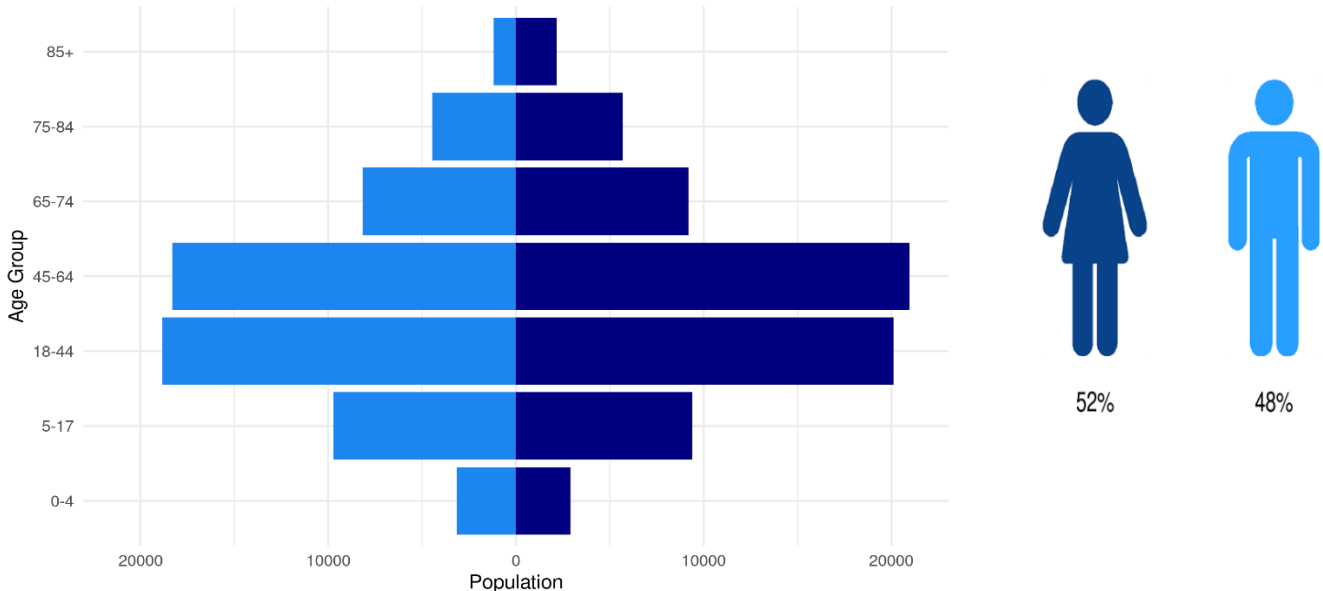
Figure 2 shows the historical population of North Ayrshire HSCP, along with the NRS population projections. The population has been falling. The population in North Ayrshire is estimated to decrease by 1.6% from 2020 to 2025. *Please see the footnotes for more information on how the population projections were calculated*[1].

Figure 2: Population time trend and projection.

Population Over Time in
North Ayrshire

137,570   136,480   135,890   135,280   134,250   133,408   132,503
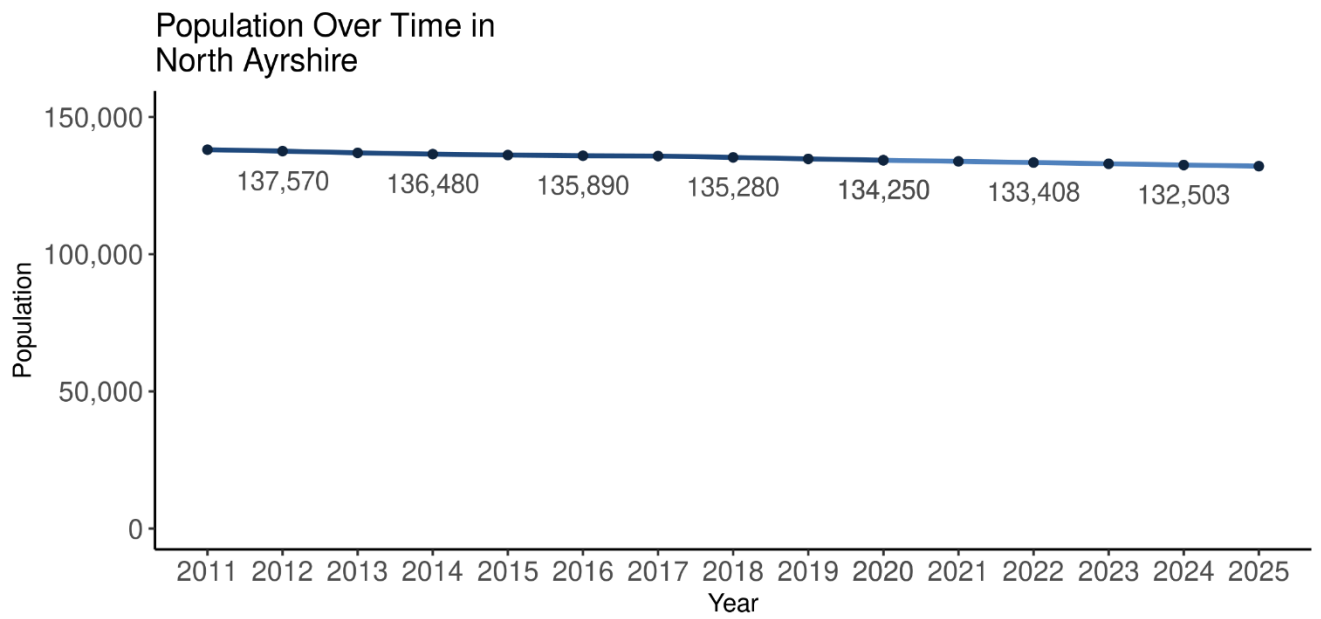
Source: National Records Scotland

Figure 3 shows how population structure has changed between 2015 and 2020.

Figure 3: Change in population structure over the last five years.

Percent Change in Population from 2015 to 2020 by Age and Sex in
North Ayrshire

Source: National Records Scotland
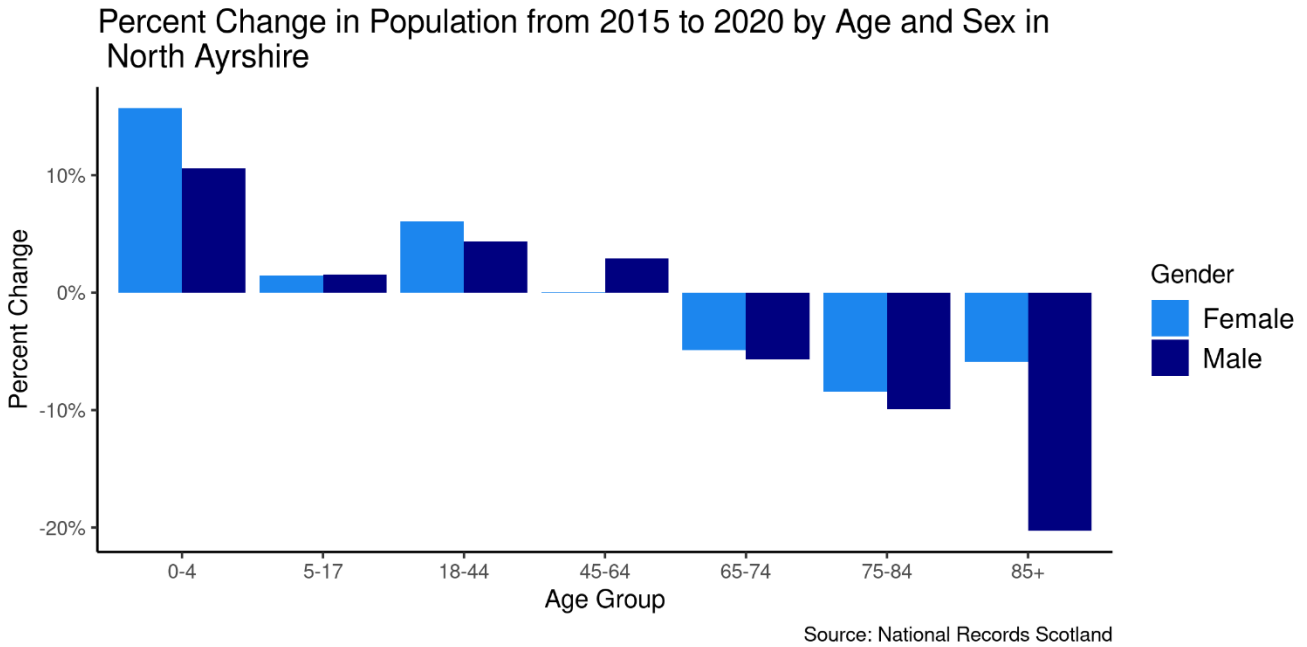
Figure 4 shows how the population structure is expected to change in the future between 2022 and 2027. This shows that although the overall population is projected to decrease (Figure 2), the older population of North Ayrshire is expected to increase, while the population aged under 65 is expected to decrease.

Figure 4: Projected future change in population structure.

Percent Change in Population from 2022 to 2027 by Age and Sex in
North Ayrshire

Source: National Records Scotland
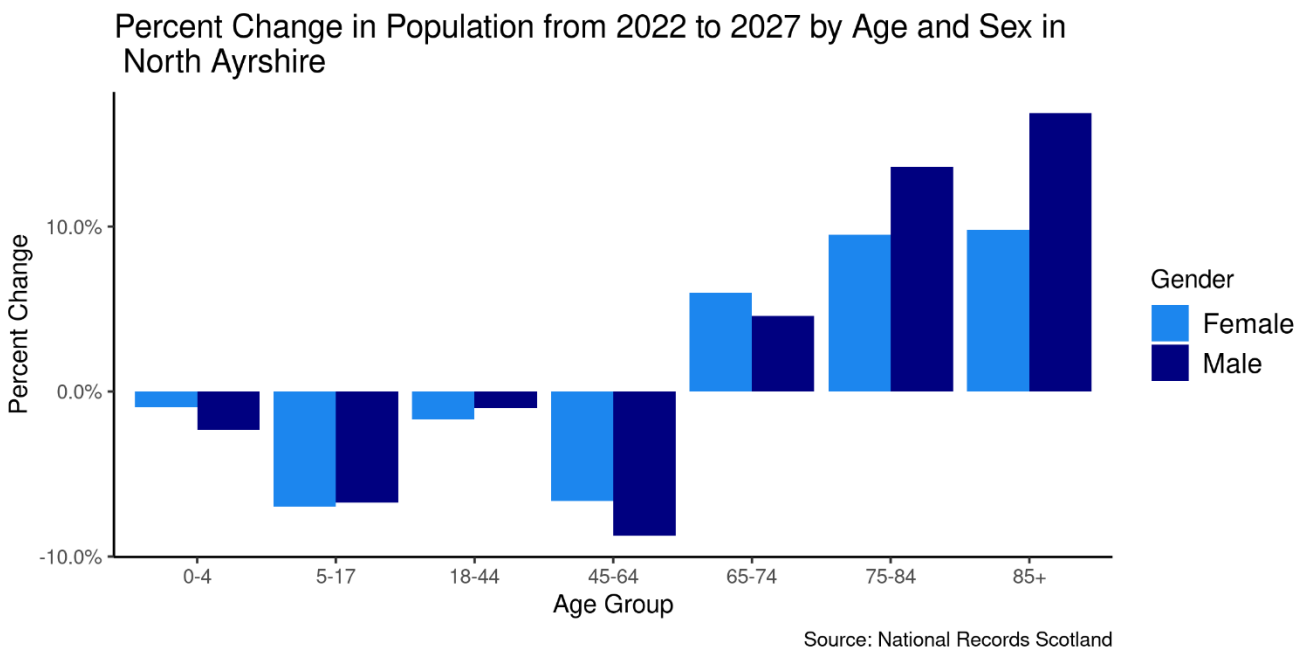
Dependency Ratio

The dependency ratio is the number of people aged number of people aged 0-15 and 65+ as a percentage of those aged 16-64. For North Ayrshire HSCP, the figure was 65% for the most recent year.

Figure 5: Dependency ratio by geographical area, 2020
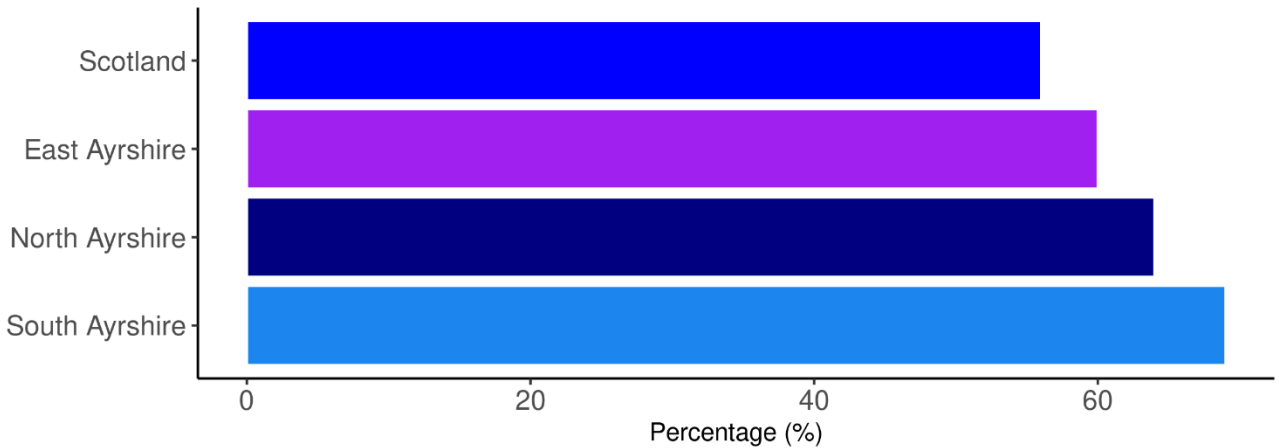
Source: NRS

The chart below shows the projected change in the dependency ratio in the future. For North Ayrshire HSCP, the projected figure for 2031 is 77%. As shown in Figure 6, this is due to the expected increase in the older population with a decrease in the younger population.

Figure 5: Projected dependency ratio
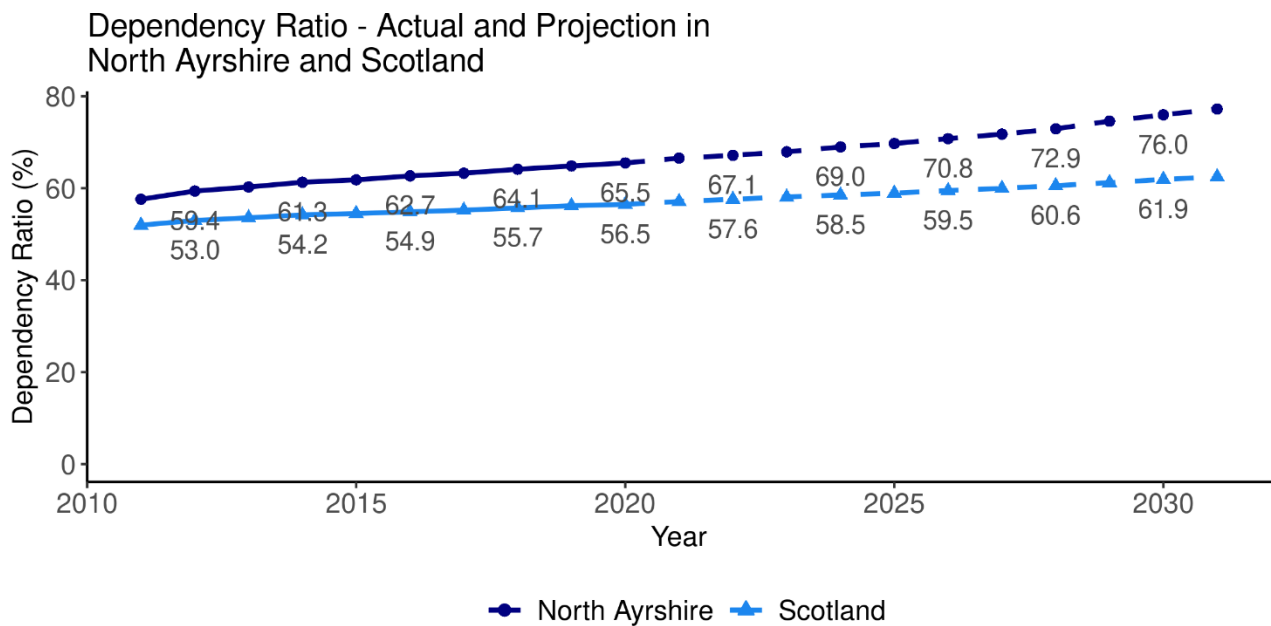
Source: National Records of Scotland

Deprivation

The following section explores the deprivation structure of North Ayrshire HSCP through the Scottish Index of Multiple Deprivation (SIMD). The SIMD ranks all datazones in Scotland by a number of factors; Access, Crime, Education, Employment, Health, Housing and Income. Based on these ranks, each datazone is then given an overall deprivation rank, which is used to split datazones into Deprivation Quintiles (Quintile 1 being the most deprived, and Quintile 5 the least). The most recent SIMD ranking was carried out in 2020. This section mainly focuses on the SIMD 2020 classifications, however the 2016 classifications are used to assess how deprivation has changed in North Ayrshire when compared to the rest of Scotland.

Of the 2018 population in North Ayrshire, **42%** live in the most deprived SIMD Quintile, and **10%** live in the least deprived SIMD Quintile. The following table details the percent of the population living in the 2016 SIMD Quintiles, the percent living in the 2020 SIMD Quintiles, and their difference for comparison.

Table 1: Percentage population living in the 2016 and 2020 SIMD Datazone Quintiles

Quintile	Percent of Pop (2016)	Percent of Pop (2020)	Difference
SIMD 1	40.9%	41.6%	0.7%
SIMD 2	20.0%	18.6%	-1.3%
SIMD 3	14.1%	15.3%	1.2%
SIMD 4	15.9%	15.0%	-0.9%
SIMD 5	9.2%	9.5%	0.3%

Figure 7: Map of Data Zones within North Ayrshire coloured by SIMD quintiles.
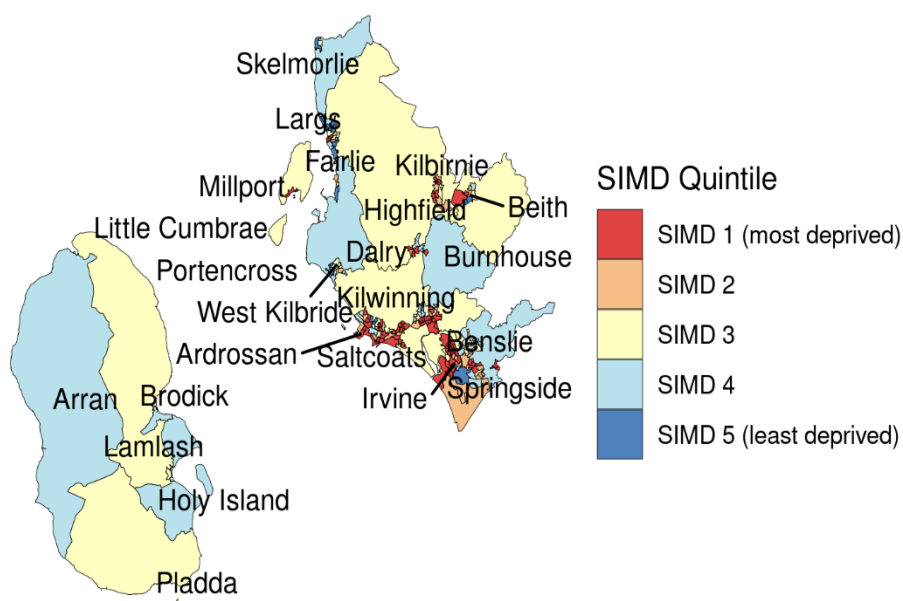
Source: Scottish Government, Public Health Scotland

Figure 8: Proportion of the population that reside in each 2020 SIMD quintile by domain.

Breakdown of the SIMD Domains in North Ayrshire
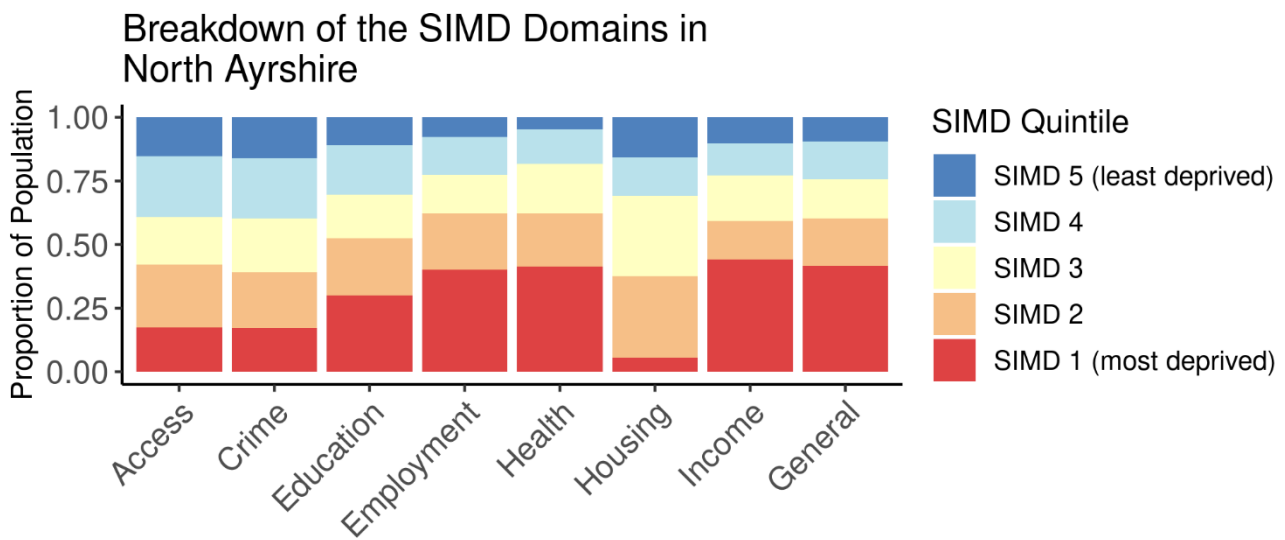
Source: Scottish Government, Public Health Scotland, National Records Scotland

Figure 9 presents a comparison between the 2016 Scottish Index of Multiple Deprivation figures, and the new 2020 SIMD figures. The percentages of the population living within each SIMD quintile and domain quintile were calculated first using the 2016 SIMD datazone classifications, and then the 2020 SIMD classifications. The differences in these percentages are plotted in Figure . Negative values on the y axis indicate a decrease in percent of the population living within a quintile, while positive values indicate an increase in percent of the population living within a quintile. **Please note that quintiles have been weighted by the Scottish population so, any local changes in SIMD quintile do not necessarily indicate a difference in deprivation, but rather a difference in deprivation in comparison to the rest of Scotland.**

Figure 9: Percentage population living in the 2016 and the 2020 SIMD and Domain Quintiles

Difference in Percent of the Population Living In Deprivation Domain Quintiles
SIMD 2016 Versus SIMD 2020 in North Ayrshire
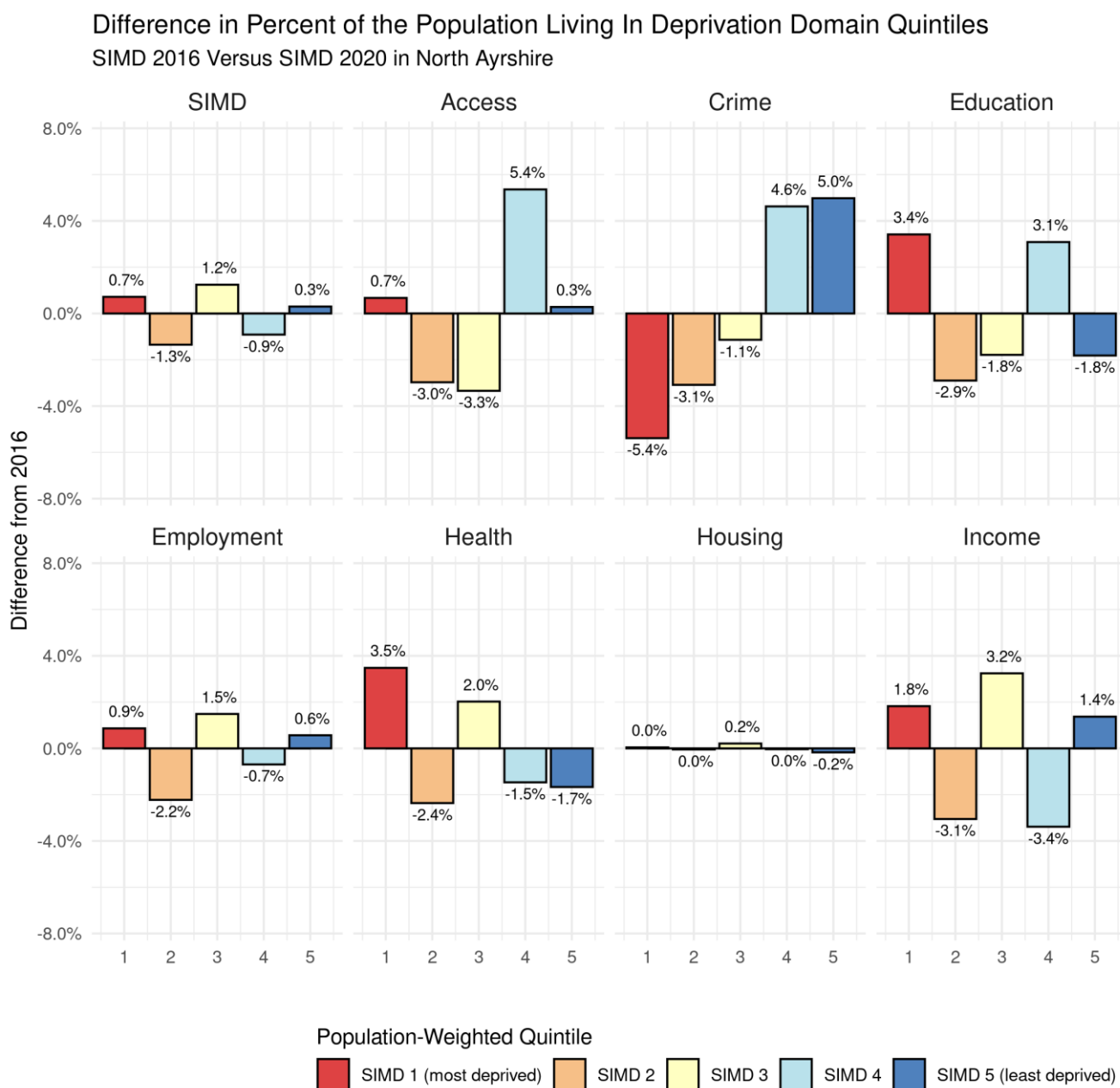
Source: Scottish Government, National Records Scotland

Households

Summary:
For the most recent time periods available, North Ayrshire HSCP had:

- **68,826** dwellings, of which: **94%** were occupied and **2.2%** were second homes.
- **40%** of dwellers received a single occupant council tax discount, and **1.4%** were exempt from council tax entirely.
- **70%** of houses were within council tax bands A to C, and **7.8%** were in bands F to H.

The graph below shows the number of dwellings in North Ayrshire HSCP from 2014 to 2020.

Figure 10: Number of dwellings time trend.
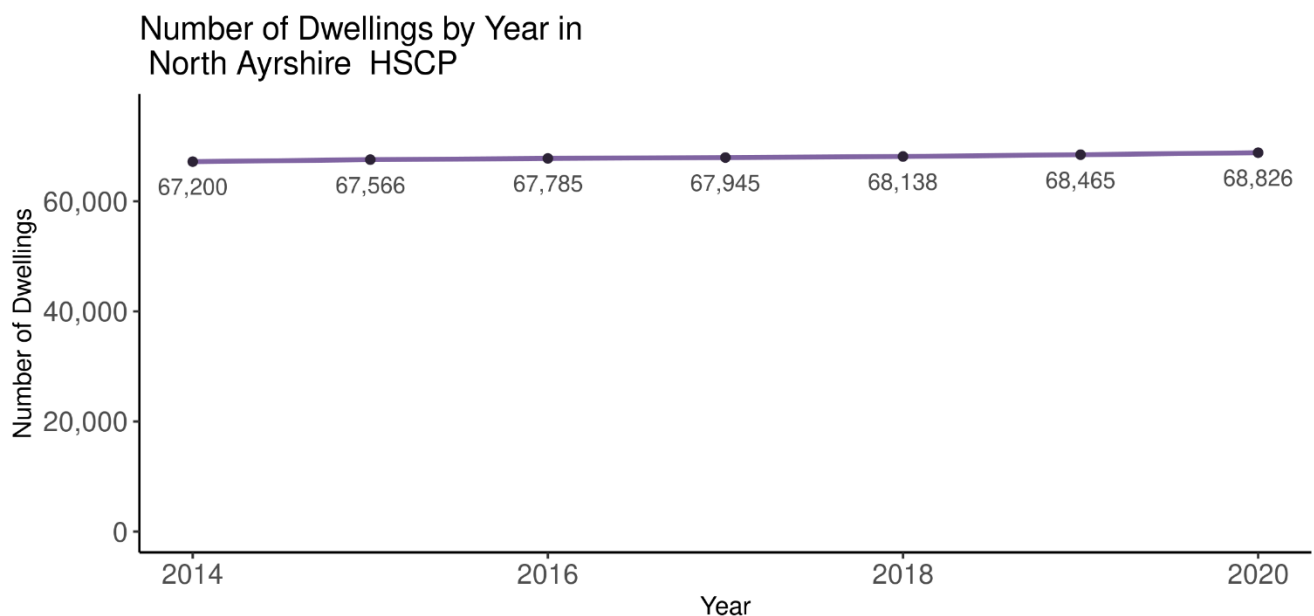
Source: National Records Scotland

Of the total number of dwellings in 2020, 40% (27,854 households) were occupied by an individual receiving a single occupant council tax discount. Furthermore, 1.4% (951 households) were occupied and exempt from council tax.

There were 1,539 dwellings classed as a second home in 2020, these dwellings made up 2.2% of the households in North Ayrshire.

Table 2: Breakdown of dwelling types by year for North Ayrshire HSCP.

Year	Total Dwellings	Occupied Dwellings	Vacant Dwellings	Single Occupant Tax Discount	Council Tax Exempt Dwellings	Second Homes
2014	67,200	63,314	2,394	26,709	678	1,492
2015	67,566	63,732	2,301	26,931	706	1,533
2016	67,785	63,944	2,158	27,174	735	1,683
2017	67,945	64,288	2,047	27,408	747	1,610
2018	68,138	64,413	2,156	27,333	849	1,569
2019	68,465	64,663	2,270	27,576	909	1,537
2020	68,826	64,940	2,347	27,854	951	1,539

A 'dwelling' refers to the accommodation itself, e.g. a house or a flat. A 'household' refers to the people living together in a dwelling. The number of dwellings will not necessarily equal the number of households in an area, because some dwellings are vacant or second homes, and some dwellings contain more than one household.

Figure 11. Household time trend and projection.

Household - Actual and Projection in North Ayrshire and Scotland

62,802.0 63,440.0 63,935.0 64,415.0 64,256.5 64,239.7 64,113.4 63,889.4 63,573.7 63,318.3
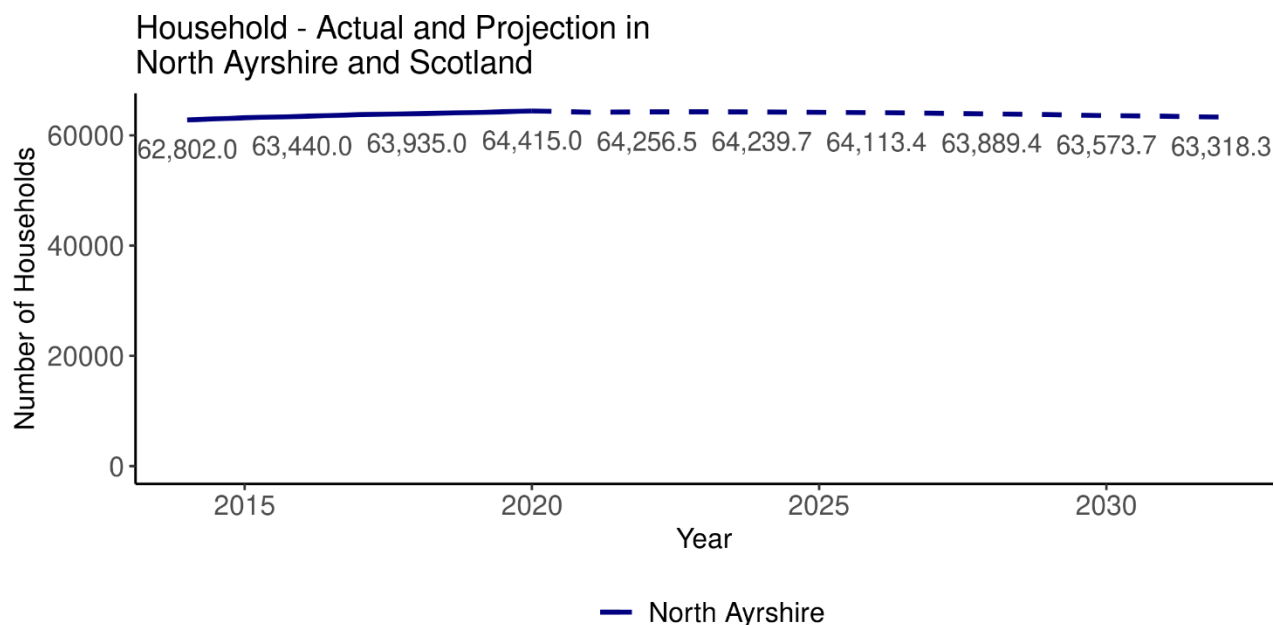
Source: National Records of Scotland

Figure 11 shows the historical number of households of North Ayrshire HSCP, along with the NRS household projections.   The projected number of households in North Ayrshire is estimated to decrease by 0.96% from 2018 to 2032.

The proportion of households within each council tax band are displayed in the chart below, figures are shown in Table 3.

Figure 12: Breakdown of households by council tax band for North Ayrshire HSCP in 2020.

Proportion of Households
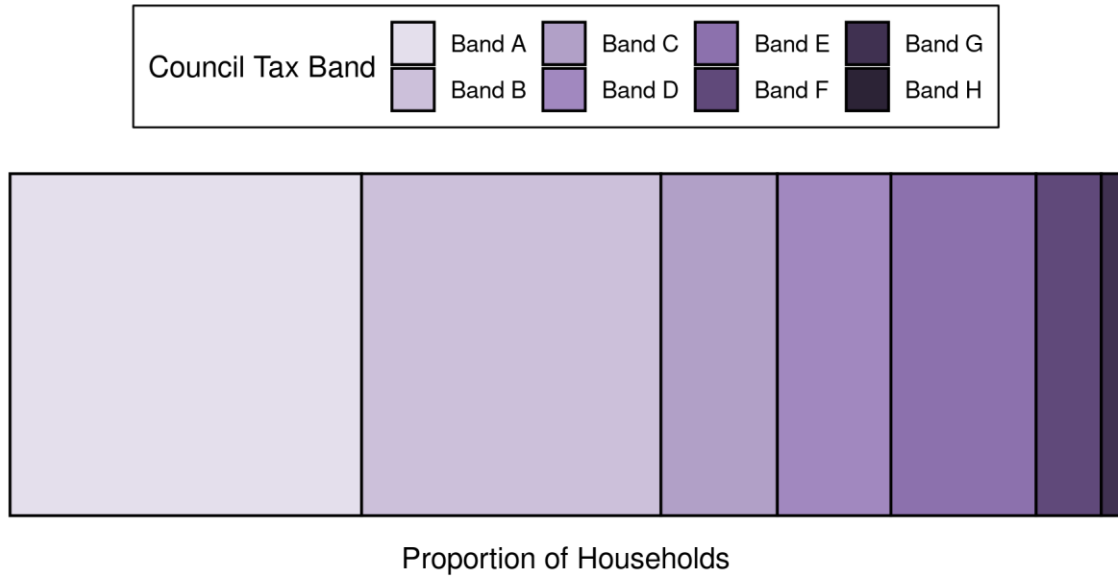
Source: National Records Scotland

Table 3: Percentage of households by council tax band for North Ayrshire in 2020.

Tax Band	A	B	C	D	E	F	G	H
Percent of households	32%	27%	11%	10%	13%	5.9%	1.8%	0.08%

Services

Figure 13: Map of GP practices by locality in North Ayrshire HSCP[2].
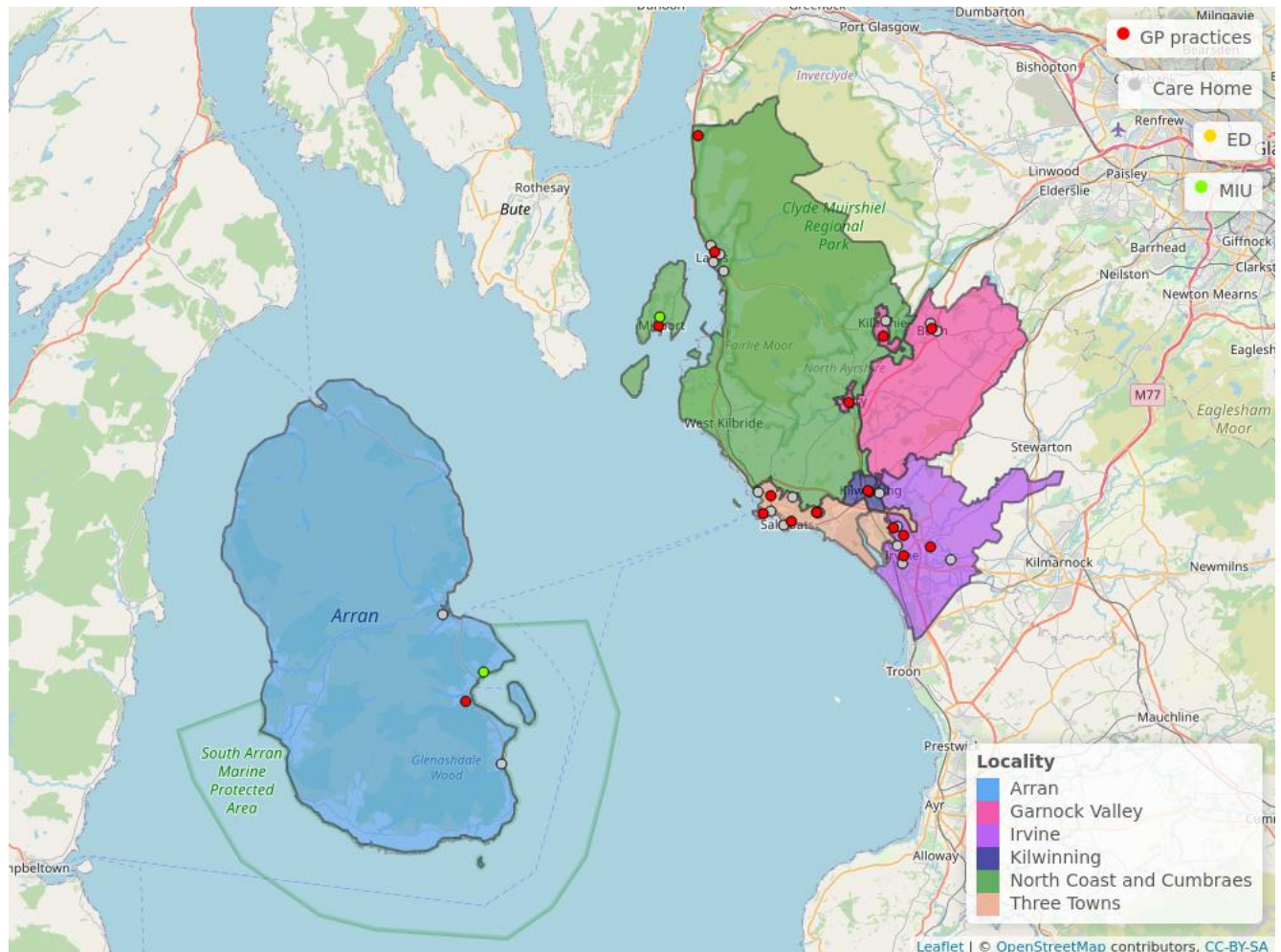
ED = Emergency Department, MIU = Minor Injuries Unit (or other)

Table 4: Number of each type of service in North Ayrshire HSCP[2].

Service Type	Service	Number
Primary Care	GP Practice	18
A&E	Emergency Department	0
	Minor Injuries Unit	2
Care Home	Elderly Care	19
	Other	17

General Health

Summary:

For the most recent time periods available[3], North Ayrshire HSCP had:

- An average life expectancy of **75.3** years for males and **80.1** years for females.
- An average healthy life expectancy at birth of **58.5** years for males and **56.3** years for females.
- A death rate for ages 15 to 44 of **164** deaths per 100,000 age-sex standardised population[4].
- **27%** of the partnerships population with at least one long-term physical health condition.
- A cancer registration rate of **654** registrations per 100,000 age-sex standardised population[4]
- **22%** of the population being prescribed medication for anxiety, depression, or psychosis.

Life Expectancy

In the latest time period available from 2018-2020 (3-year aggregate), the average life expectancy in North Ayrshire was 75.3 years old for men, and 80.1 years old for women. A time trend since 2009-2011 is shown below in Figure 14.

Figure 14: Average life expectancy in men and women over time.
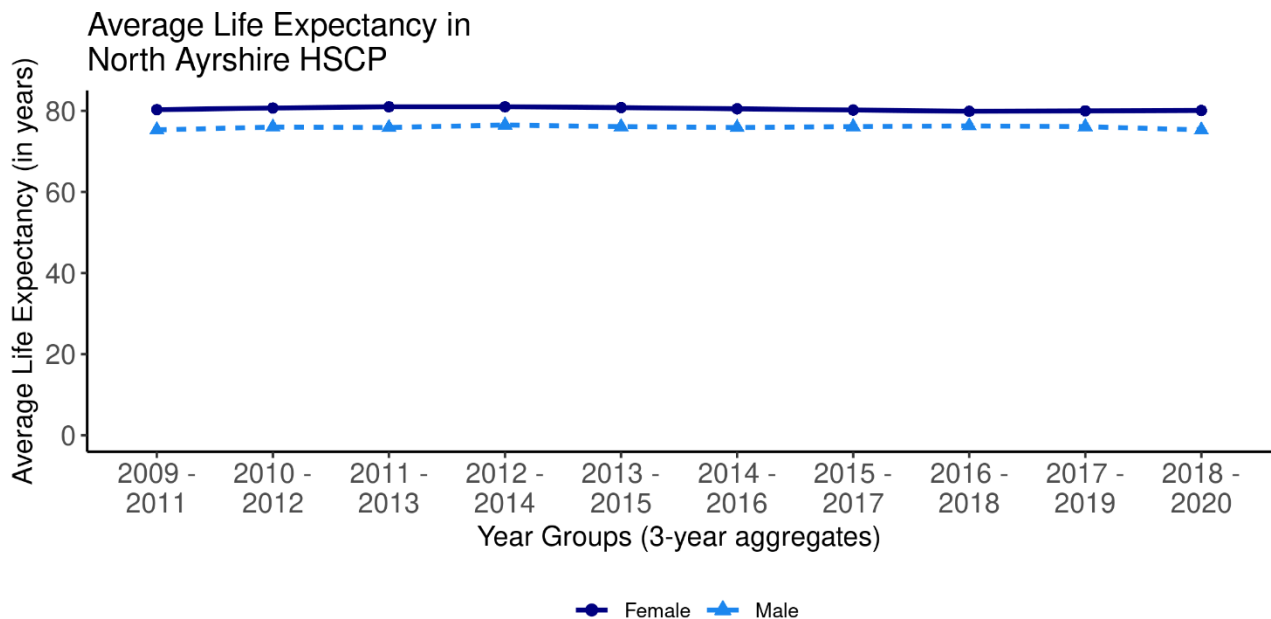
Source: ScotPHO

Table 5 shows the average life expectancy for men and women in different areas for the latest time period available. Please note that these are 3 year aggregates from 2018-2020 at partnership, Health Board, and Scotland level.

Table 5: Average life expectancy in years for the latest time periods (2018-2020 aggregated years for all areas).

Partnership	Health Board	Scotland
80.1	80.3	81
75.3	75.7	76.8

Where Partnership = North Ayrshire HSCP, Health Board = NHS Ayrshire & Arran.

Healthy Life Expectancy

In the latest time period available from 2017-2019 (3-year aggregate), the average healthy life expectancy in North Ayrshire was 58.5 years old for men, and 56.3 years old for women. Figure 15 shows the average healthy life expectancy for North Ayrshire in comparison to South Ayrshire, East Ayrshire and Scotland over a 3-year period.

Figure 15: Average Healthy Life Expectancy at birth

Average Healthy Life Expectancy
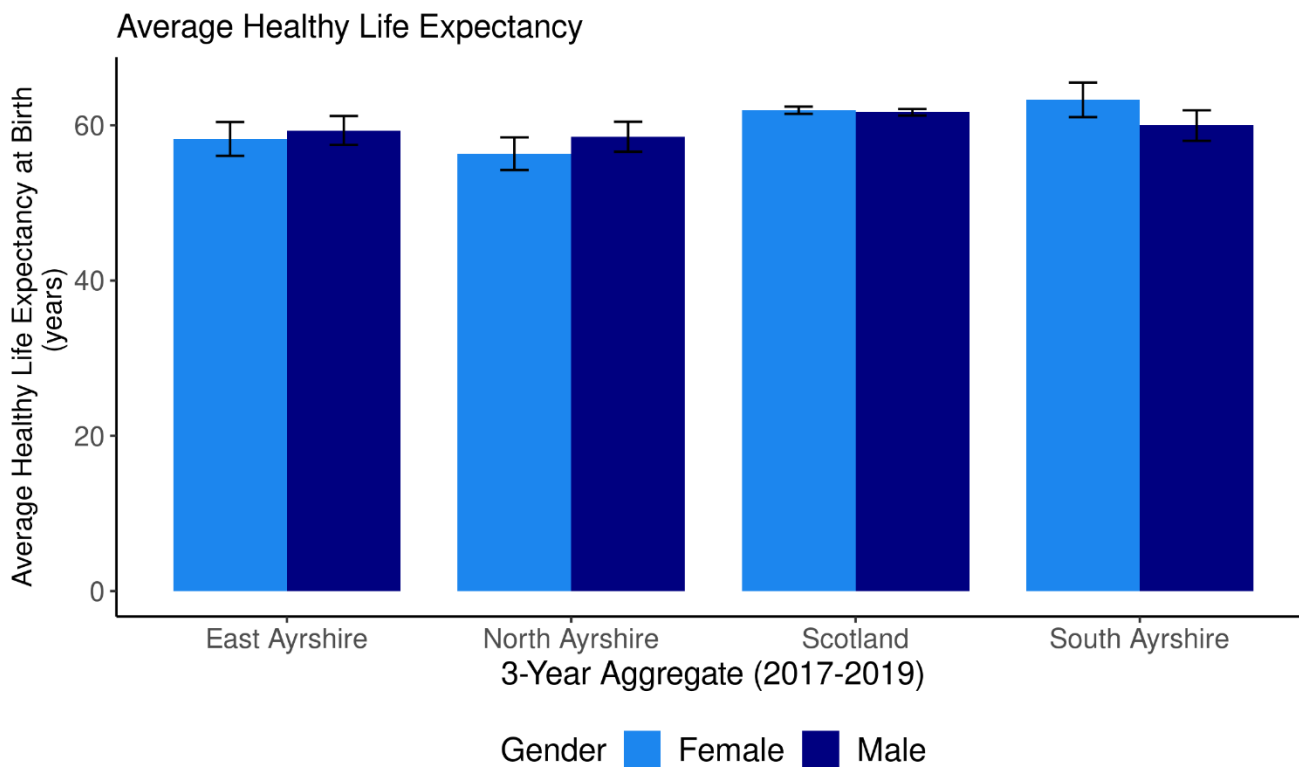
Source: National Records Scotland

The following chart shows a trend of the average healthy life expectancy at birth for men in women in North Ayrshire from 2015-2017 to 2017- 2019 (3-year aggregate). From 2015-2017 to the latest time period available (2017-2019), the average healthy life expectancy at birth in North Ayrshire increased by 2.5 years for men, and decreased by 0.8 years for women.

Figure 16: Average Healthy Life expectancy in men and women over time

Average Healthy Life Expectancy in North Ayrshire
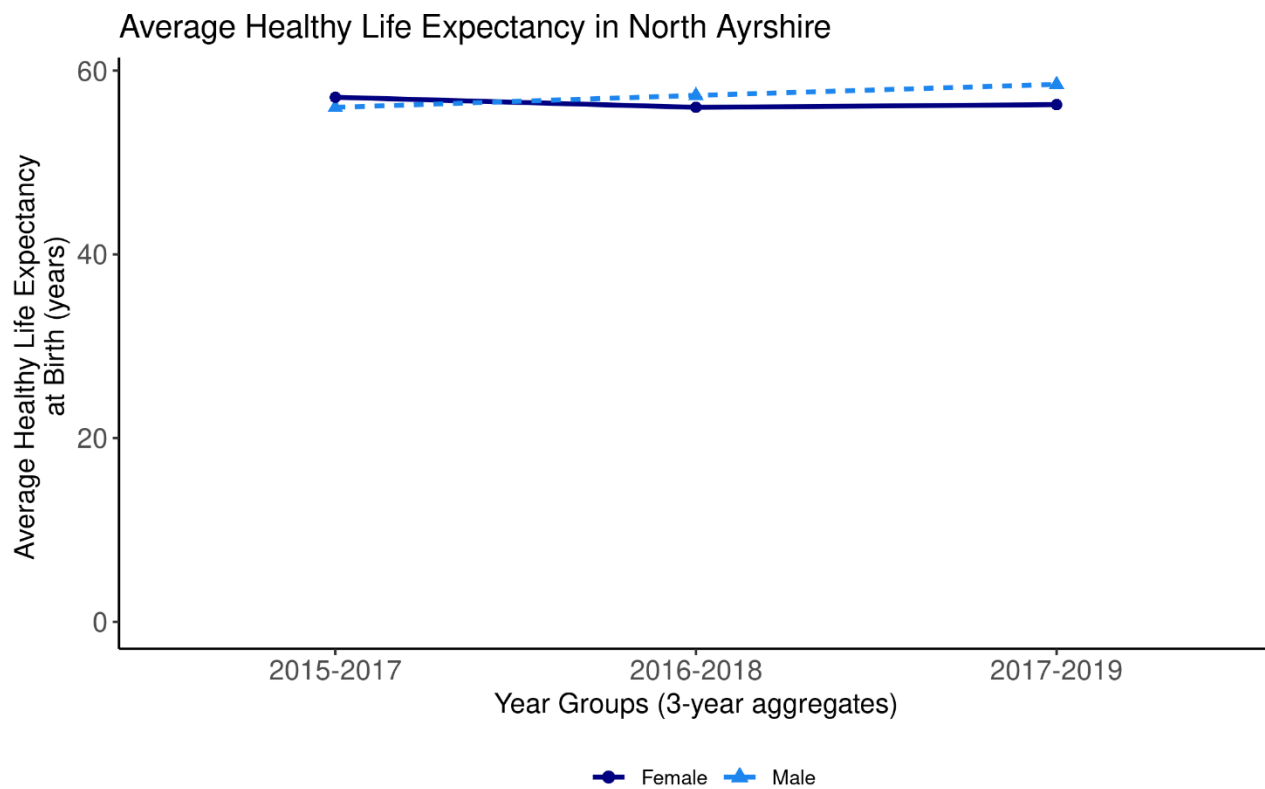
Source: National Records Scotland

Deaths, aged 15-44

The following chart shows a trend of death rates among 15-44 year olds per 100,000 age-sex standardised population[4] by area (i.e. Early mortality rate per 100,000). In the most recent aggregate time period available (from 2018-2020), the mortality rate in North Ayrshire was **164** deaths per 100,000 population. Figure 17 shows deaths for North Ayrshire compared with Scotland, East Ayrshire and South Ayrshire HSCP for the two latest time aggregates available.

Figure 17: Deaths aged 15-44 years by geographical area and over time.
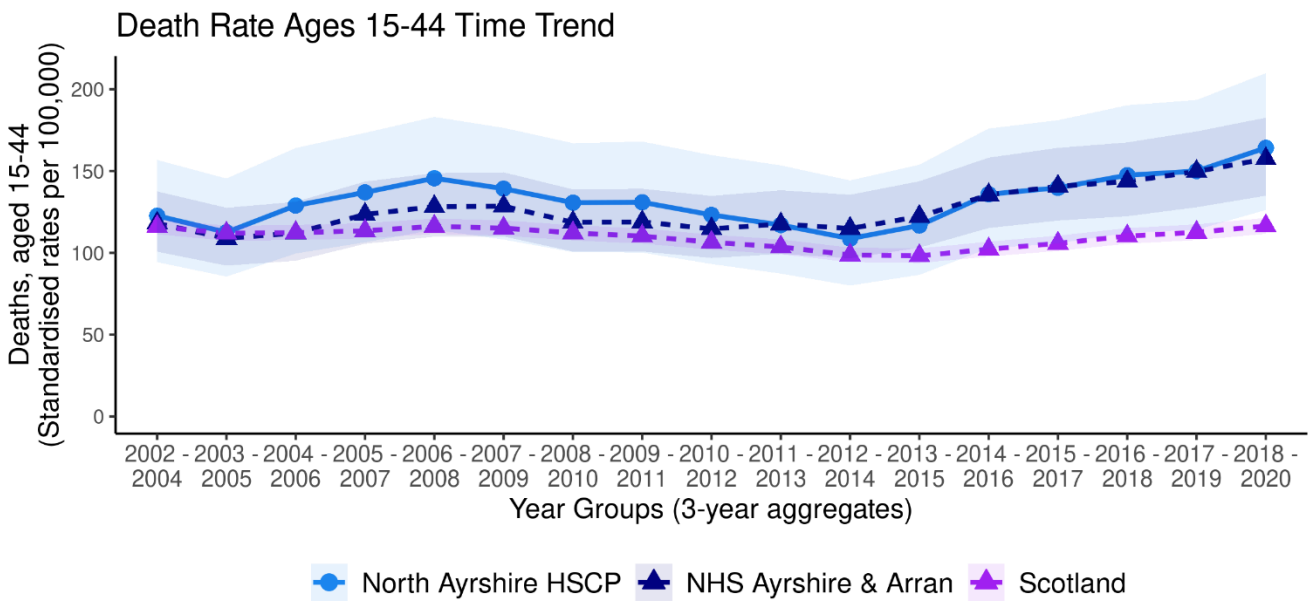
Source: ScotPHO

Figure 18: Deaths at ages 15-44 in all geographical areas.
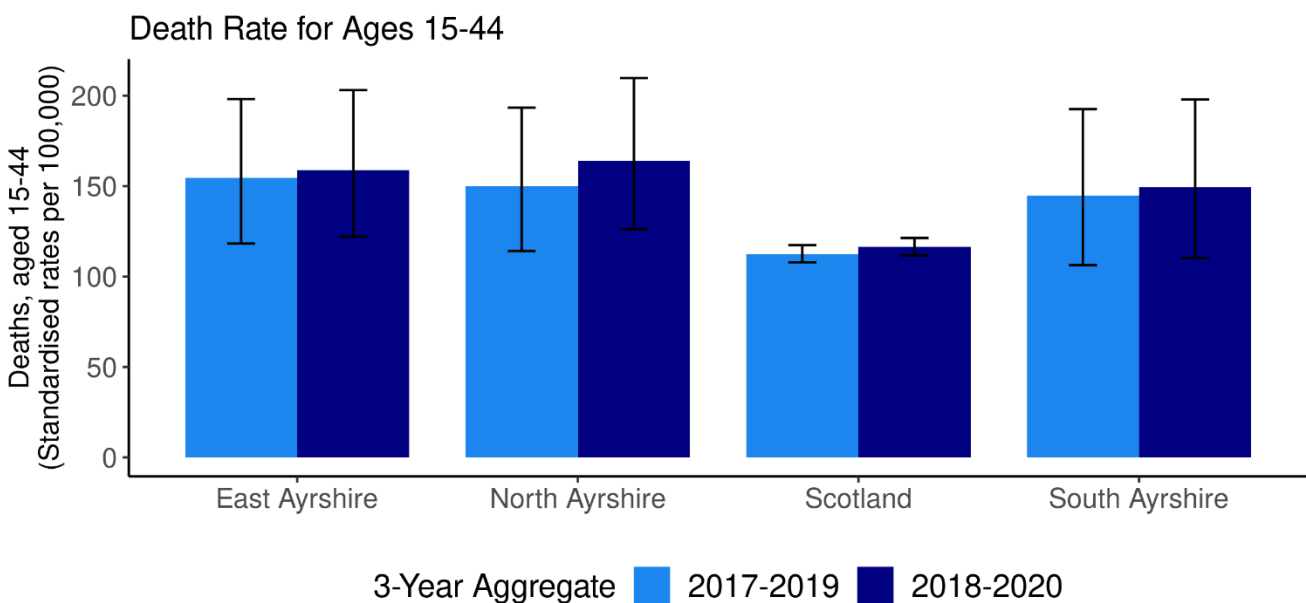
Source: ScotPHO

Long-Term Physical Health Conditions and Multimorbidity

In the financial year 2019/20, in North Ayrshire HSCP, **27%** of the total population had at least one physical long-term condition (LTC). These include: cardiovascular, neurodegenerative, and respiratory conditions, as well as other organ conditions (namely liver disease and renal failure), arthritis, cancer, diabetes, and epilepsy. *Please see footnotes for information and caveats on identifying LTCs.*[5]
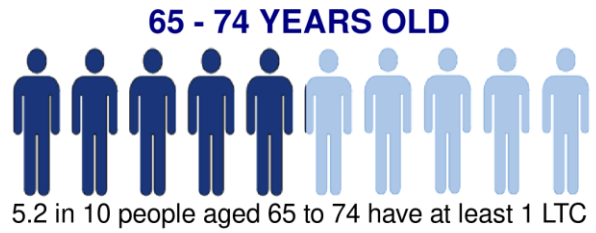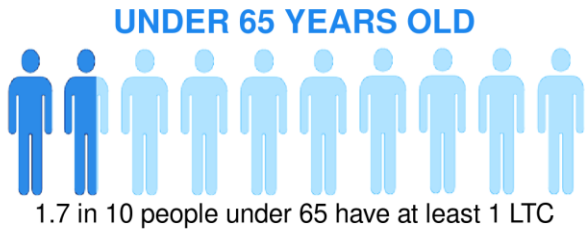
UNDER 65 YEARS OLD

1.7 in 10 people under 65 have at least 1 LTC

65 - 74 YEARS OLD

5.2 in 10 people aged 65 to 74 have at least 1 LTC

75 - 84 YEARS OLD

7 in 10 people aged 75 to 84 have at least 1 LTC

OVER 85 YEARS OLD

8.2 in 10 people over 85 have at least 1 LTC

Based on the historical trends in long-term conditions, the figure below shows the projected prevalence by the 2025/26. These are only projections, but there are expected to be gradual increases in prevalence in the older age groups.

UNDER 65 YEARS OLD - 2025/26

2 in 10 people under 65 forecast to have at least 1 LTC

65 - 74 YEARS OLD - 2025/26

5.5 in 10 people aged 65 to 74 forecast to have at least 1 LTC

75 - 84 YEARS OLD - 2025/26

7 in 10 people aged 75 to 84 forecast to have at least 1 LTC

OVER 85 YEARS OLD - 2025/26

8.8 in 10 people over 85 forecast to have at least 1 LTC
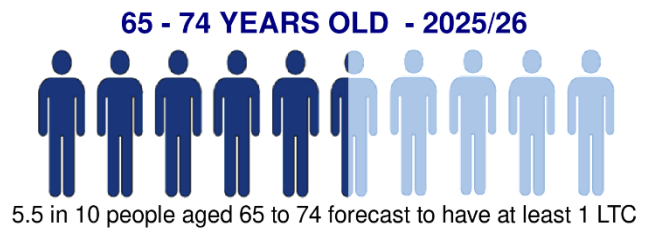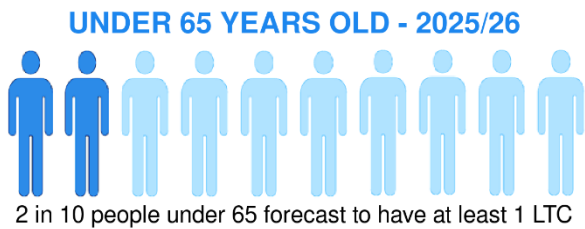
The co-occurrence of two or more conditions, known as multimorbidity, is broken down in Figure, distinguishing between age groups. Note that this chart *excludes* the population in the partnership who do not have any physical long-term conditions. Figure 19 therefore shows that among the people who have a LTC, **24**% of those under the age of 65 have more than one, compared to **57**% of those aged over 65.

Figure 19: Multimorbidity of physical long-term conditions by age group in 2019/20.

Multimorbidity – Percentage people with 1, 2, 3 or 4+ LTCs among those with a LTC in North Ayrshire HSCP

UNDER 65

OVER 65

People under 65 with one or more LTCs (%)

People over 65 with one or more LTCs (%)
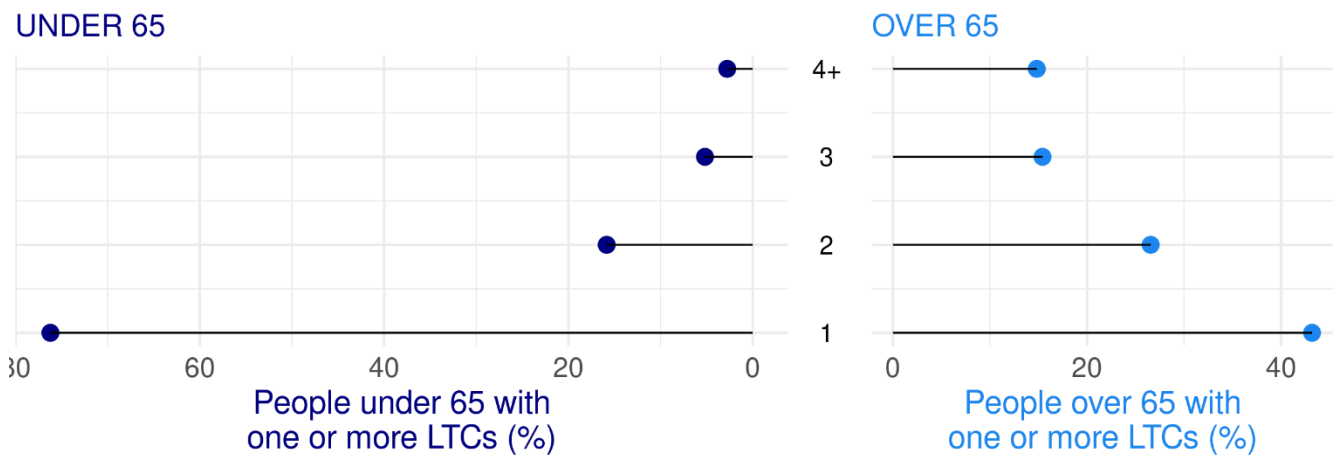
Source: Source Linkage Files

Below is a breakdown of the physical LTCs, for the financial year 2019/20. Figure 20 shows the prevalence of different LTCs in each age group in North Ayrshire, and Table 6 illustrates the top 5 physical LTCs across all ages at partnership, and Scotland level.

Figure 20: Percentage people with each physical LTC, split by age group.

Prevalence of Physical Long-Term Conditions in
North Ayrshire HSCP

Source: Source Linkage Files
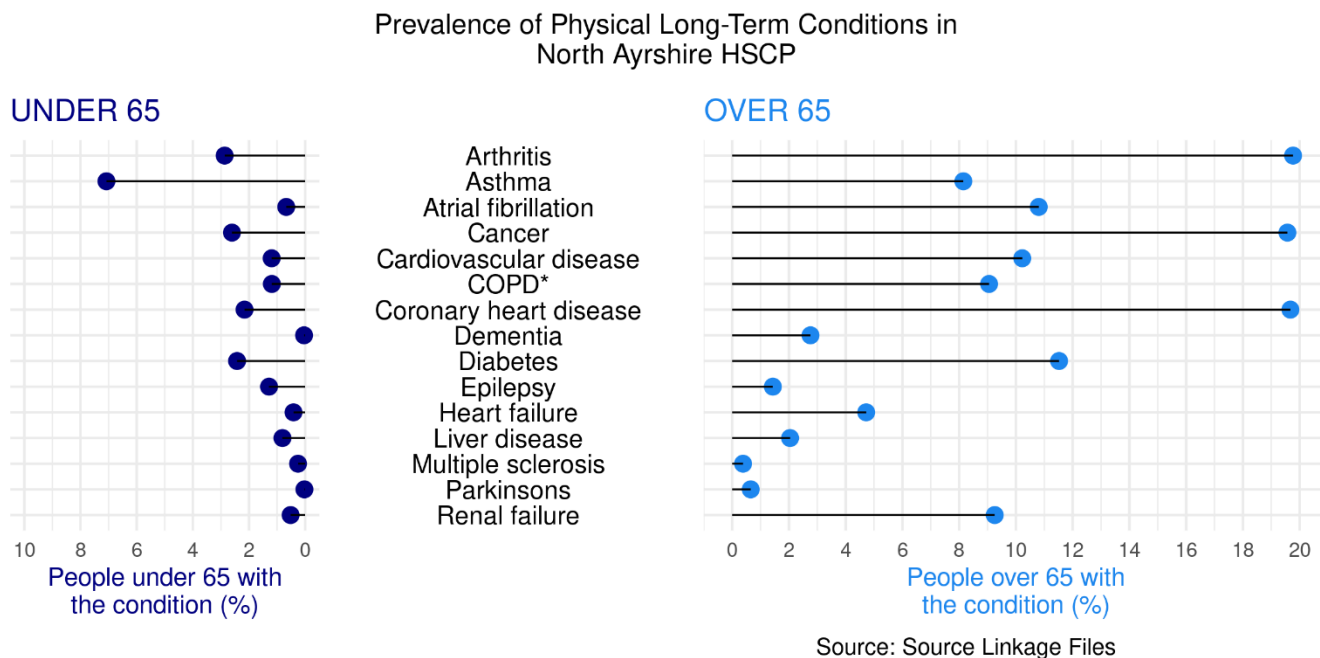
COPD: Chronic Obstructive Pulmonary Disease

Based on the historical trends in long-term conditions, the figure below shows the projected prevalence of long-term conditions by the year 2025/26. This is for illustration, since there are many factors that will influence disease prevalence and historic trends may not continue into the future.

Figure 21: Projection of percentage people with each physical LTC, split by age group.

Prevalence of Physical Long-Term Conditions in North Ayrshire HSCP - Projection to 2025/26

UNDER 65

OVER 65

People under 65 with the condition (%)

People over 65 with the condition (%)
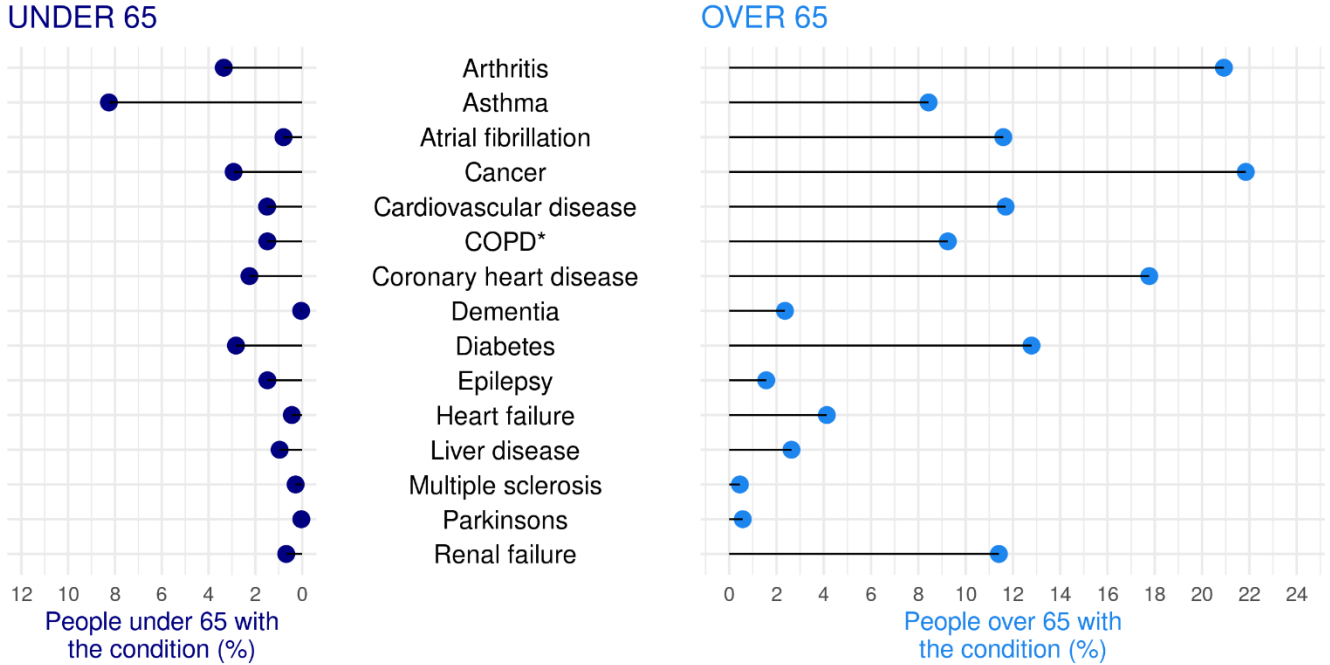
Source: Source Linkage Files

Table 6: Prevalence of the five most common physical LTCs as a percentage of the population across geographical areas (where 1 = most prevalent).

Top 5 Physcial Long-Term Conditions

	North Ayrshire HSCP		Scotland
1	Asthma 7.3%	1	Arthritis 5.6%
2	Arthritis 6.8%	2	Cancer 5.1%
3	Cancer 6.5%	3	Coronary heart disease 4.7%
4	Coronary heart disease 6.2%	4	Asthma 4.7%
5	Diabetes 4.5%	5	Diabetes 3.2%

Cancer Registrations

For the period 2017-2019, there were 974 new cancer registrations per year on average (**654 registrations per 100,000 age-sex standardised population**) in North Ayrshire. This is a **0.2%** increase in the rate of cancer registrations from the period 2006-2008. Figure 22 shows changes over time since 2002-2004, and Figure 22 compares the rates in North Ayrshire HSCP with East Ayrshire, South Ayrshire and Scotland for the two latest available time periods.

Figure 22: Cancer registration rate over time and by geographical area.
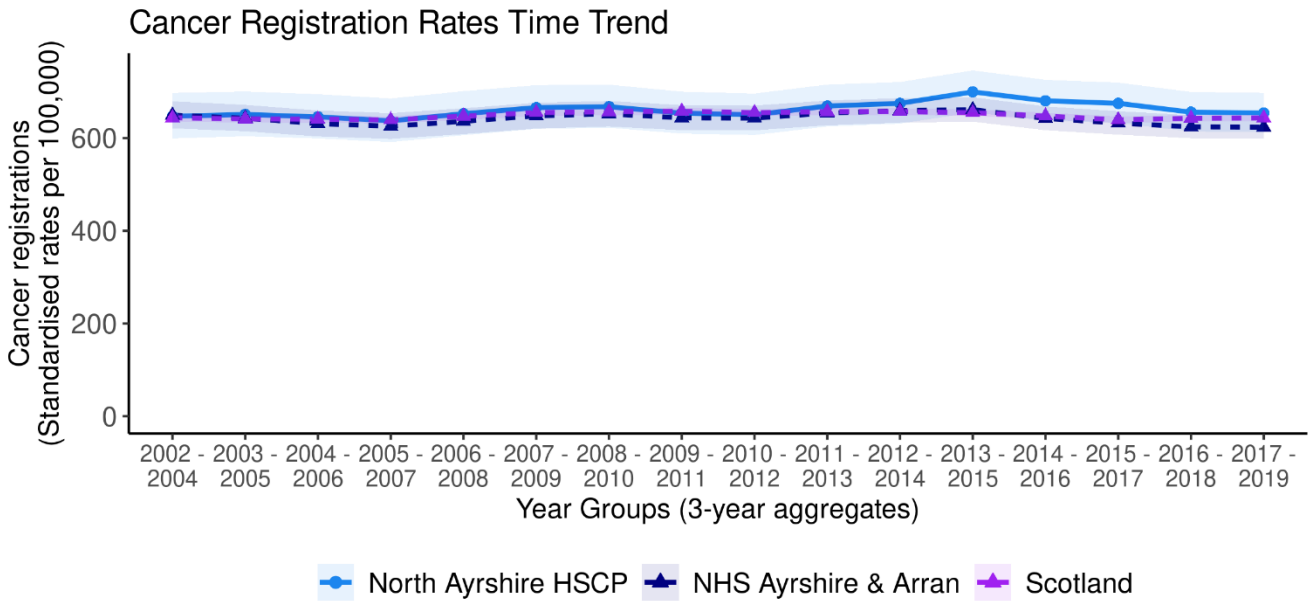
Source: ScotPHO

Figure 23: Cancer registration rates by geographical area
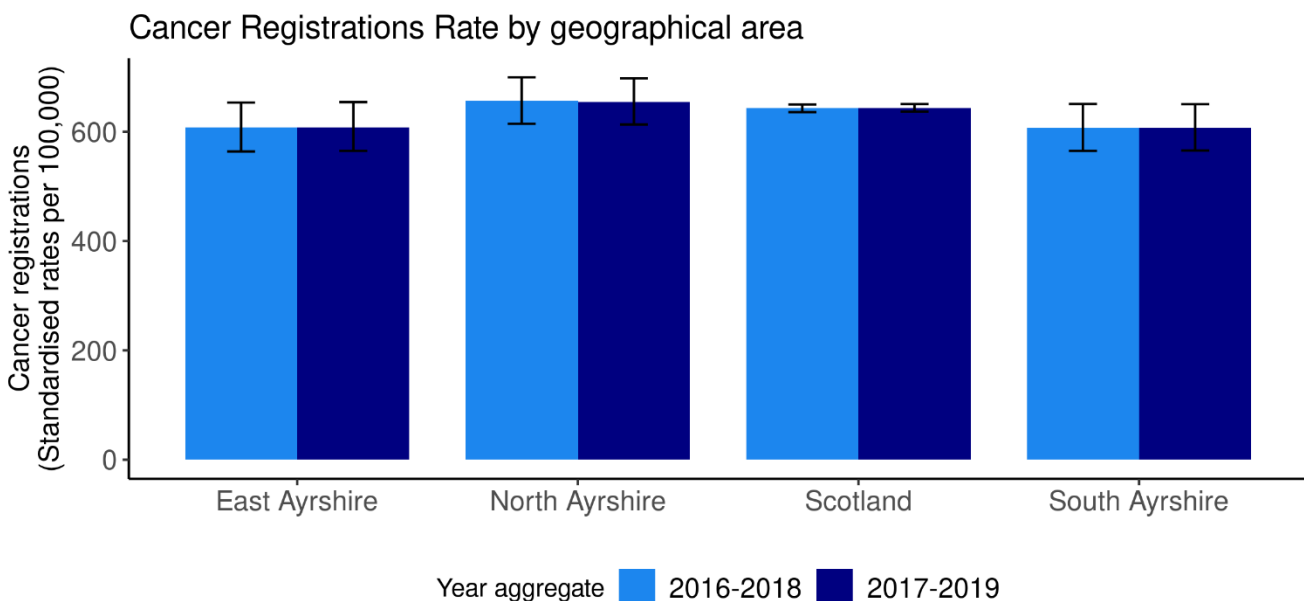
Source: ScotPHO

Anxiety, Depression, and Psychosis Prescriptions

In the 2019/20 financial year, 22% of people were prescribed medication for anxiety, depression, or psychosis (ADP) in North Ayrshire.

Figure 24: Percentage population prescribed ADP medication by geography.

% Population in each area with prescriptions for anxiety, depression, and psychosis
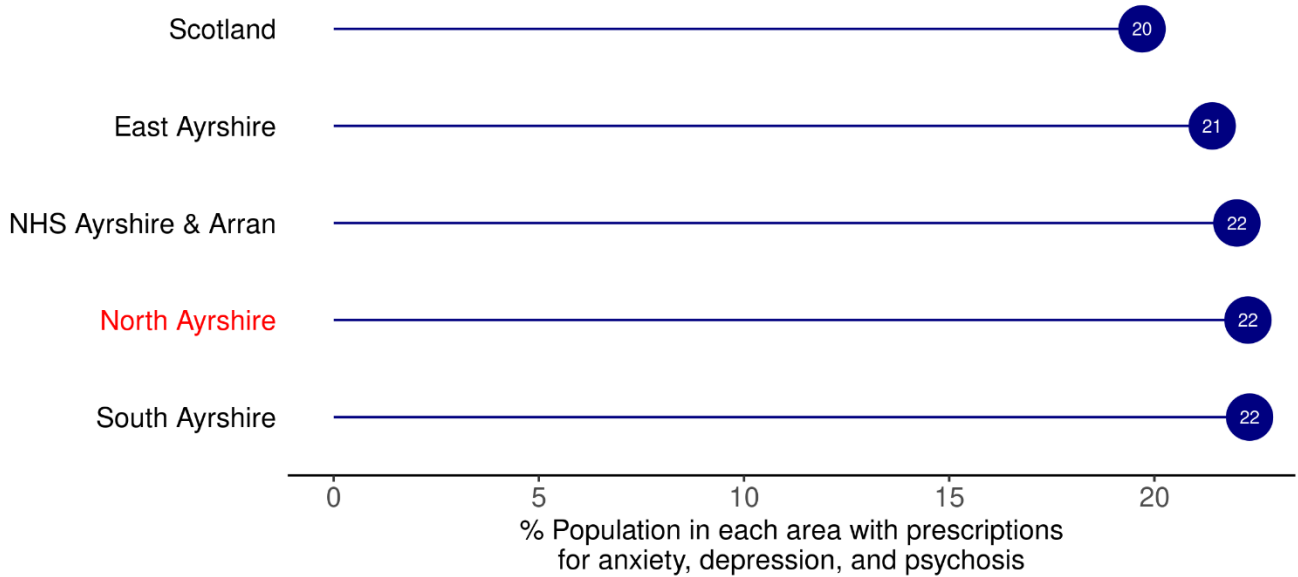
Source: ScotPHO

Figure 25: ADP prescriptions over time and by geographical area.

Anxiety, Depression, and Psychosis Prescriptions Time Trend
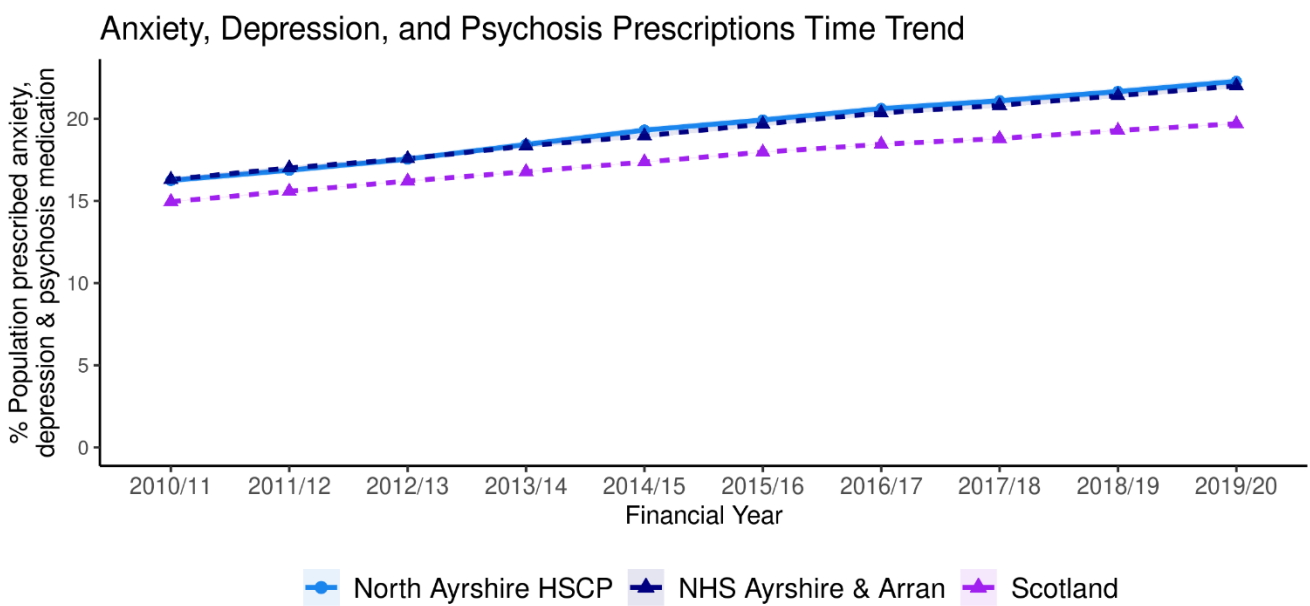
Source: ScotPHO

Lifestyle and Risk Factors

Summary:

Mental and physical wellbeing has close ties with people's lifestyles and behaviours. Financial security, employment and location are influences that often have a bearing on these choices. Issues can develop when alcohol, smoking or drug use shape lives. This section provides data on drug-related hospital admissions, alcohol-related hospital admissions, alcohol-specific mortality and bowel screening uptake, to give an overview of some of the lifestyles and behaviours for North Ayrshire HSCP. These can give an idea of quality of life and prosperity.

For the most recent time periods available[3], North Ayrshire HSCP had:

- **424** drug-related hospital admissions per 100,000 age-sex standardised population[4]. This is a higher rate of admissions than for Scotland (221).

- **35** drug-related deaths per 100,000 age-sex standardised population

- **631** alcohol-related hospital admissions per 100,000 age-sex standardised population[4].

- **25** alcohol-specific mortality per 100,000 age-sex standardised population[4].

- a **59%** uptake of bowel cancer screening for the eligible population.

Drug-related Hospital Admissions

There were 424 drug-related hospital admissions per 100,000 age-sex standardised population[4] in North Ayrshire for the most recent time period available (3 year financial year aggregate for 2017/18 - 2019/20).

This is a 57% increase since 2011/12 - 2013/14 (3 financial year aggregates).

A trend of the change in drug-related hospital admissions for North Ayrshire HSCP compared with Scotland and NHS Ayrshire & Arran is shown in the chart below from 2011/12 - 2013/14 onwards.

Figure 26: Trend of Drug-related Hospital Admission Rates by geographical area.
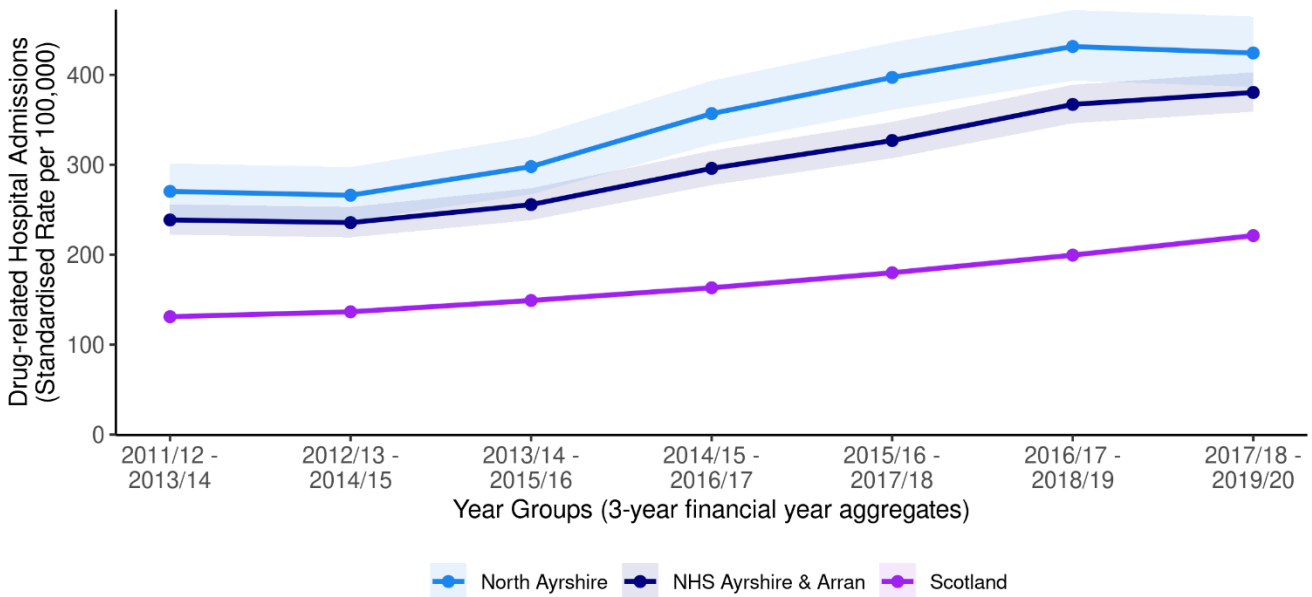
Source: ScotPHO

A comparison of areas at the most recent time period (2017/18 - 2019/20 aggregated financial years) is available below. This shows North Ayrshire HSCP has a higher rate of admissions (424) than Scotland (221) and NHS Ayrshire & Arran (380).

Figure 27: Comparison of Drug-related Hospital Admission Rates for the period 2015/16 - 2017/18.
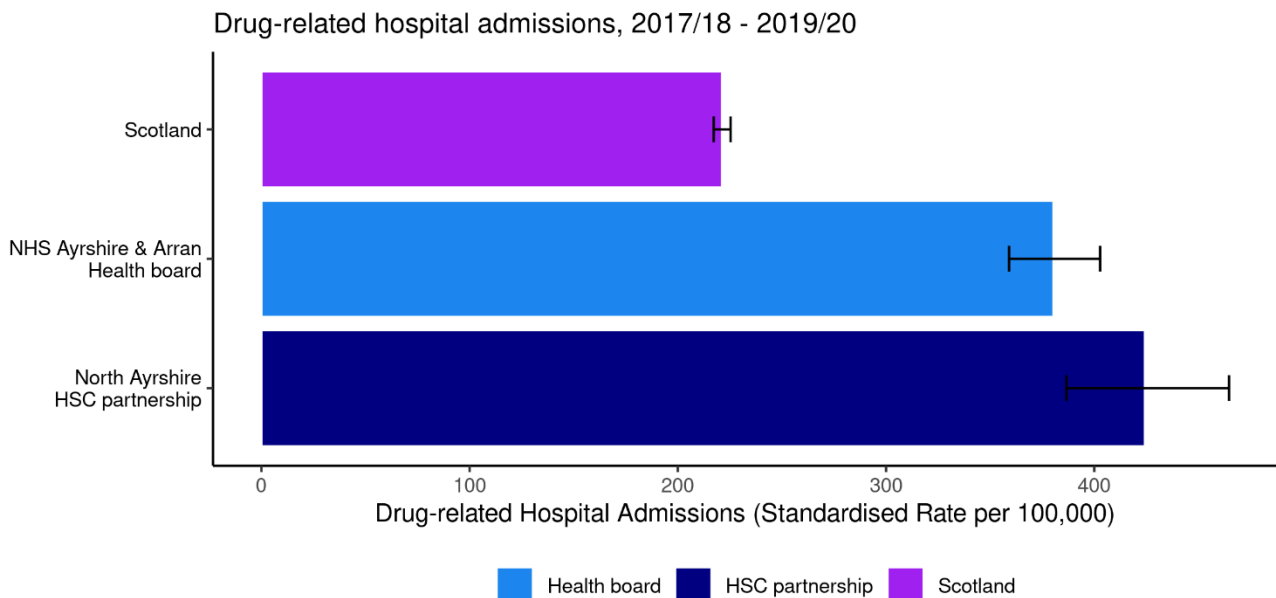
Source: ScotPHO

Drug-Related Deaths

Data on drug-related deaths is available by calendar year. The rate of drug-related deaths is currently higher in North Ayrshire than the rate in 2010 (267% change).

Figure 28: Trend of Drug-related Death Rates by geographical area.
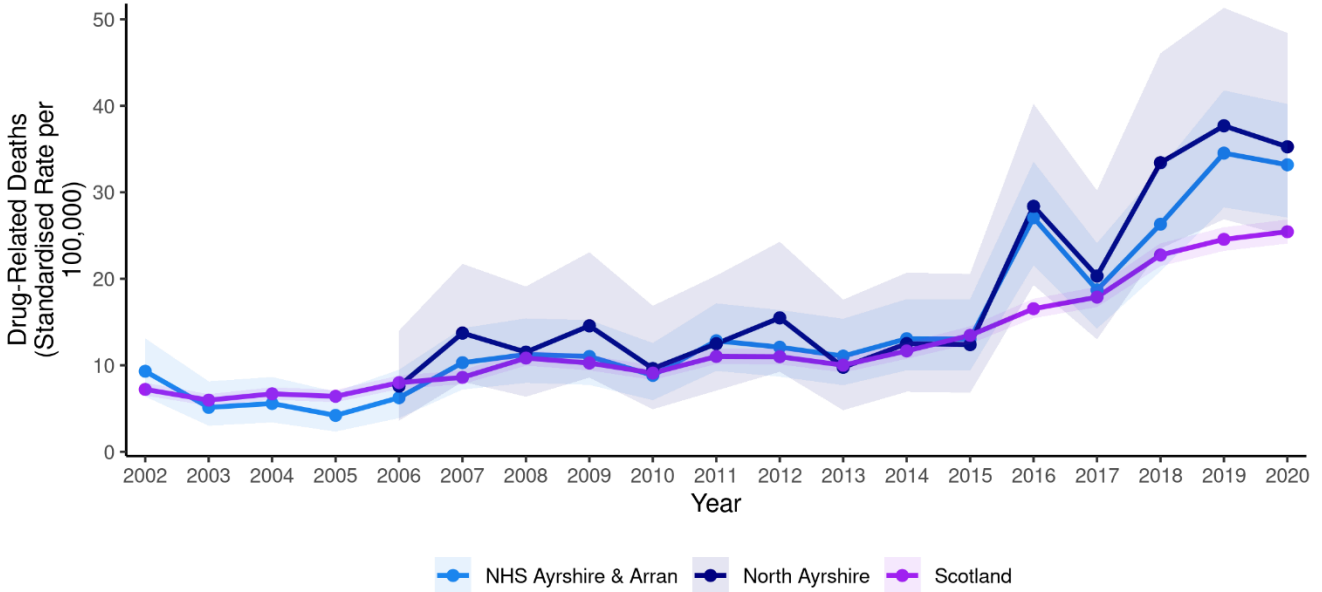
Source: ScotPHO

A comparison across different areas illustrates that North Ayrshire HSCP has a higher drug-related death rate compared to Scotland as a whole.

Figure 29: Comparison of Drug-related Death Rates for the period 2020
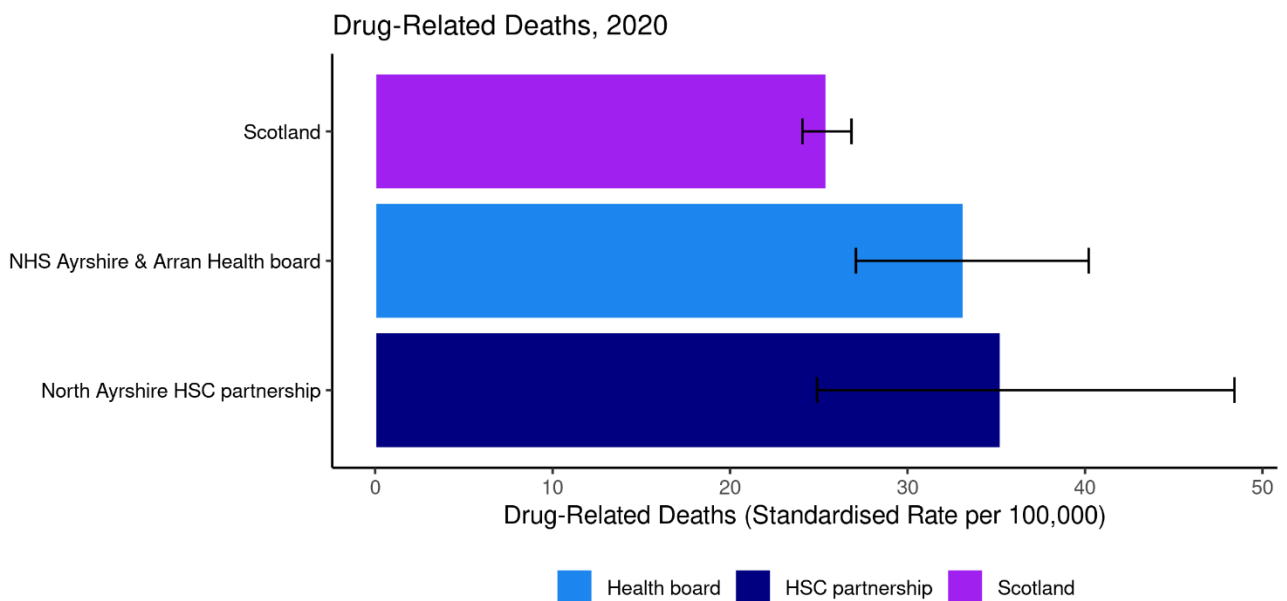
Source: ScotPHO

Alcohol-related Hospital Admissions

The 2020/21 alcohol-related admissions rate is 631 per 100,000 age-sex standardised population[4], which is a 31% decrease overall since 2012/13.

The chart below shows a trend of alcohol-related hospital admissions for North Ayrshire HSCP compared with Scotland and NHS Ayrshire & Arran from financial year 2012/13 to 2020/21.

Figure 30: Trend of Alcohol-related Hospital Admission Rates by geographical area.
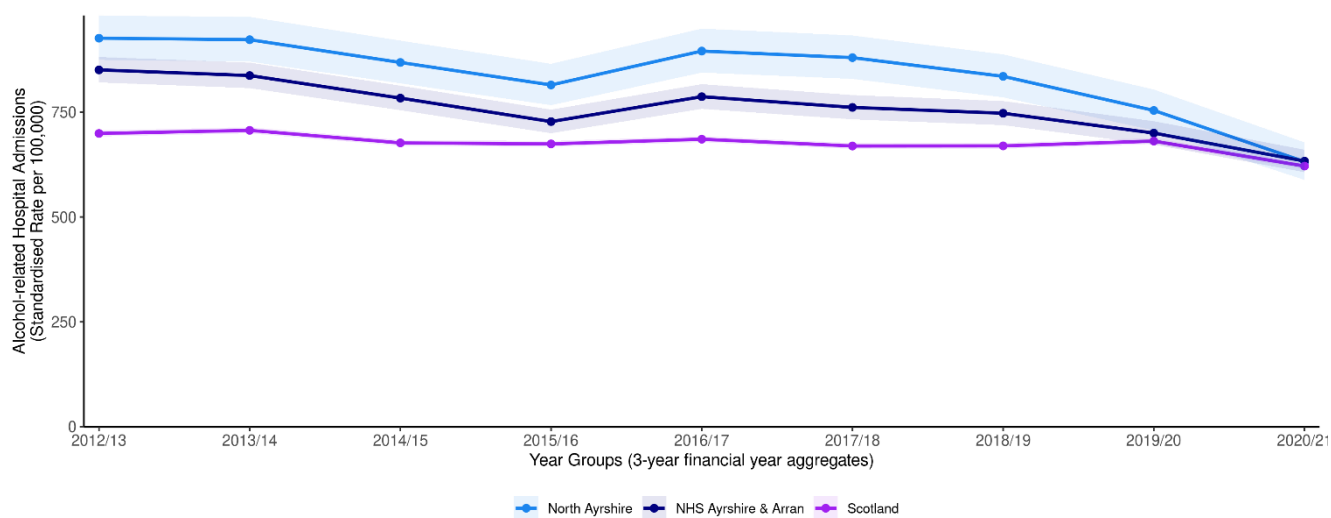
Source: ScotPHO

Comparison across different areas for 2019/20 is shown in Figure 31. This shows that North Ayrshire HSCP had a higher alcohol-related hospital admissions rate (631) compared to Scotland (621).

Figure 31: Comparison of Alcohol-related Hospital Admission Rates for 2019/10.
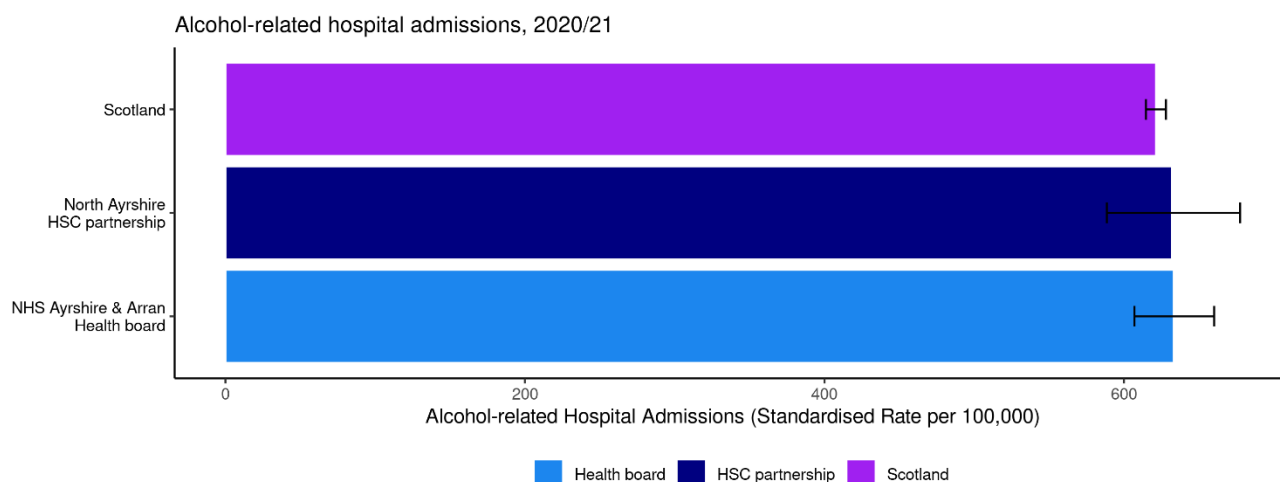
Source: ScotPHO

Alcohol-Specific Deaths

Data on alcohol-specific deaths is available as 5 year aggregates. The rate of alcohol-specific deaths is currently higher in North Ayrshire than the rate in 2009-2013 (18% change).

Figure 32: Trend of Alcohol-Specific Death Rates by geographical area.
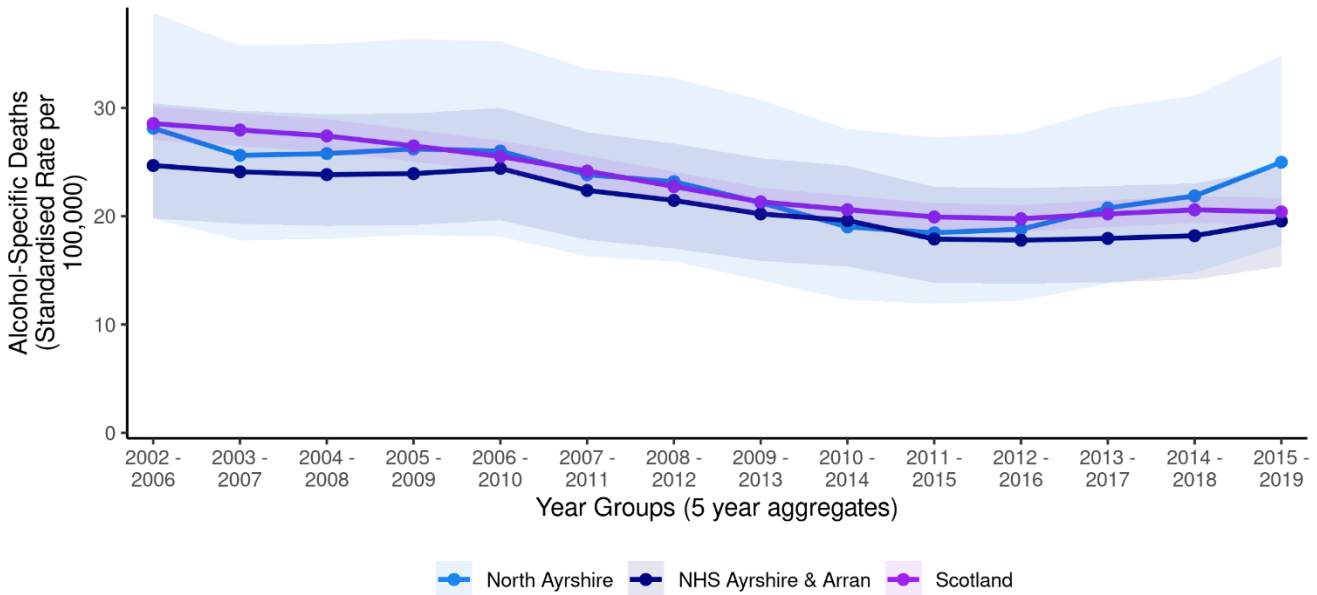
Source: ScotPHO

A comparison across different areas illustrates that North Ayrshire HSCP has a higher alcohol-specific death rate compared to Scotland as a whole.

Figure 33: Comparison of Alcohol-related Death Rates for the period 2015 - 2019 (5 year aggregate).
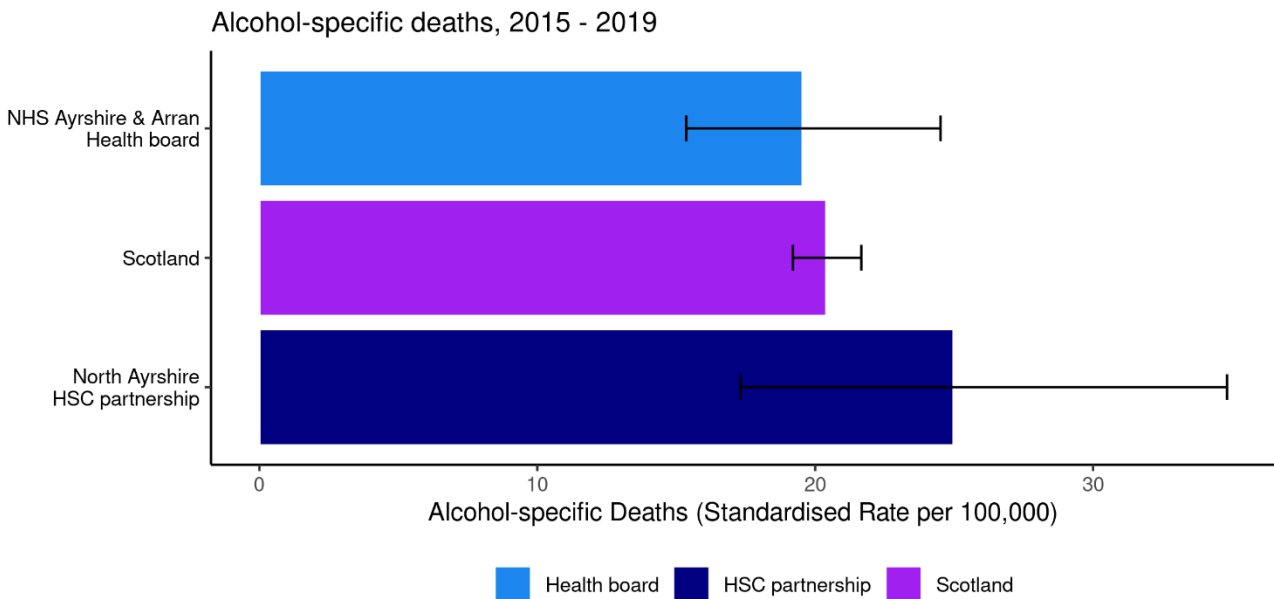
Source: ScotPHO

Bowel Screening Uptake

Bowel screening is offered every two years to eligible men and women aged between 50-74 years old. Eligible people are posted a test kit which is completed at home. Since 1st April 2013, those aged 75 and over can also self-refer and opt into screening.

A trend of the percentage uptake of bowel screening among the eligible population is shown below for North Ayrshire HSCP compared with Scotland and NHS Ayrshire & Arran. Data is suppressed into 3 year aggregates. The 2017 - 2019 uptake rate for North Ayrshire HSCP is **59%**.

Figure 34: Trend of Bowel Screening Uptake for eligible men and women, by geographical area.
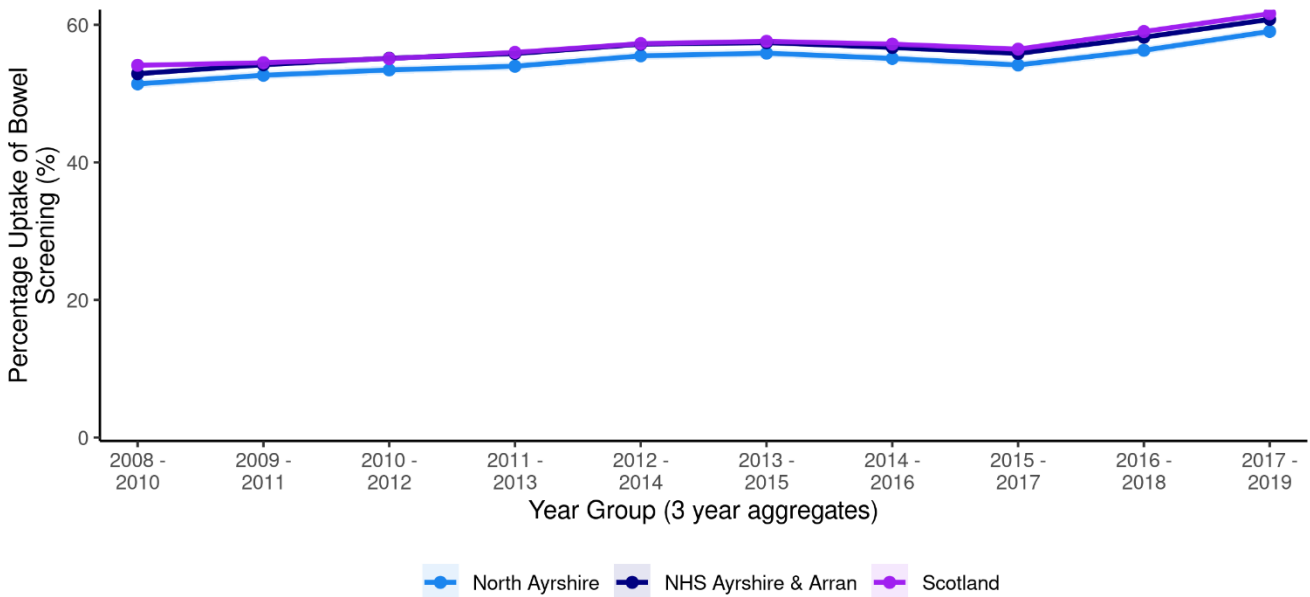
Source: ScotPHO

Compared with Scotland, North Ayrshire HSCP has a lower percentage uptake of bowel cancer screening for the period 2017 - 2019.

Figure 35: Comparison of Bowel Screening Uptake for 2017 - 2019.

Bowel Screening Uptake, 2017 - 2019
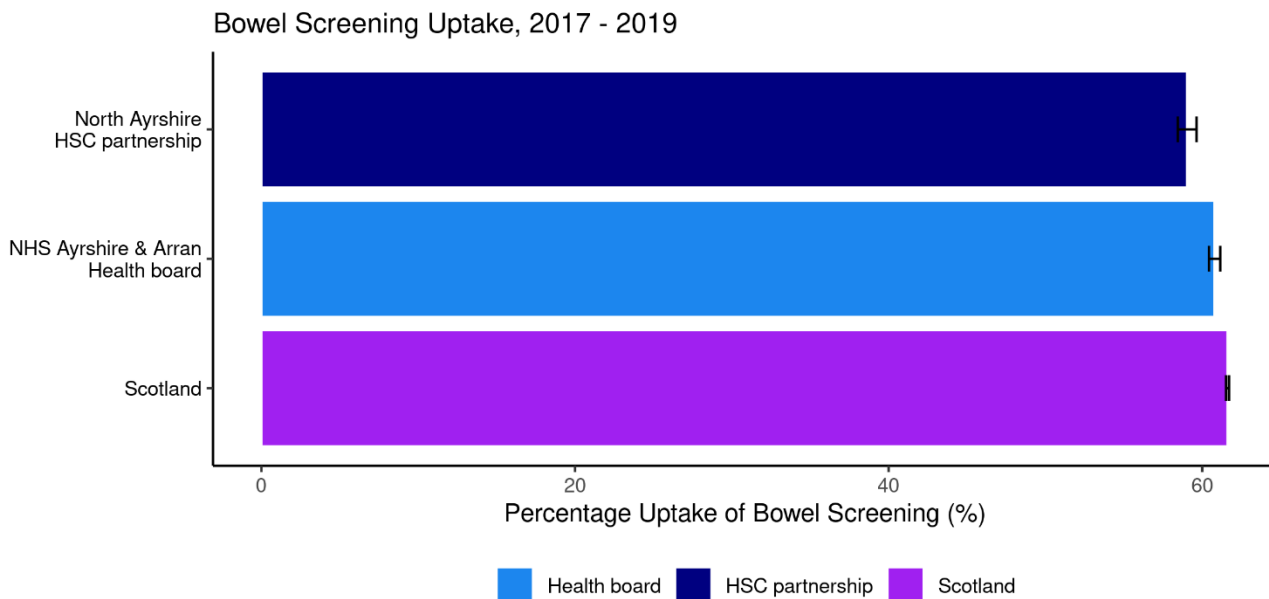
Source: ScotPHO

Smoking Prevalence

Data on smoking prevalence is available from the Scottish Survey Core Questions. For North Ayrshire HSCP, the prevalence is 22%.

Figure 36: Smoking Prevalence by geographical area, 2017.

Smoking Prevalence, aged >16 years
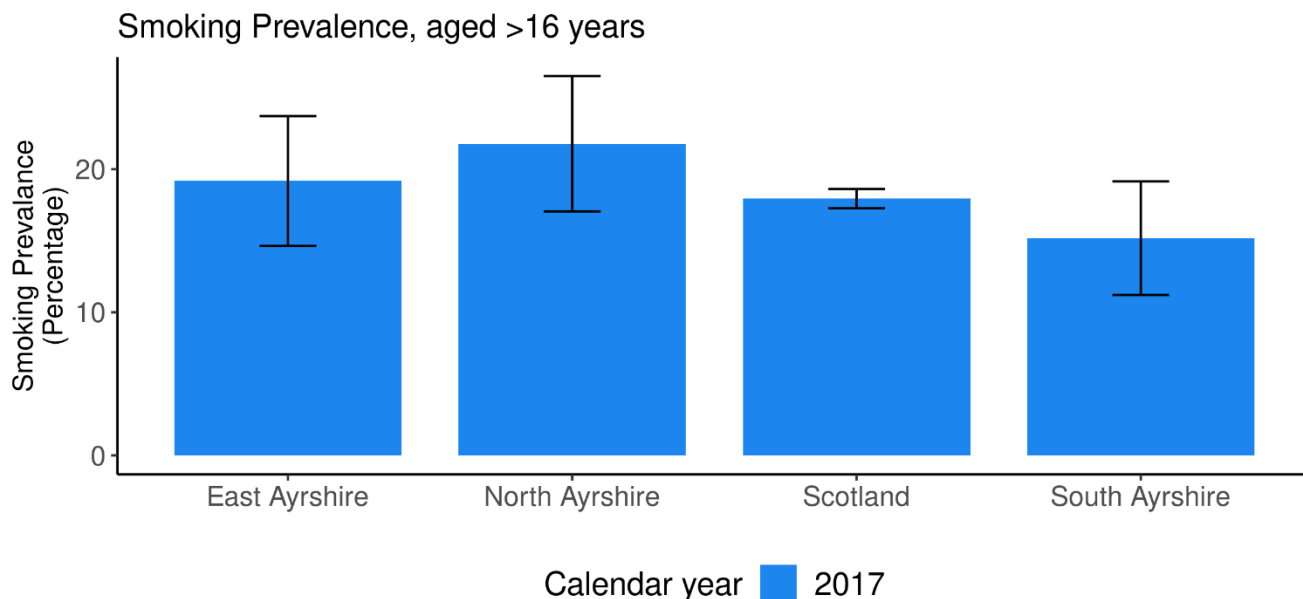
Source: Scottish Survey Core Questions

Unscheduled Care

This section includes acute and mental health acute hospital data, delayed discharges and A&E attendances.

For the most recent time periods available, North Ayrshire had:

- **12,012** emergency health hospital admissions per 100,000 population.

- **84,702** unscheduled hospital bed days per 100,000 population.

- **22,104** A&E attendances per 100,000 population.

- **7,696** delayed discharges per 100,000 population.

- **691** falls admissions per 100,000 population.

- **117** readmissions (28 day) per 1,000 discharges.

- **1,577** potentially preventable hospital admissions per 100,000 population.

- **89%** of people spent their last 6 months of life in a community setting.

Emergency Admissions

Figure 37: Emergency admissions by age group

Emergency Admissions per 100,000 over time by Age Group for North Ayrshire
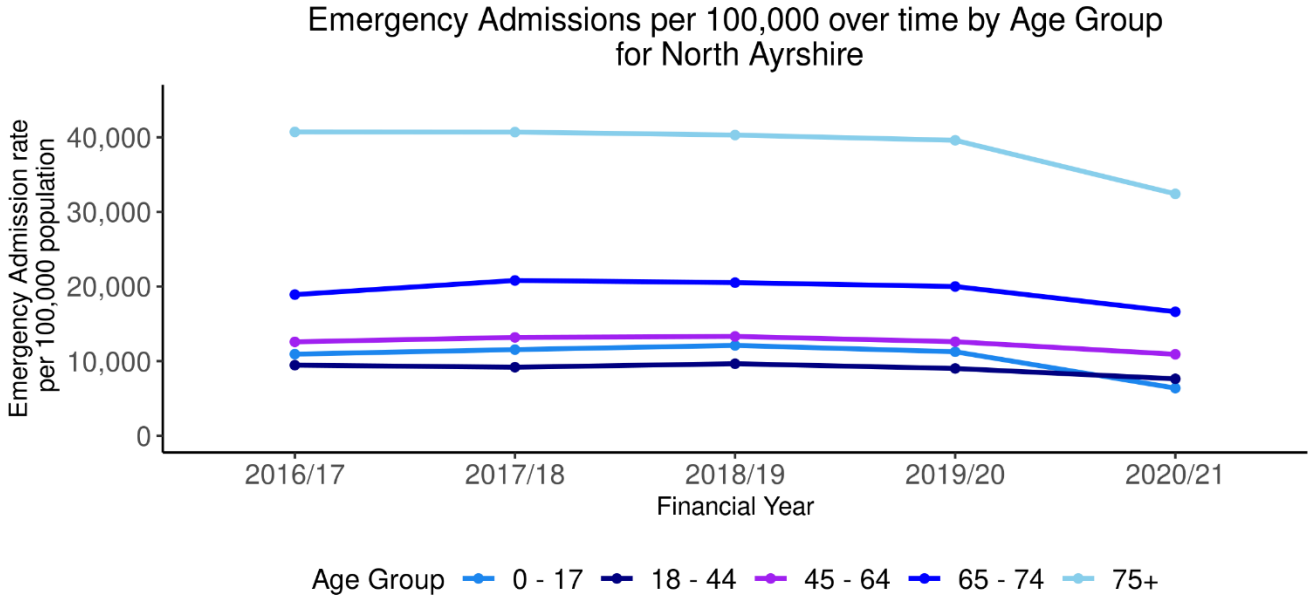
Source: PHS SMR01

Figure 38: Emergency admissions by geographical area

Emergency Admissions per 100,000 over time by Residence
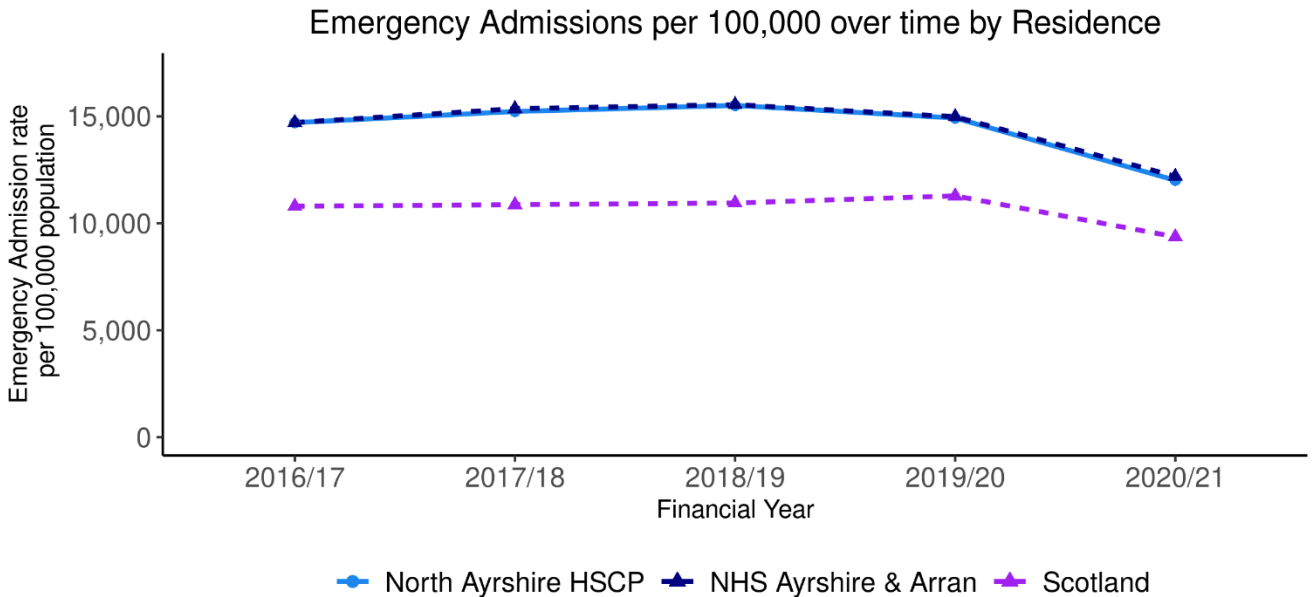
Source: PHS SMR01

The chart below is a projection of future emergency admissions. It is calculated by applying the historic rates of emergency admissions prior to Covid-19 and applying those rates to the population projections for the next five years. These are projections and do not take into account any changes to services or potential impact of Covid-19 on future emergency admissions.

Figure 39: Projections of emergency admission for next 5 years

Projection of Emergency Admissions per 100,000 population
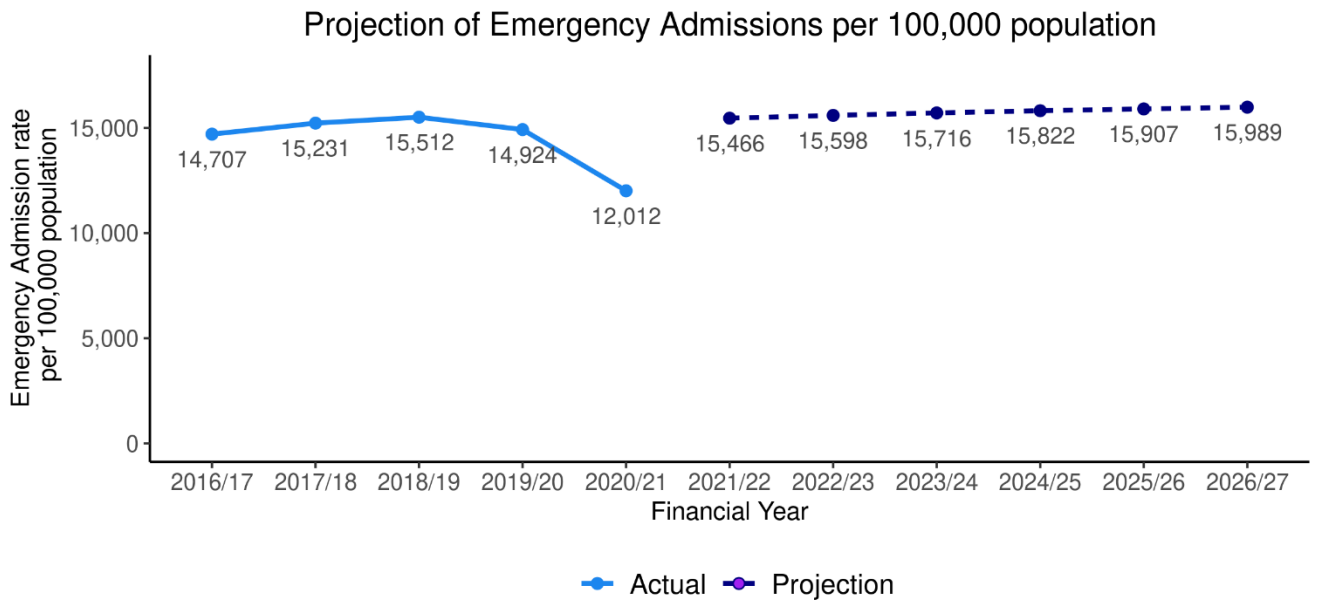
Source: PHS SMR01/NRS Population Estimates and Projections

Unscheduled Bed Days

Figure 40: Unscheduled bed days by age group

Unscheduled bed days per 100,000 over time by Age Group for North Ayrshire
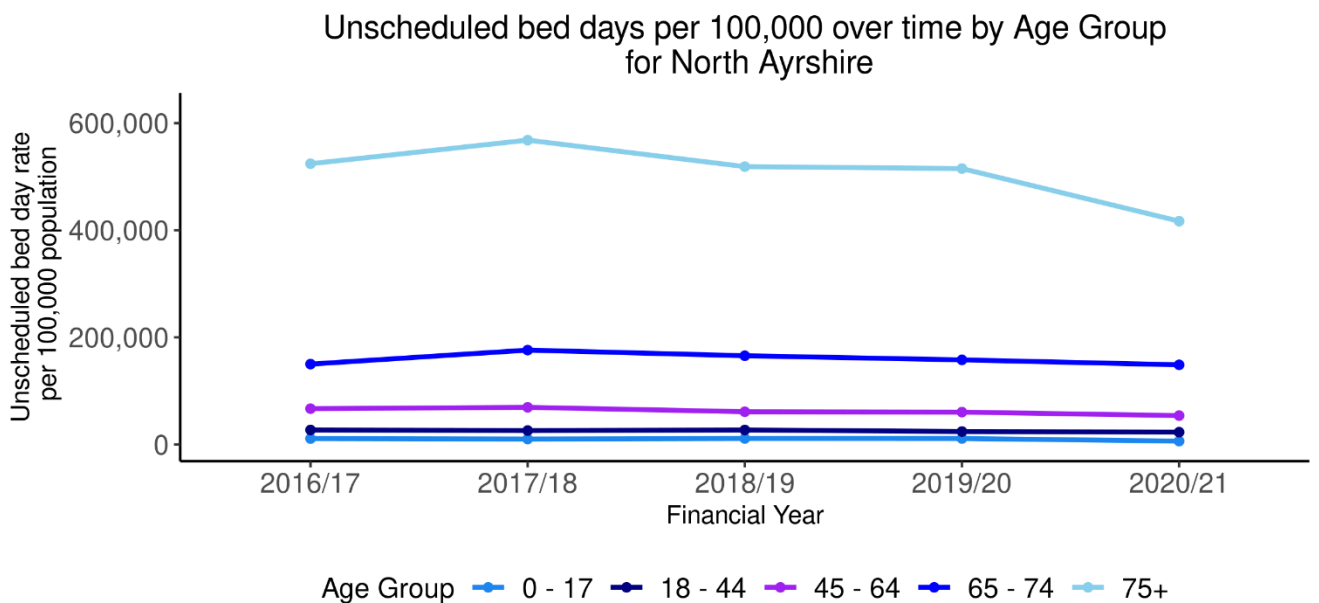
Source: PHS SMR01

Figure 41: Unscheduled bed days by geographical area

Unscheduled bed days per 100,000 over time by Residence
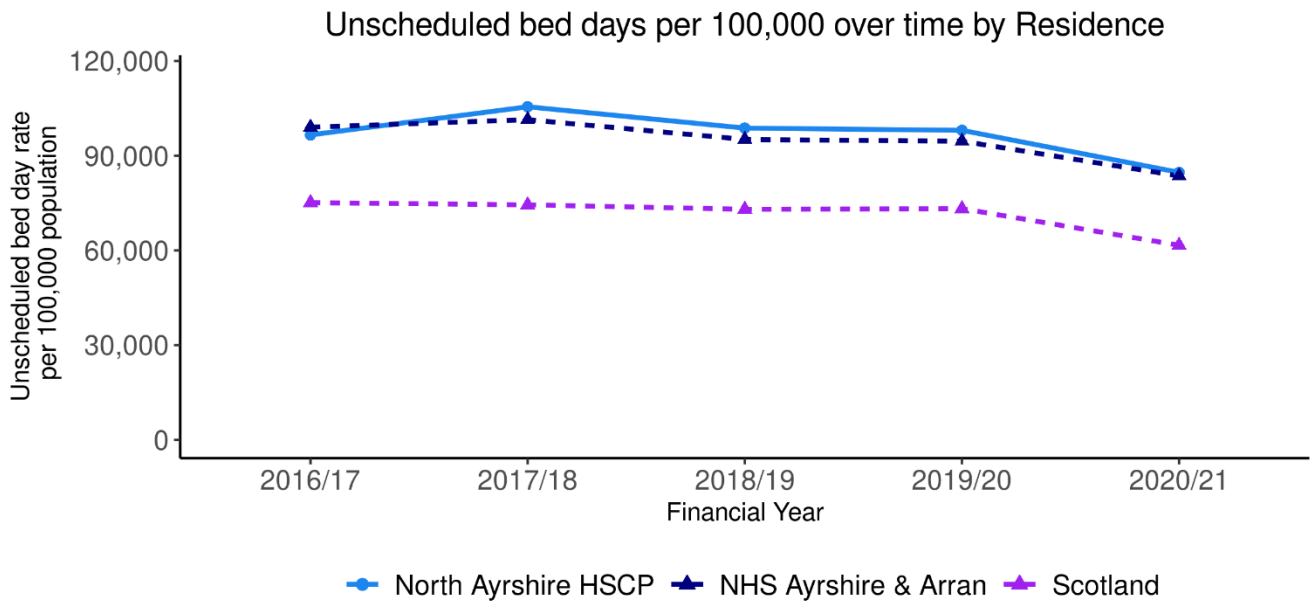
Source: PHS SMR01

The chart below is a projection of future unscheduled bed days. It is calculated by applying the historic rates of unscheduled bed days prior to Covid-19 and applying those rates to the population projections for the next five years. These are projections and do not take into account any changes to services or potential impact of Covid-19 on future unscheduled bed days.

Figure 42: Projections of unscheduled bed days for next 5 years

Projections of Unscheduled bed days per 100,000 population
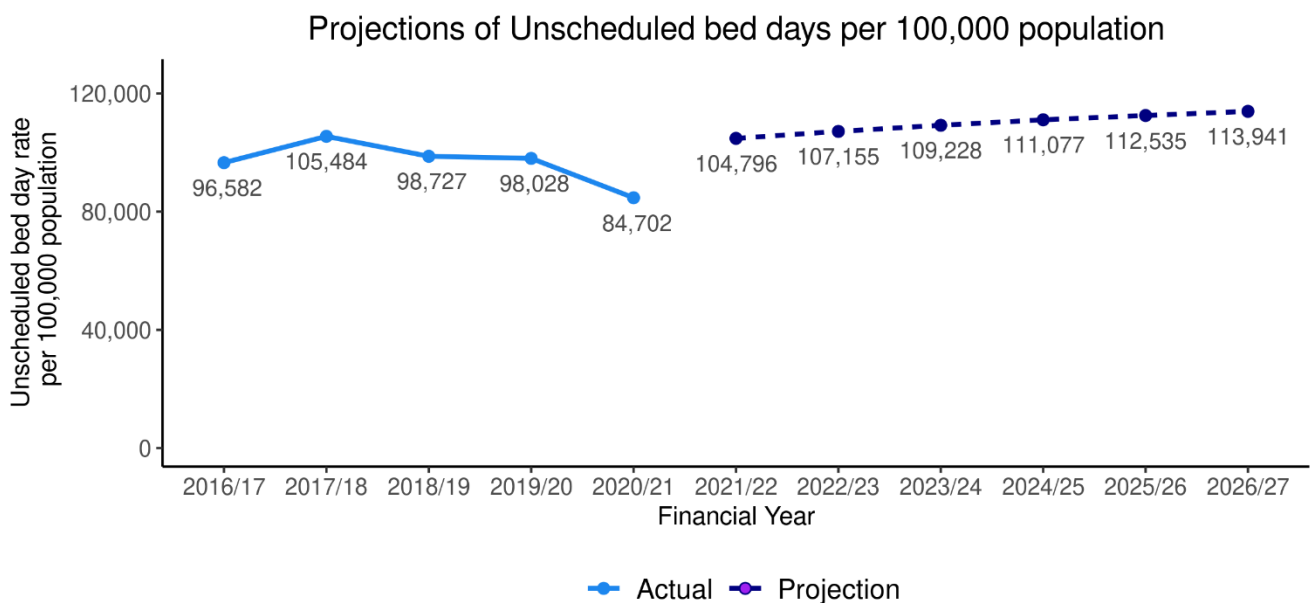
Source: PHS SMR01/NRS Population Estimates and Projections

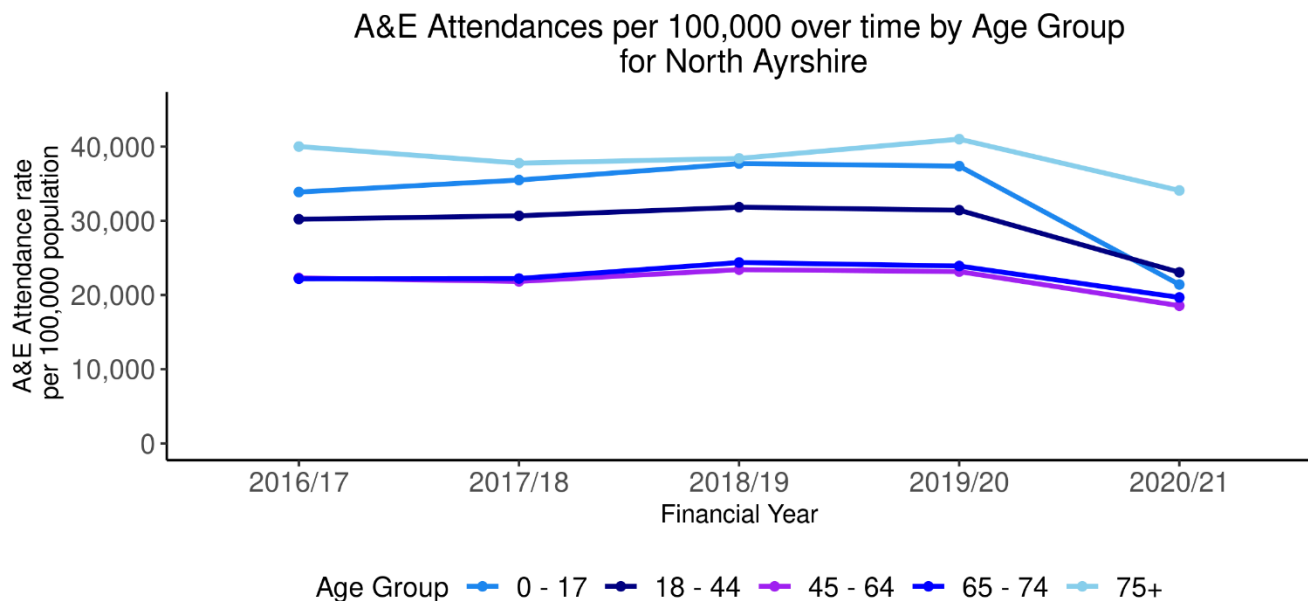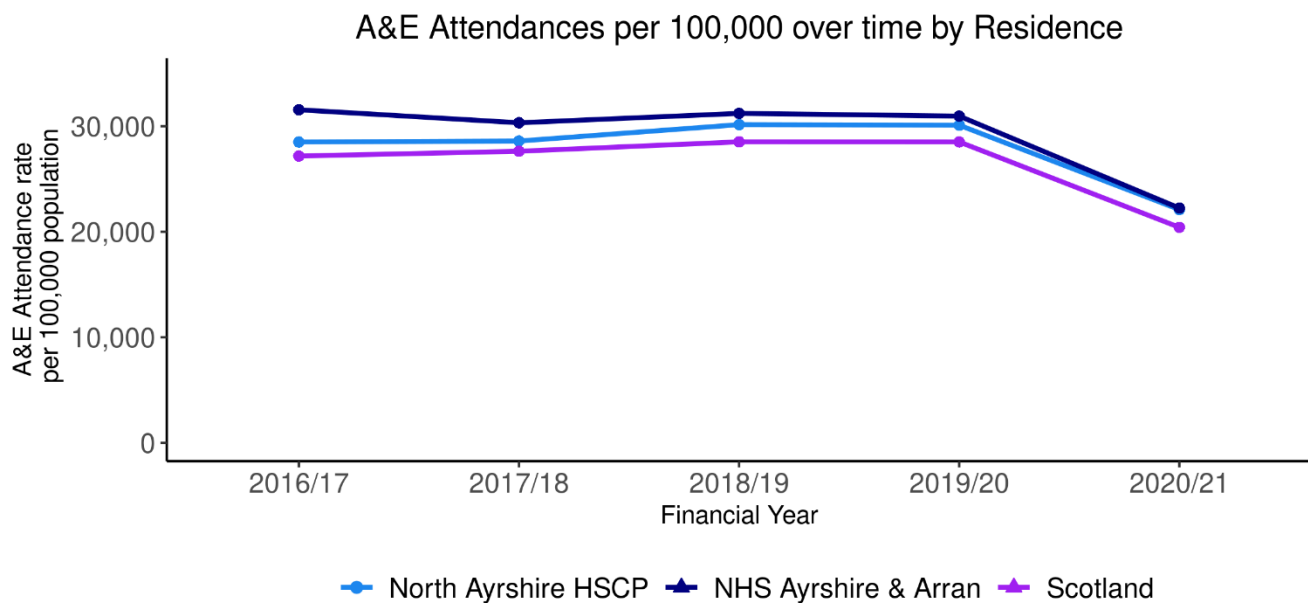# A&E Attendances

Figure 43: A&E attendances by age group

A&E Attendances per 100,000 over time by Age Group for North Ayrshire

Source: PHS A&E Datamart

Figure 44: A&E attendances by geographical area

A&E Attendances per 100,000 over time by Residence

Source: PHS A&E Datamart

The chart below is a projection of future A&E attendances. It is calculated by applying the historic rates of A&E attendances prior to Covid-19 and applying those rates to the population projections for the next five years. These are projections and do not take into account any changes to services or potential impact of Covid-19 on future A&E attendances.
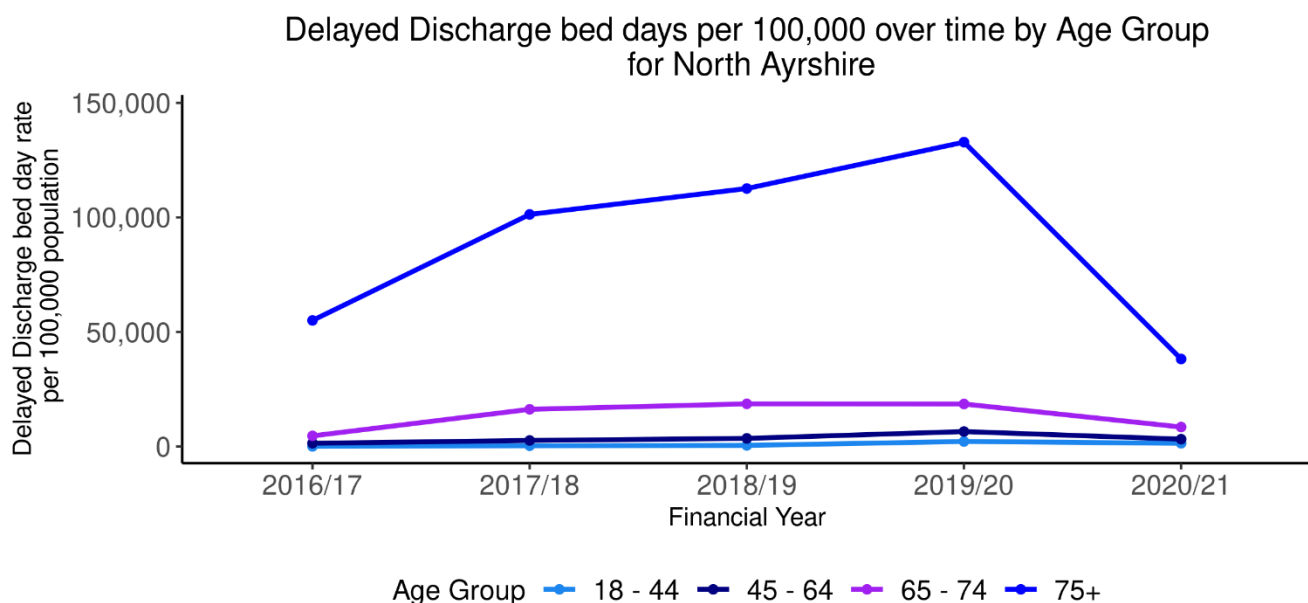
Figure 45: Projections of A&E attendances for next 5 years

Projections of A&E attendances per 100,000 population
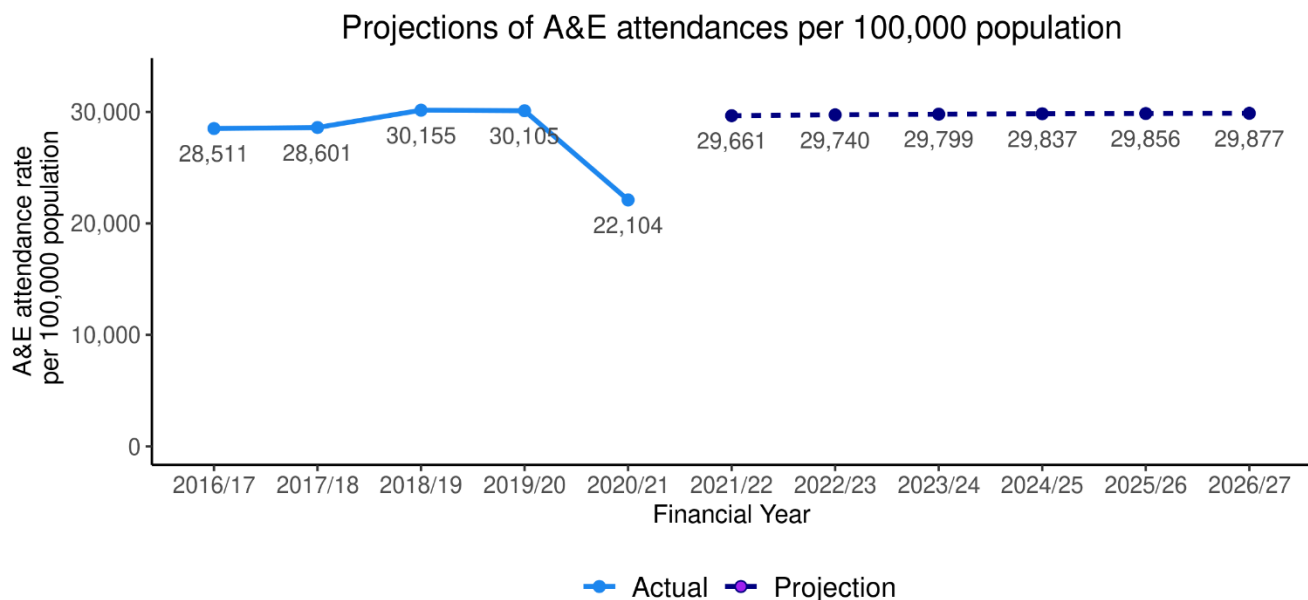
Source: PHS A&E Datamart/NRS Population Estimates and Projections

Delayed Discharges

Figure 46: Delayed discharges by age group

Delayed Discharge bed days per 100,000 over time by Age Group for North Ayrshire

Source: PHS Delayed Discharges

Figure 47: Delayed discharges by geographical area

Delayed Discharge bed days per 100,000 over time by Residence


Source: PHS Delayed Discharges
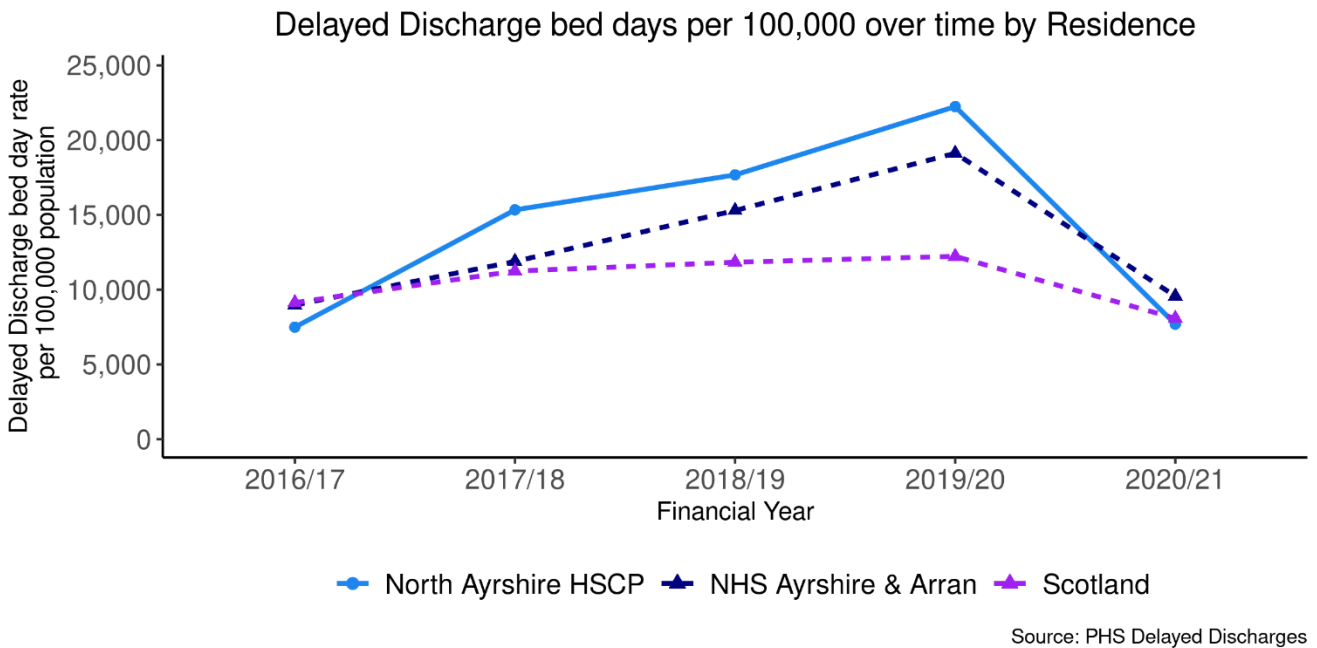
The chart below is a projection of delayed discharges. It is calculated by applying the historic rates of delayed discharges prior to Covid-19 and applying those rates to the population projections for the next five years. These are projections and do not take into account any changes to services or potential impact of Covid-19 on future delayed discharges.

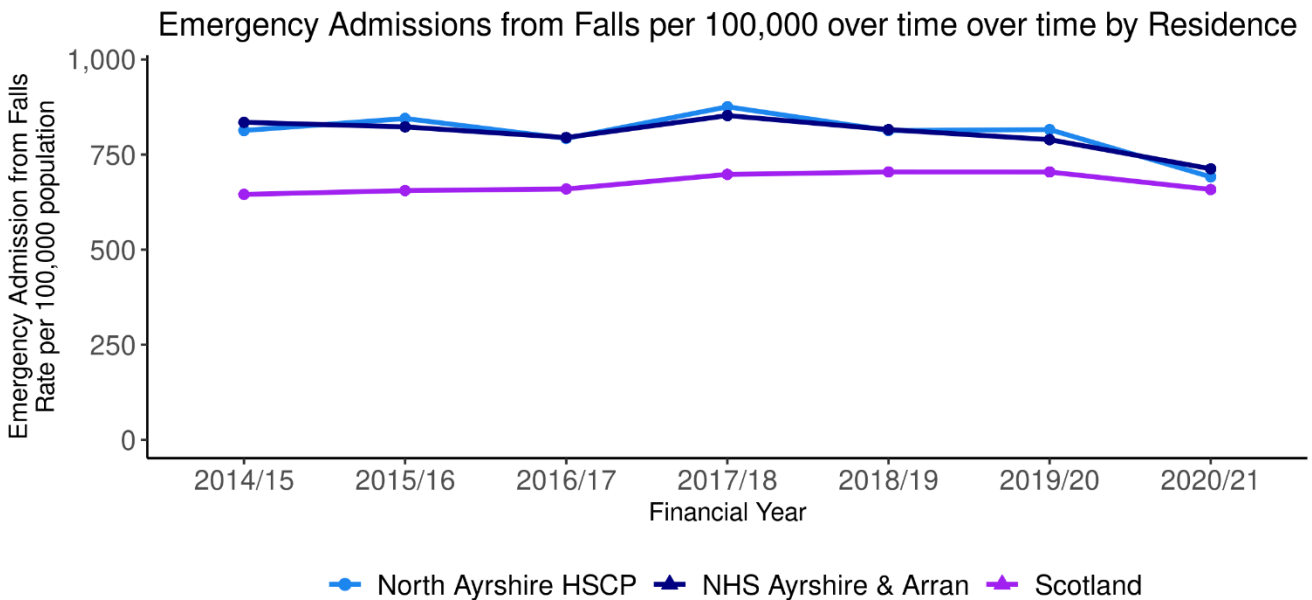## Figure 48: Projections of delayed discharges for next 5 years

Projections of delayed discharge bed days per 100,000 population

Source: PHS Delayed Discharges/NRS Population Estimates and Projections
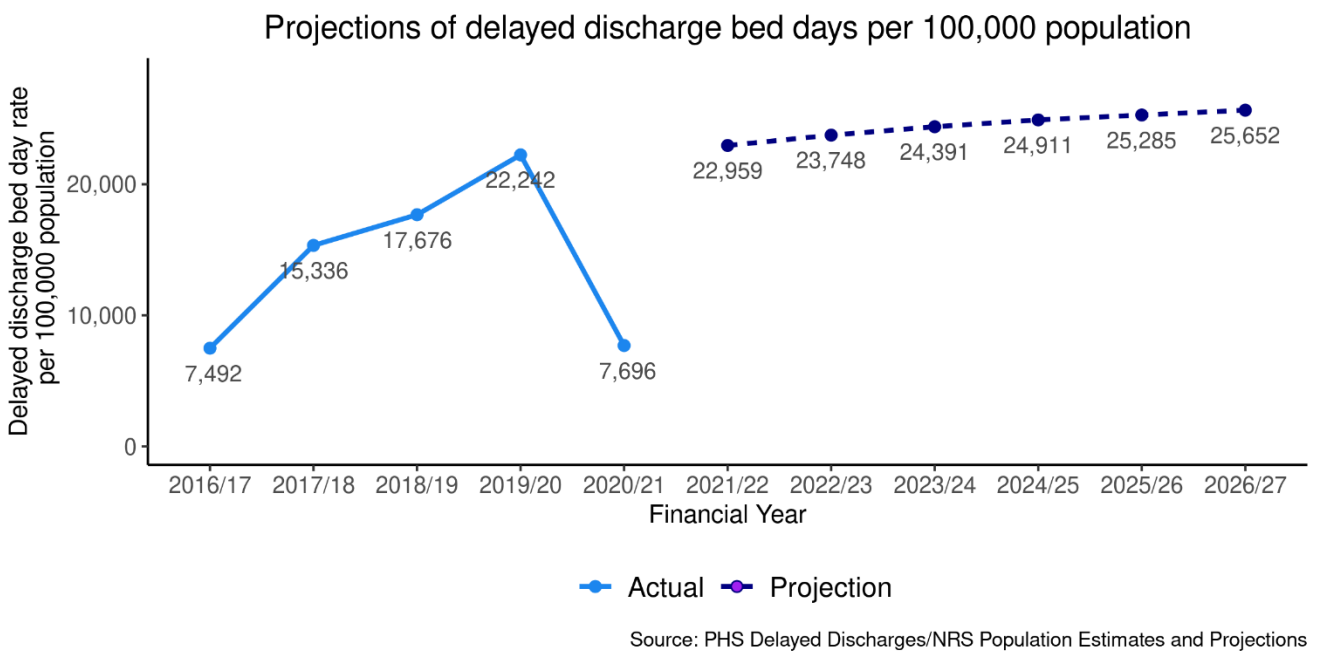
Emergency Admissions from a Fall

Figure 49: Falls by age group

Emergency Admissions from Falls per 100,000 over time by Age Group for North Ayrshire
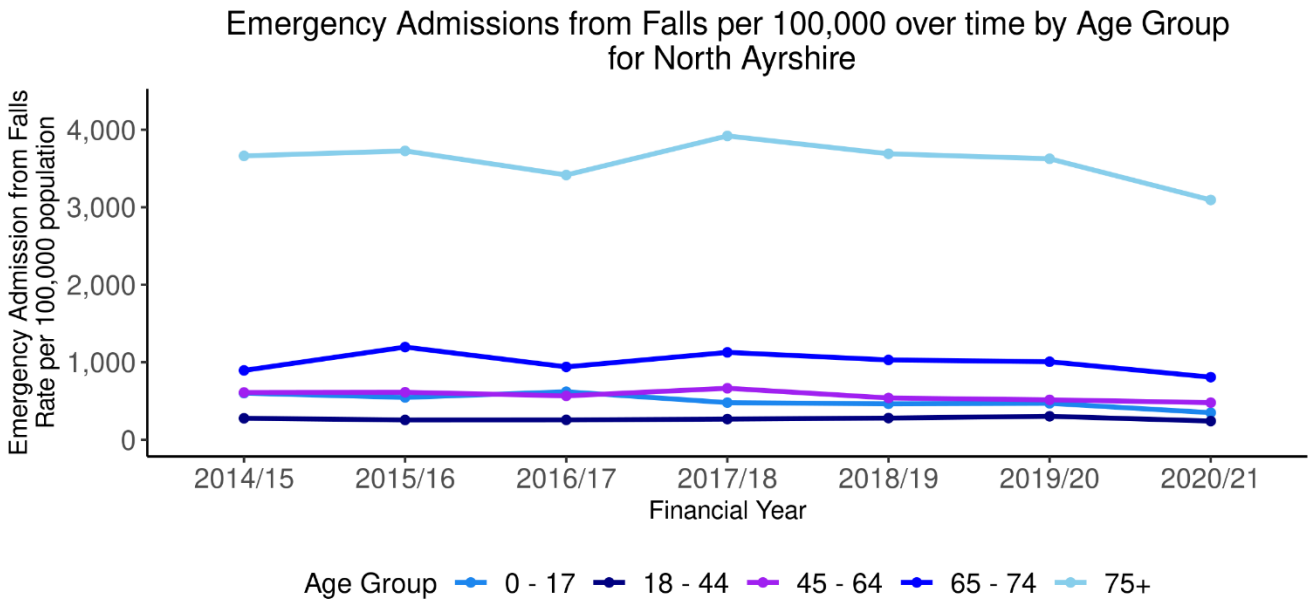
Figure 50: Falls by geographical area

Emergency Admissions from Falls per 100,000 over time over time by Residence

Emergency Readmissions (28 days)

Figure 51: Emergency readmissions by age group

Readmission rate (28 days) per 1,000 discharges by Age Group for North Ayrshire
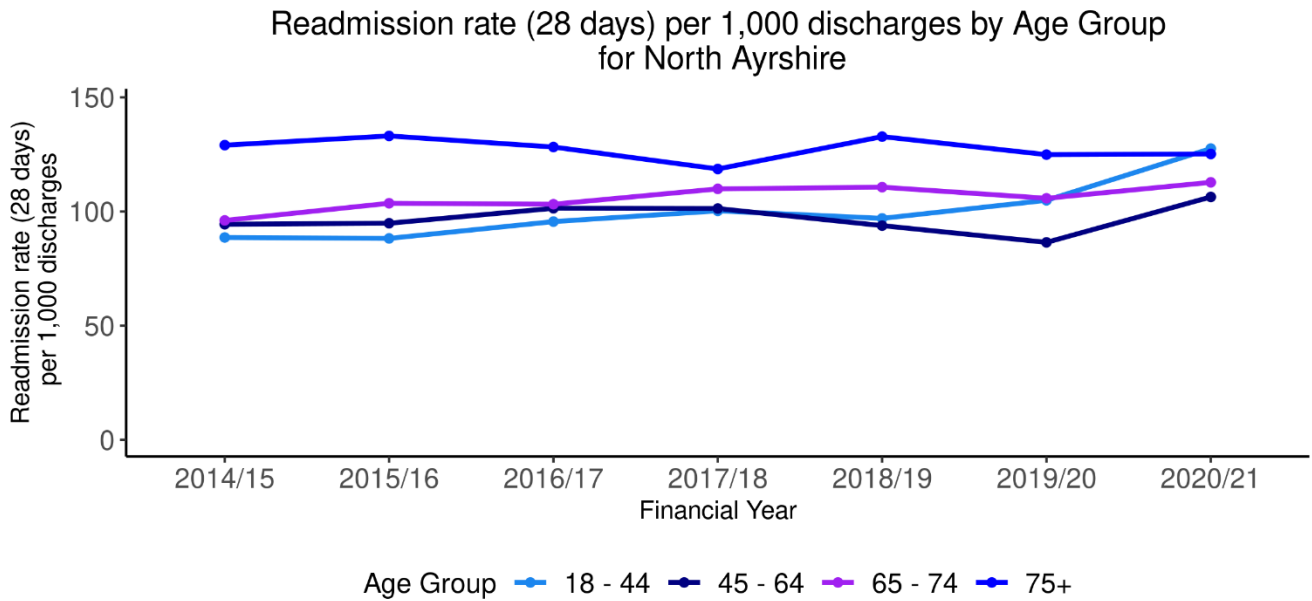
Source: PHS SMR01

Figure 52: Emergency readmissions by geographical area

Readmission rate (28 days) per 1,000 discharges over time by Residence
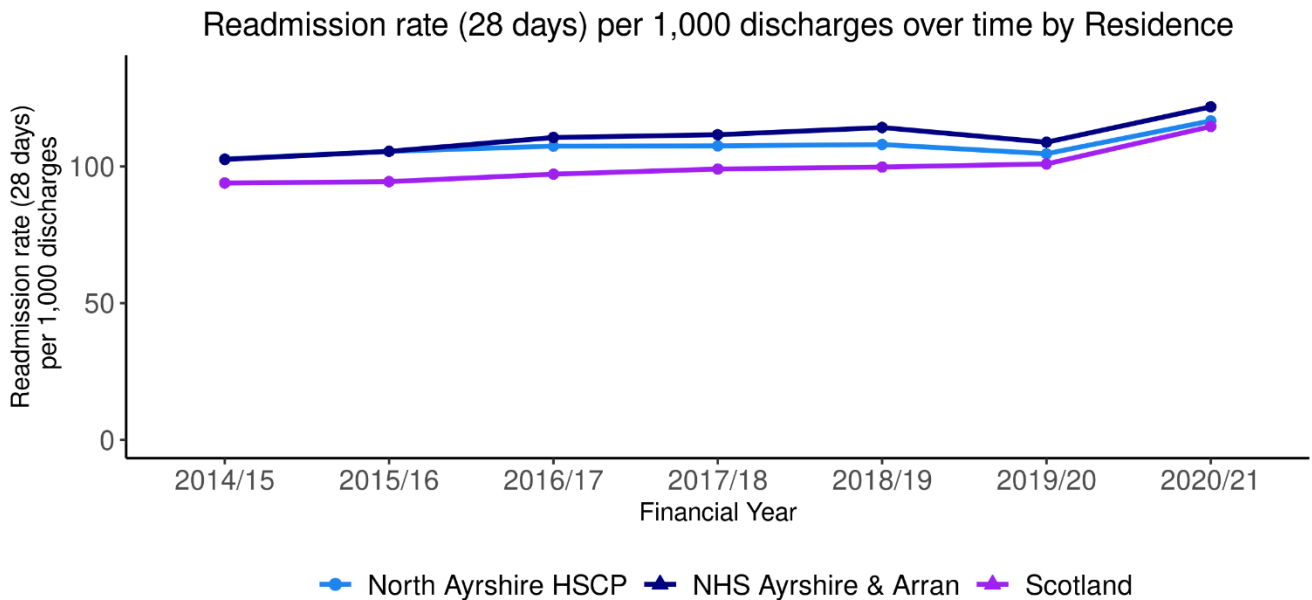
Source: PHS SMR01

Potentially Preventable Admissions (PPAs)

Information on which conditions are counted as PPAs is available in Appendix 2.
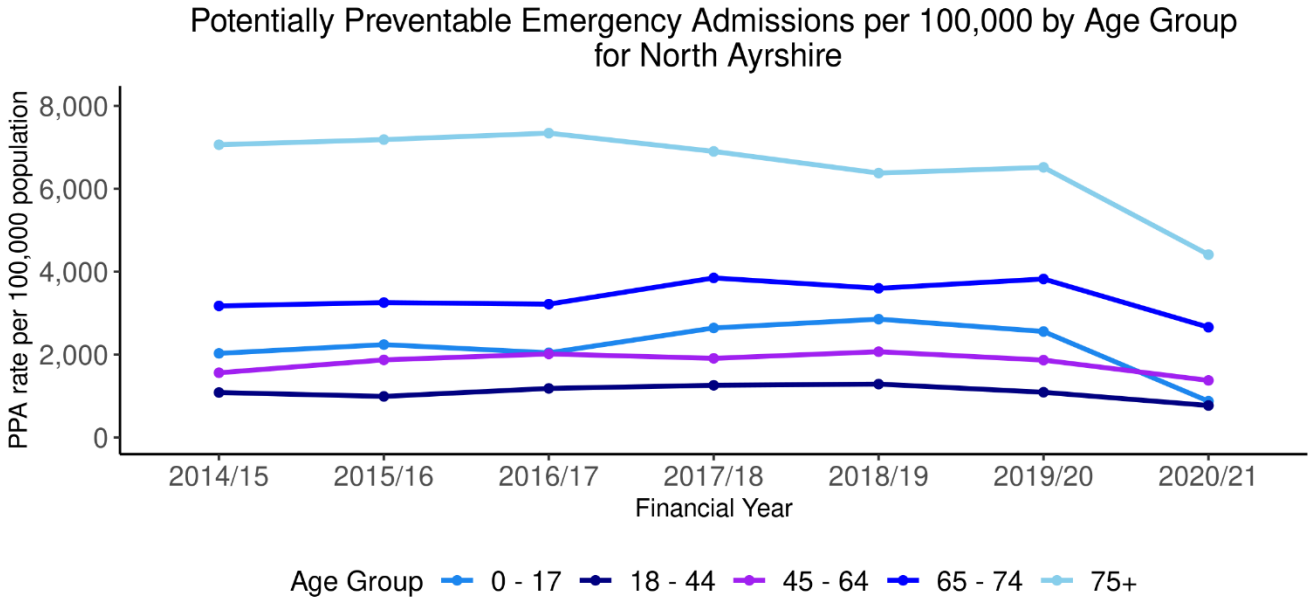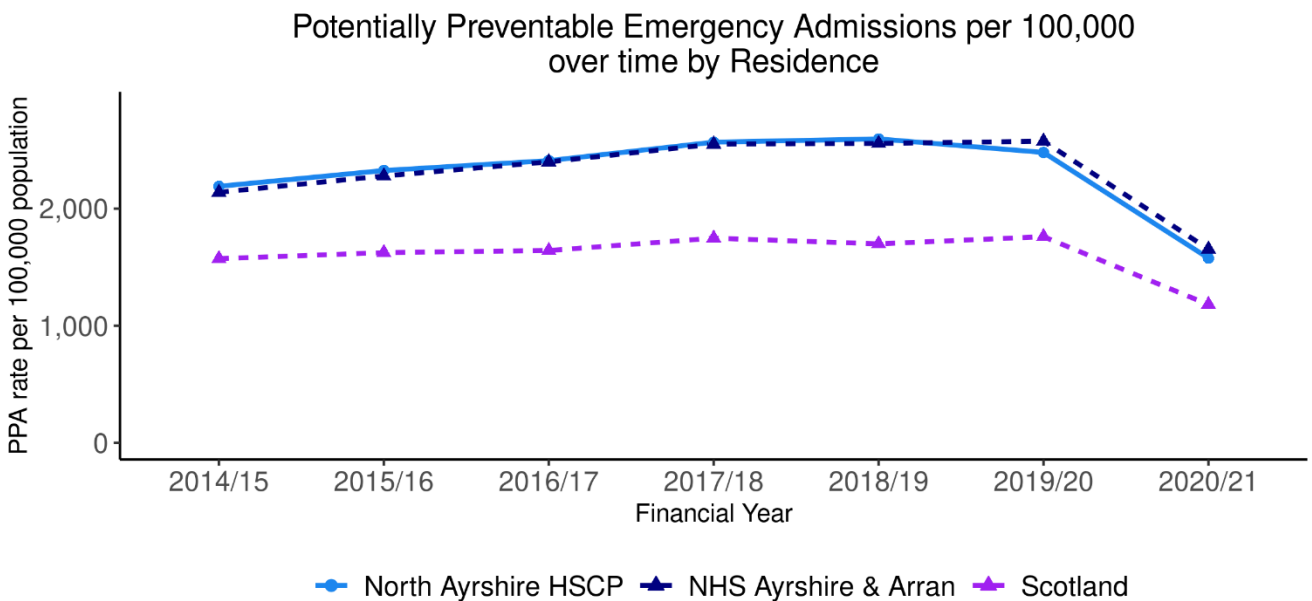
Figure 53: PPAs by age group

Potentially Preventable Emergency Admissions per 100,000 by Age Group for North Ayrshire

Source: PHS SMR01

Figure 54: PPAs by geographical area

Potentially Preventable Emergency Admissions per 100,000 over time by Residence

Source: PHS SMR01

% Last 6 months in a Community Setting

Figure 55: Last 6 months in a community setting by geographical area
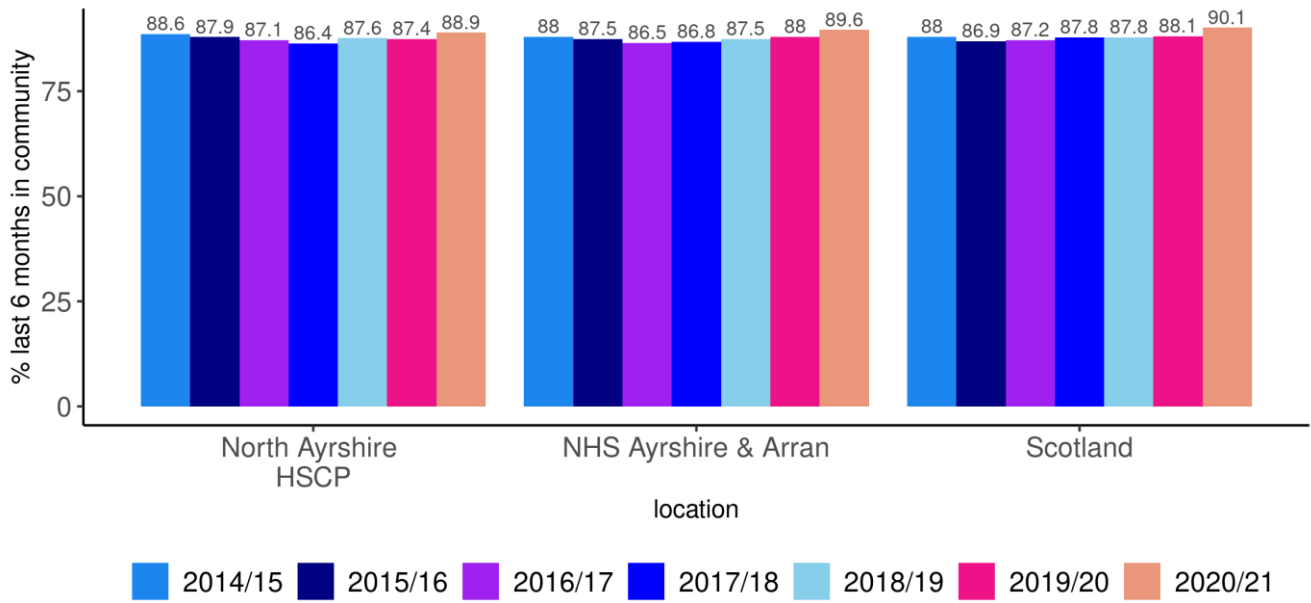
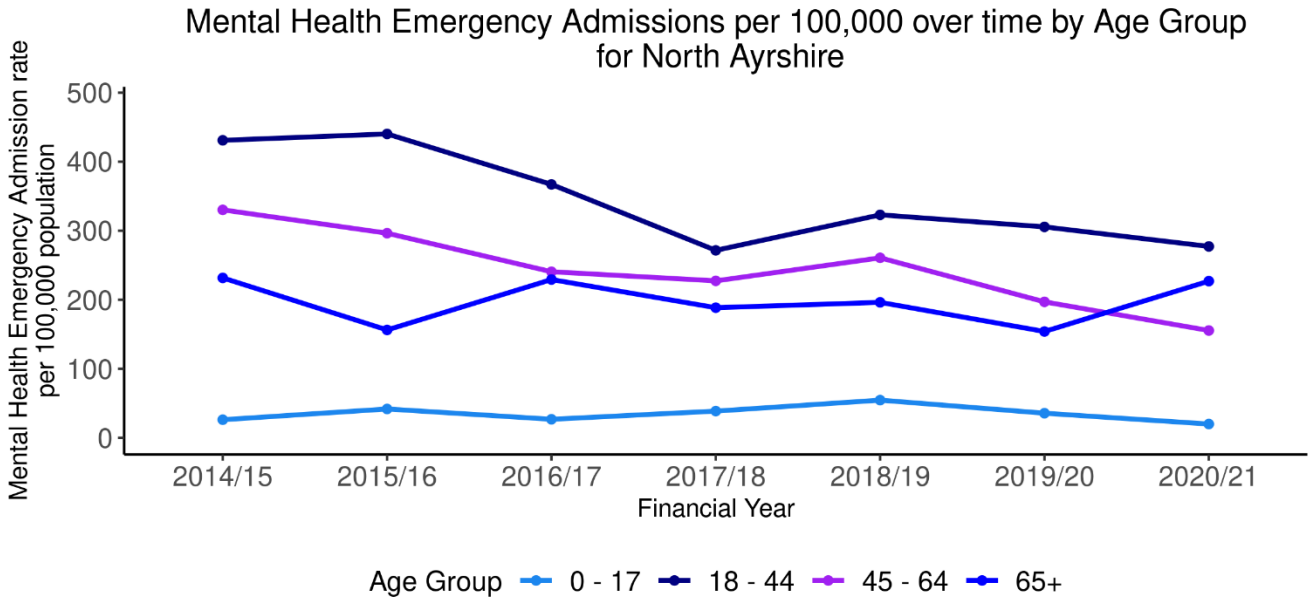# Unscheduled Care in Mental Health (MH) Hospitals

This section looks at hospital admissions to mental health specialties.

For the most recent time periods available, North Ayrshire had:

- **182** emergency mental health hospital admissions per 100,000.

- **22,736** unscheduled mental health hospital bed days per 100,000.

- **2,349** delayed discharges per 100,000.

Emergency Admissions (MH)

Figure 56: MH Emergency admissions by age group

Mental Health Emergency Admissions per 100,000 over time by Age Group for North Ayrshire

Age Group: 0 - 17, 18 - 44, 45 - 64, 65+

Figure 57: MH Emergency admissions by geographical area

Mental Health Emergency Admissions per 100,000 over time by Residence

North Ayrshire HSCP, NHS Ayrshire & Arran, Scotland
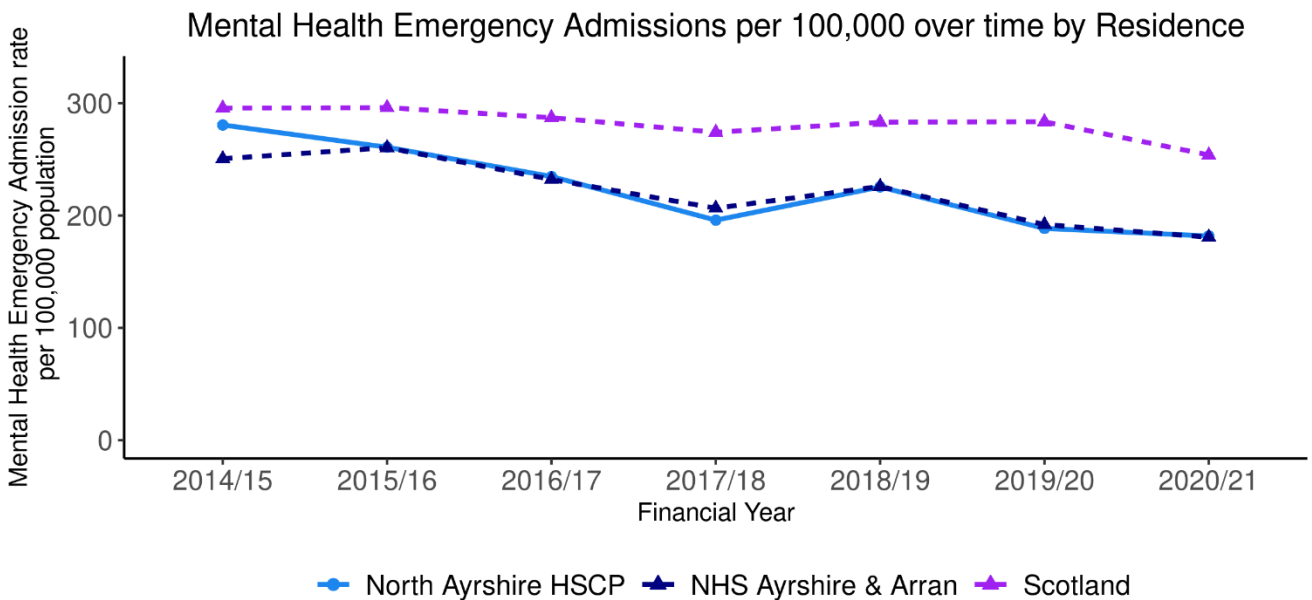
Unscheduled Bed Days (MH)

Figure 58: MH Unscheduled bed days by age group

Unscheduled bed days (MH) per 100,000 over time by Age Group for North Ayrshire
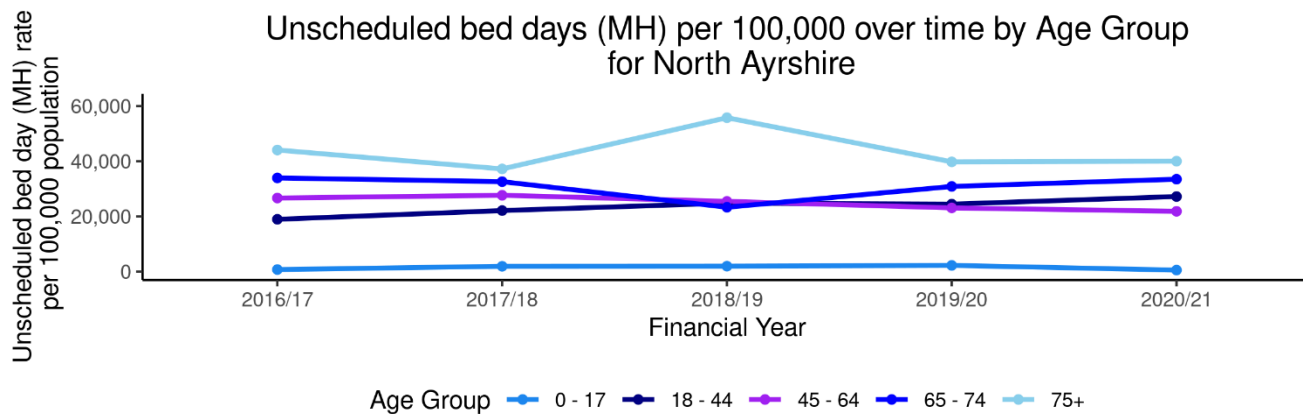
Source: PHS SMR04

Figure 59: MH Unscheduled bed days by geographical area

Unscheduled bed days (MH) per 100,000 over time by Residence
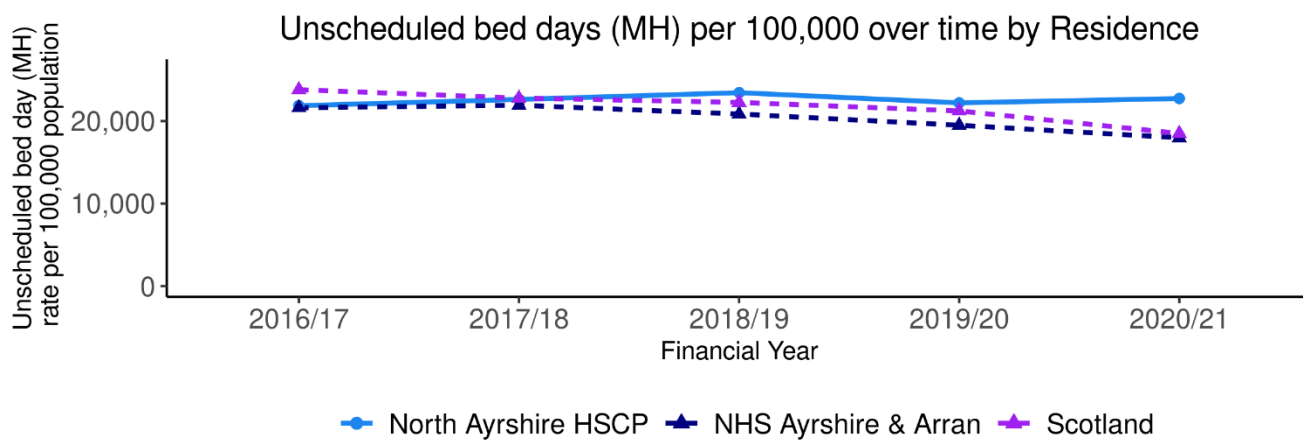
Source: PHS SMR04

Delayed Discharges (MH)

Figure 60: MH Delayed discharges by geographical area

Mental Health Delayed Discharge bed days per 100,000 over time by Residence

Legend: North Ayrshire HSCP — NHS Ayrshire & Arran — Scotland
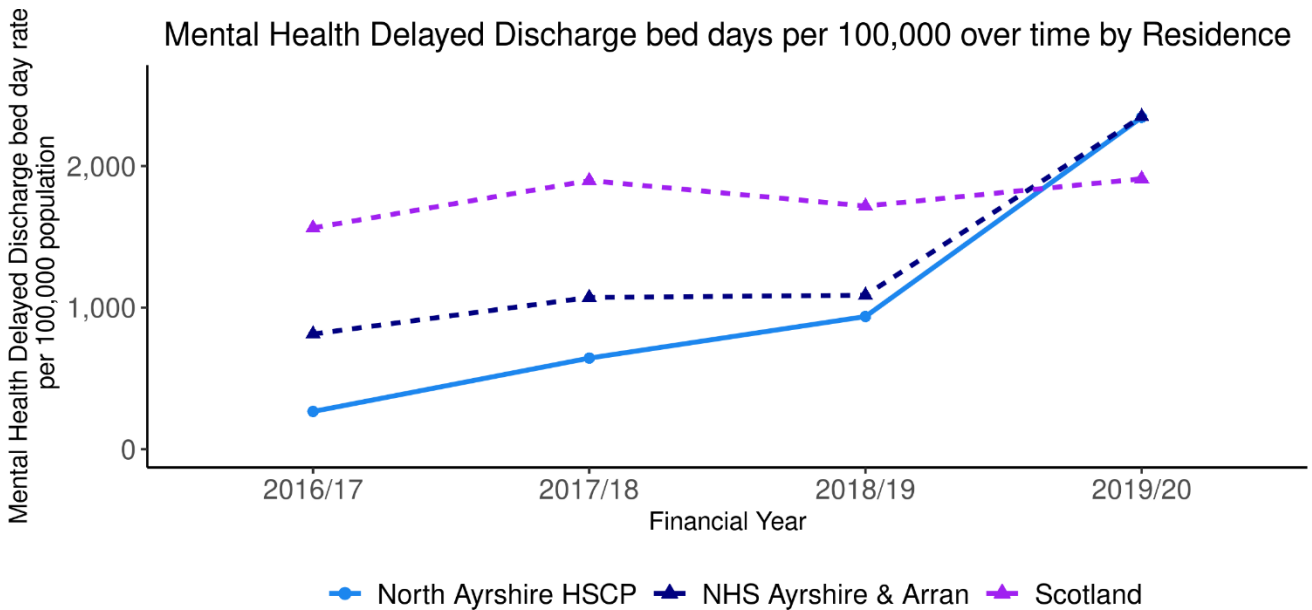
Source: PHS Delayed Discharges

The chart below is a projection of mental health emergency admissions. It is calculated by applying the historic rates of emergency admissions prior to Covid-19 and applying those rates to the population projections for the next five years. These are projections and do not take into account any changes to services or potential impact of Covid-19 on future emergency admissions.

Figure 61: Projections of mental health emergency admissions for next 5 years

Projections of MH emergency admissions per 100,000 population

Legend: Actual — Projection
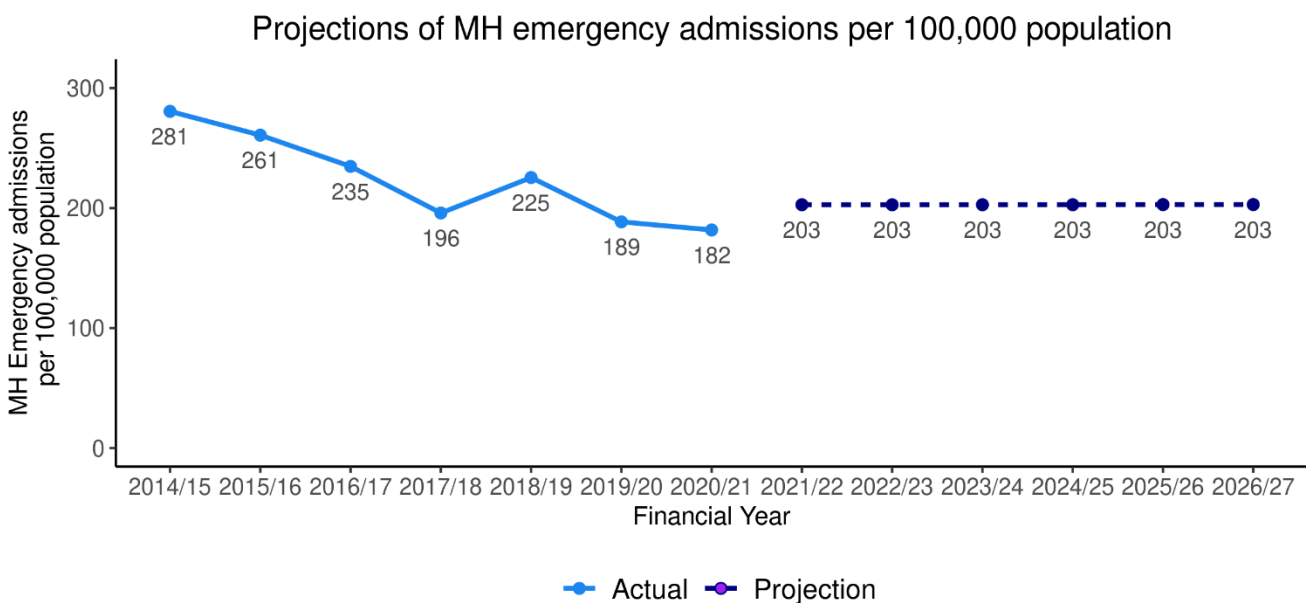
Source: PHS SMR04/NRS Population Estimates and Projections

The chart below is a projection of mental health unscheduled bed days. It is calculated by applying the historic rates of unscheduled bed days prior to Covid-19 and applying those rates to the population projections for the next five years. These are projections and do not take into account any changes to services or potential impact of Covid-19 on future unscheduled bed days.

Figure 62: Projections of mental health unscheduled bed days for next 5 years

Projections of MH unscheduled bed days per 100,000 population
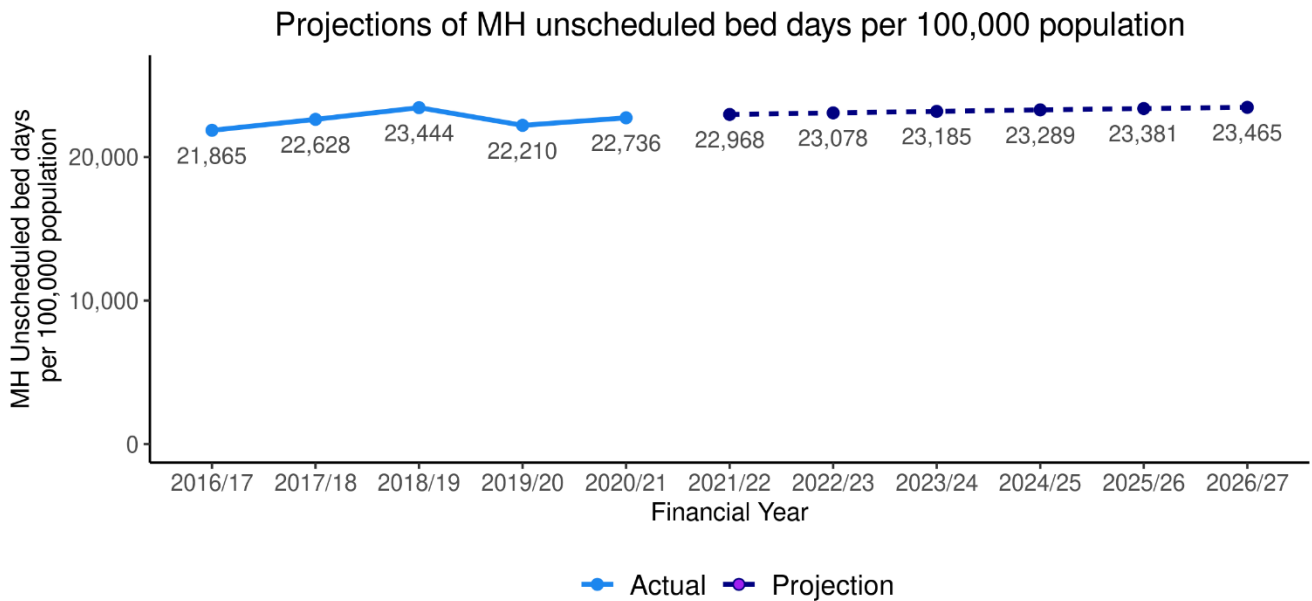
Source: PHS SMR04/NRS Population Estimates and Projections

Children and Young People

For the most recent time periods available, North Ayrshire had:

18% of Mothers exclusively breastfeeding at 6-8 week review.

21% of Mothers smoking during first antenatal booking appointment.

36% of Teenage Pregnancies in Under 20s

a **97%** uptake of 6 in 1 Immunisation for the eligible population.

a 94% uptake of 24 months MMR Immunisation for the eligible population

72% of Primary 1 Children with no dental caries

**73%** of Primary 1 children with healthy weight

6.1 (rate per 1000) Children on the protection register

23 (rate per 1000) Children looked after by local authority
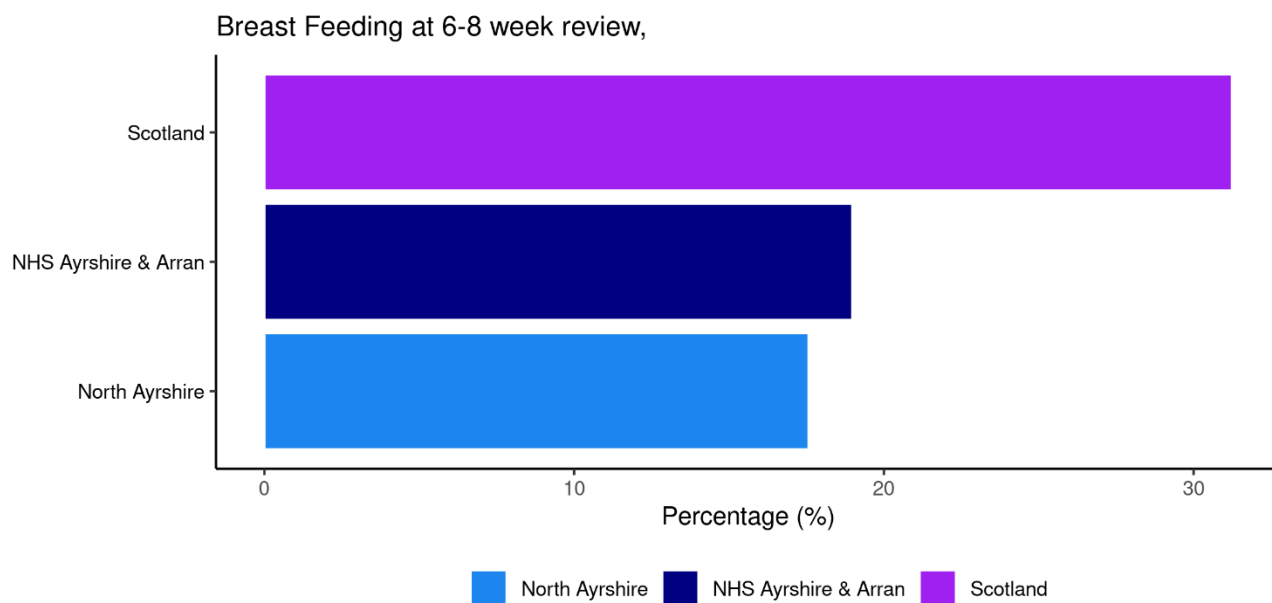
Maternity Breastfeeding

A time trend from 2010/11 is shown in Figure 63 comparing North Ayrshire with Scotland and NHS Ayrshire & Arran. In the latest time period available from 2017/18-2019/20 (3-year financial aggregate), the percentage of babies exclusively breastfed at 6-8 weeks in North Ayrshire was 18% which was 13% below the percentage observed across the whole of Scotland (31%).

Figure 63: Percentage of babies exclusively breastfed at 6-8 weeks by geographical area.
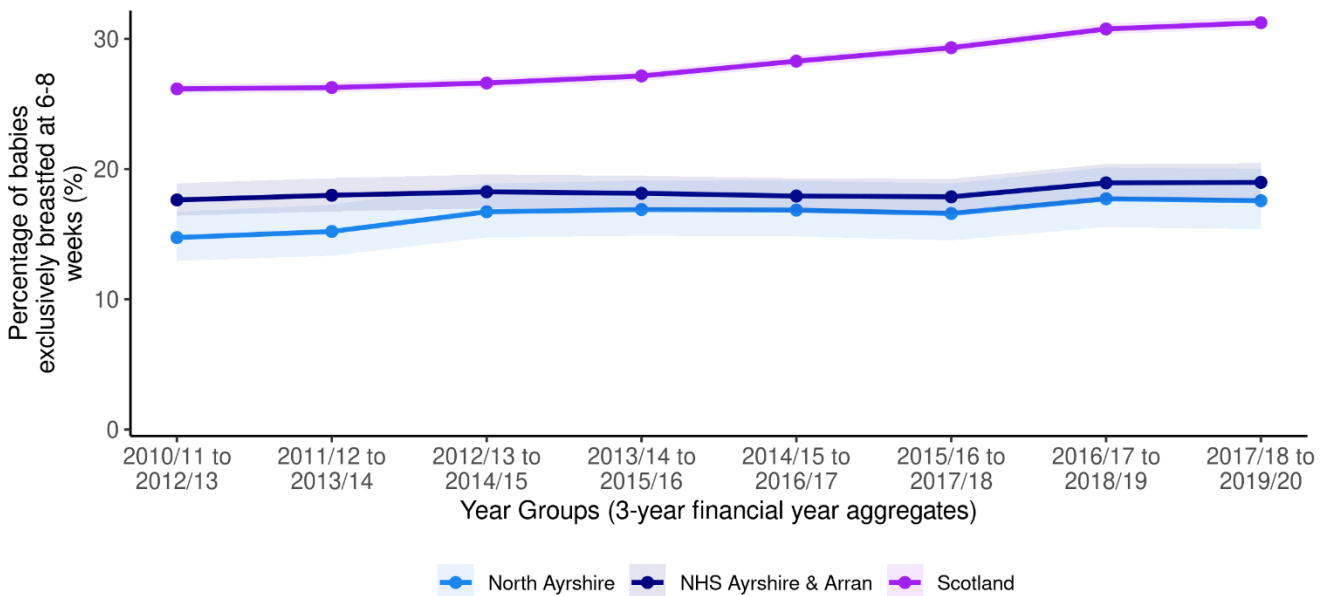
Source: ScotPHO

Figure 64: Percentage of babies exclusively breastfed at 6-8 week review by Locality (2017/18-2019/20)

Breast Feeding at 6-8 week review,

Source: ScotPHO

The percentage of babies exclusively breastfed at 6-8 weeks is currently lower in North Ayrshire than compared to other Scotland and NHS Ayrshire and Arran.

Maternal Smoking

In the latest time period available from 2017/18-2019/20 (3 financial year aggregate), the percentage of women smoking during pregnancy in North Ayrshire was 21%, which was 6% higher than that observed across the whole of Scotland. A time trend from 2011/12-2013/14 is shown below in Figure 65.

Figure 65: Percentage of women smoking during pregnancy by geographical area
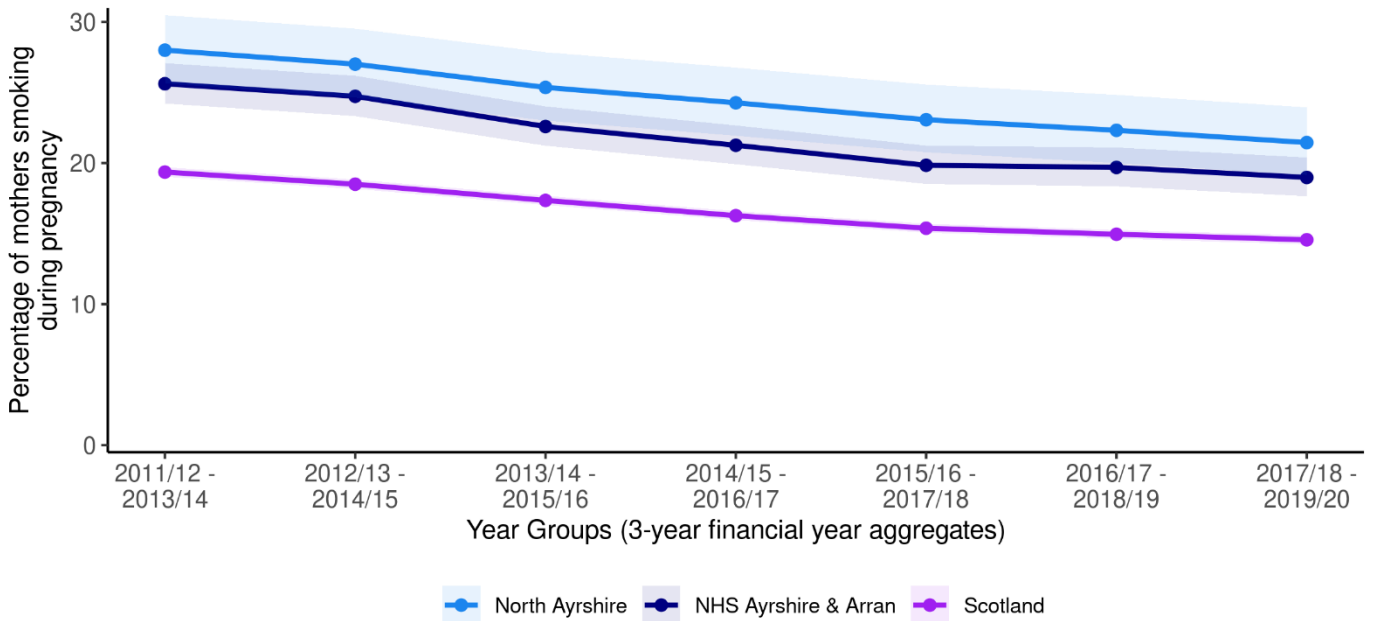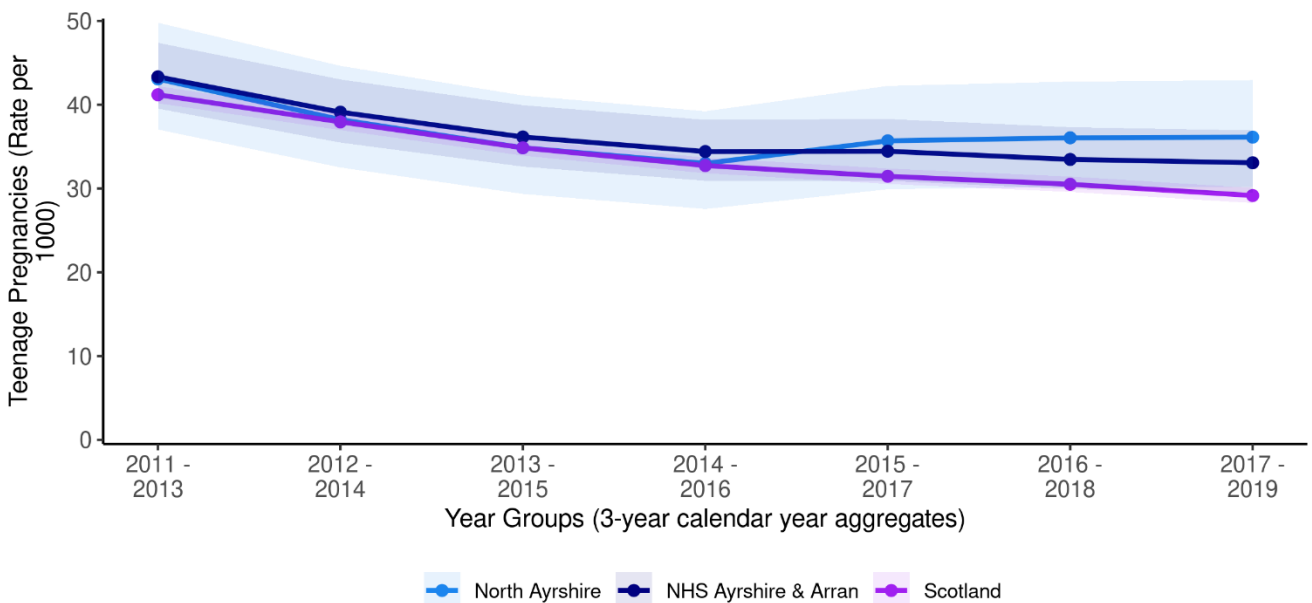

Source: ScotPHO

Teenage Pregnancies

A comparison of areas at the most recent time period (2017-2019 aggregated calendar years) is shown below in Figure 66. North Ayrshire had a higher percentage of teenage pregnancies (36%) in comparison to NHS Ayrshire & Arran (33%) and Scotland (29%).

Figure 66: Percentage of Teenage Pregnancies by geographical area

Source: ScotPHO

6 in 1 Immunisation

A trend of the percentage uptake of 6 in 1 Immunisation among the eligible population is shown below for North Ayrshire compared with Scotland and NHS Ayrshire & Arran, where data is suppressed into 3 year aggregates. The 2018 – 2020 uptake rate for North was 97%.

Figure 67: Percentage uptake of 6 in 1 Immunisation by geographical area
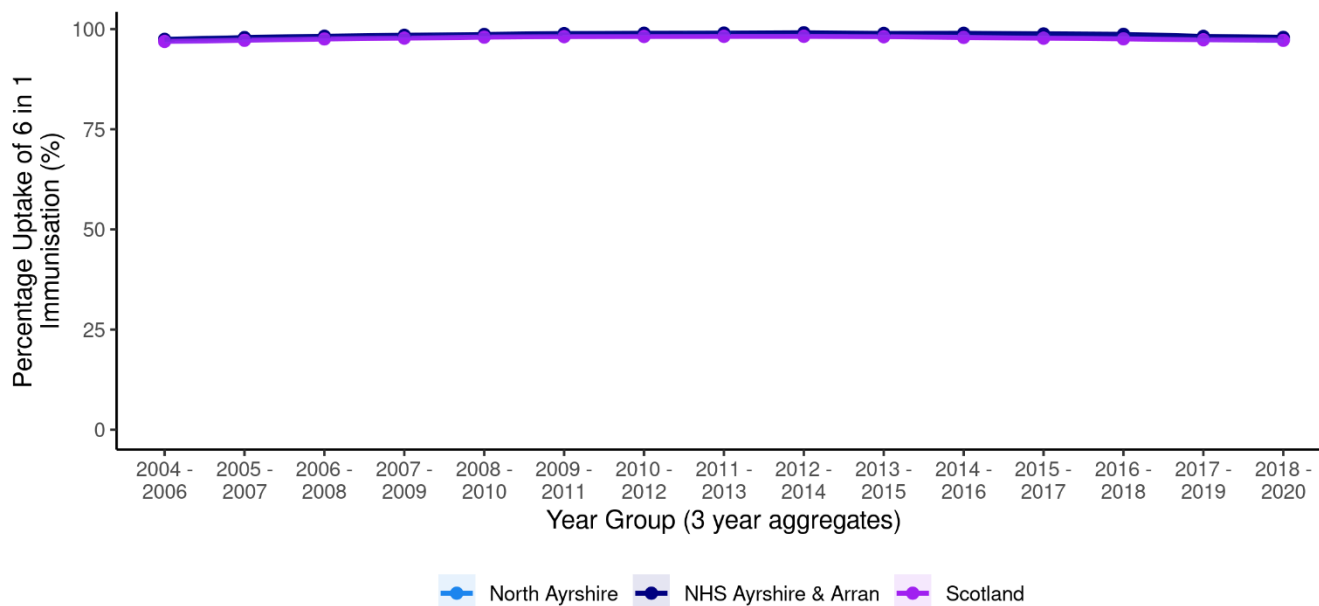

Source: ScotPHO

24 Months MMR Immunisation

A trend of the percentage uptake of 6 in 1 Immunisation among the eligible population is shown below for North Ayrshire compared with Scotland and NHS Ayrshire & Arran, where data is suppressed into 3 year aggregates. The 2018 – 2020 uptake rate for North Ayrshire is 94%, which is level with the rate across the whole of Scotland.

Figure 68: Percentage uptake of 24 months MMR Immunisation by geographical area
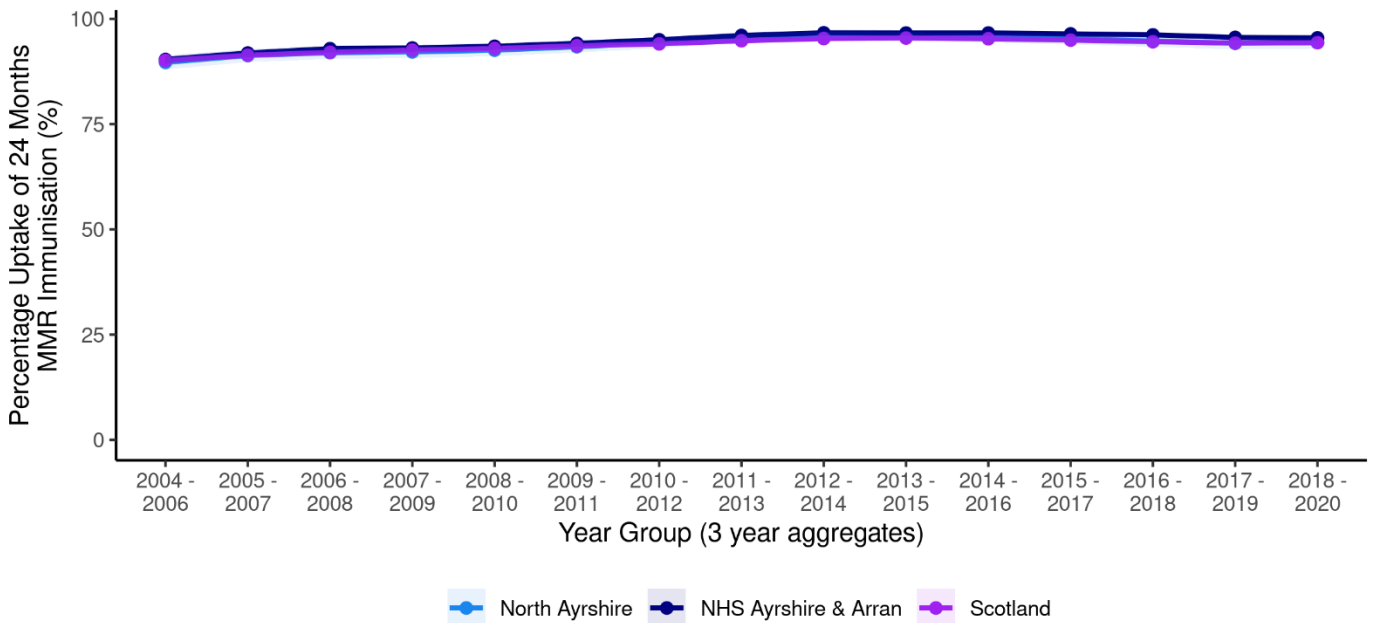
Dental Caries

In the latest time period available for North Ayrshire (2018/19, 3 financial year aggregate), the percentage of Primary 1 children with no obvious dental caries was 72%. In 2019/20, NHS Ayrshire & Arran had a lower percentage of Primary 1 children with no obvious dental caries at 70%, in comparison to the whole of Scotland (72%). A time trend from 2011/12-2013/14 is shown below in Figure 69.

Figure 69: Percentage of Primary 1 children with no obvious dental caries by geographical area
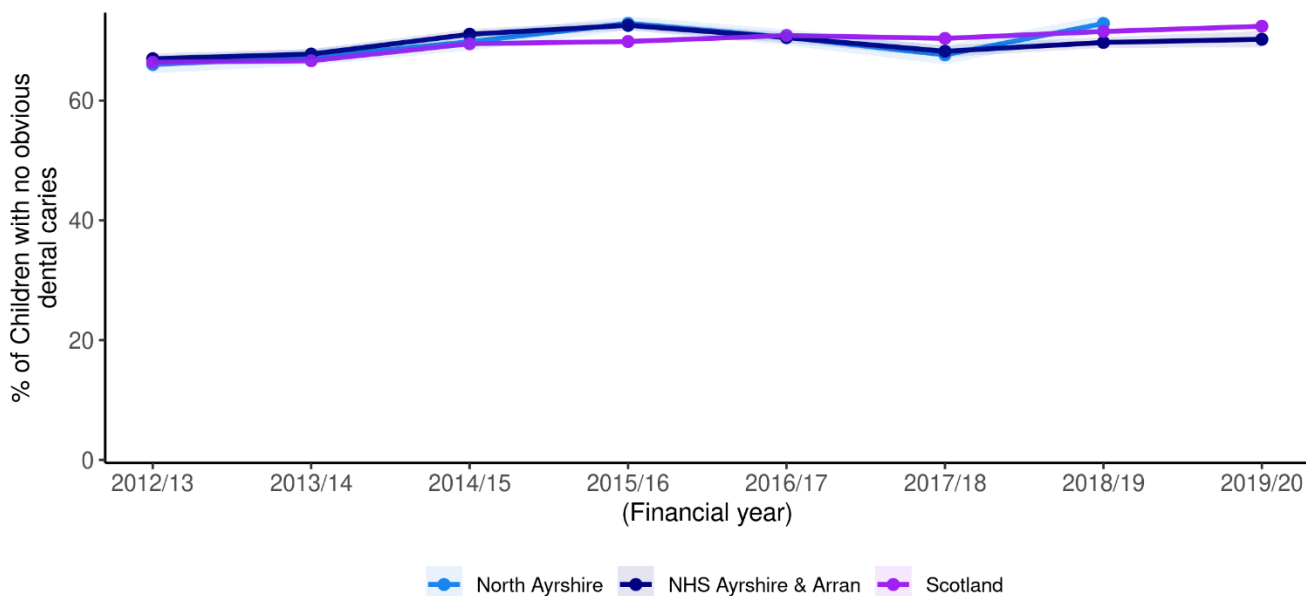
Source: ScotPHO

Healthy Weight

A trend of the percentage of Primary1 children with a healthy weight is shown below for North Ayrshire compared with Scotland and NHS Ayrshire & Arran. The 2019/20 percentage of children with a healthy weight in North Ayrshire was 73%, which was lower than both NHS Ayrshire & Arran (77%) and the whole of Scotland (76%).

Figure 70: Percentage of Primary 1 children with healthy weight by geographical area
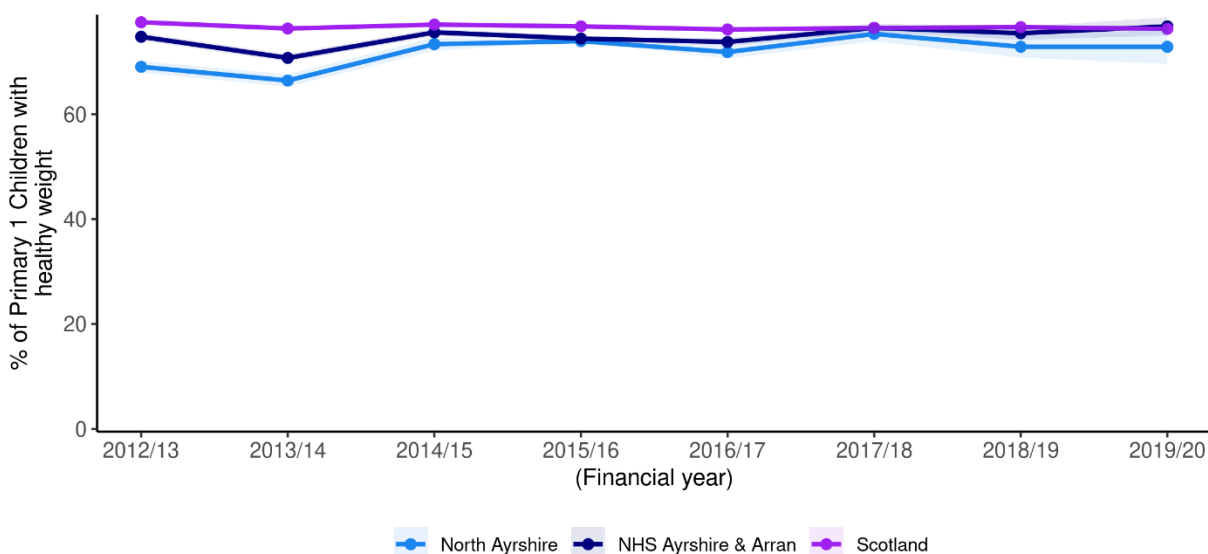
Source: ScotPHO

Child Protection Register

A trend of the number of children aged between 0 and 15 on the child protection register is shown below for North Ayrshire compared with Scotland and NHS Ayrshire & Arran. The number of children on the protection register in North Ayrshire increased by 57% over a 7-year period from 2013 to 2020. The 2020 figure for North Ayrshire was 6.1 (rate per 1000), which was more than double the rate observed across the whole of Scotland.

Figure 71: Children on the child protection register
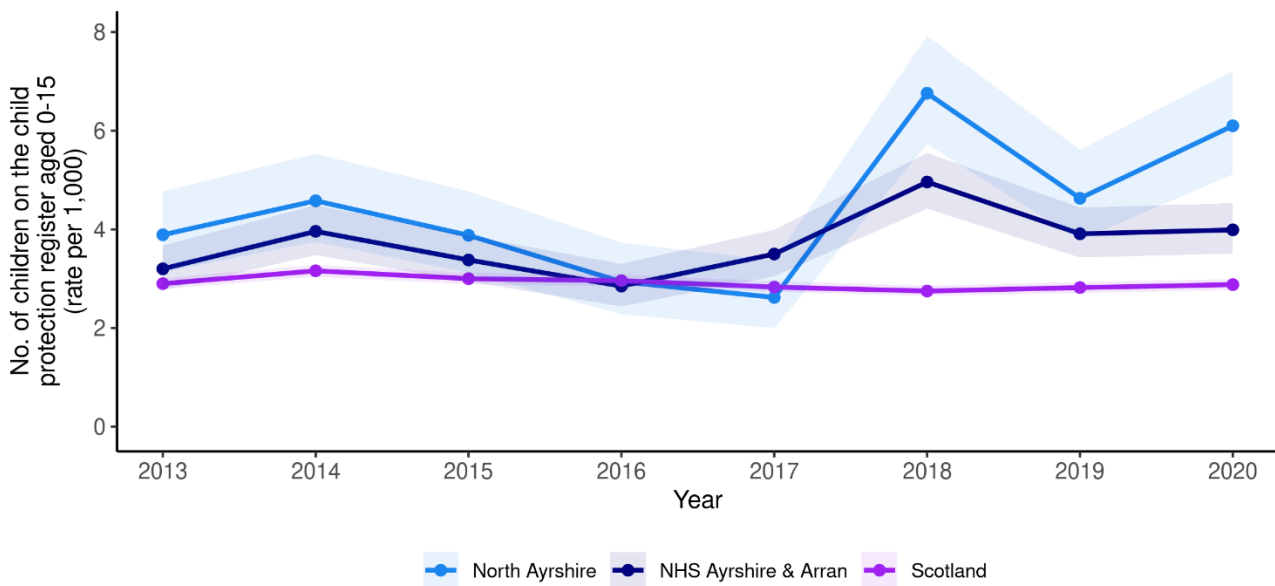
Source: ScotPHO

Looked after by Local Authority

A trend of the number of children aged 0-17 looked after by Local Authority is shown below in Figure 72 for North Ayrshire compared with Scotland and NHS Ayrshire & Arran. The number of children that were looked after in 2020 for North Ayrshire was 23 (rate per 1000), which was 64% higher than rates observed across the whole of Scotland.

Figure 72: Children looked after by Local Authority
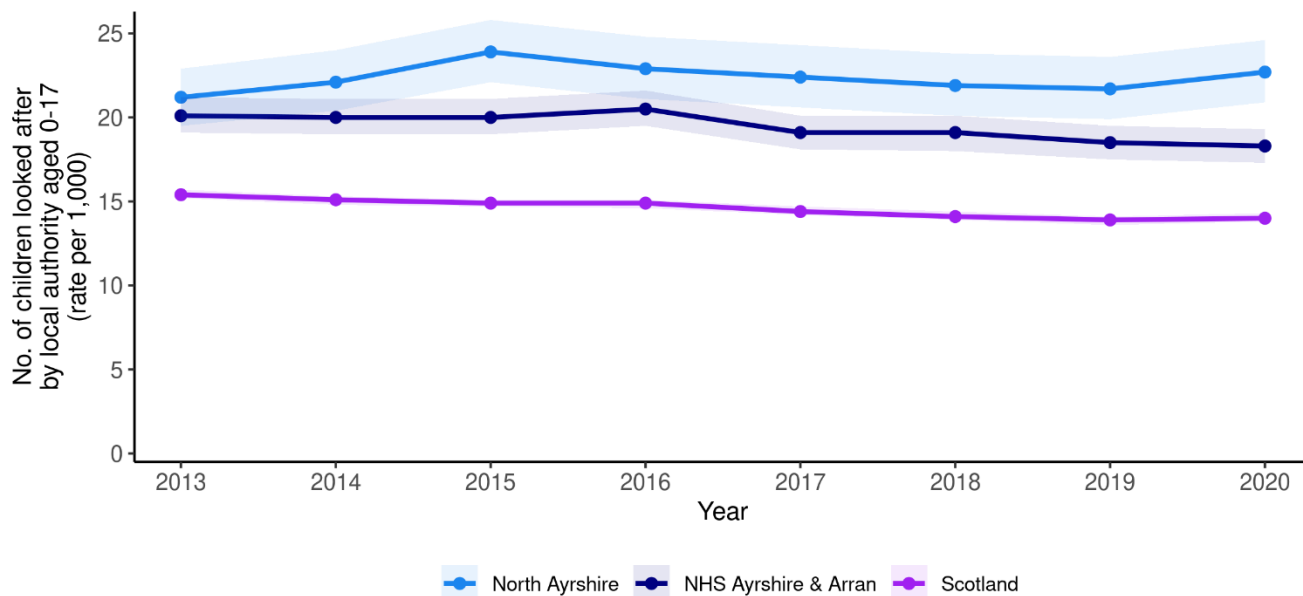
Source: ScotPHO

Crime and Fires

In 2020/21, the crime rate in North Ayrshire was 49.7 per 1,000 population. The chart below compares the rate by geography.

Figure 73: Crime Rate per 1,000 population (excludes miscellaneous offences and motor vehicle offences), 2020/21
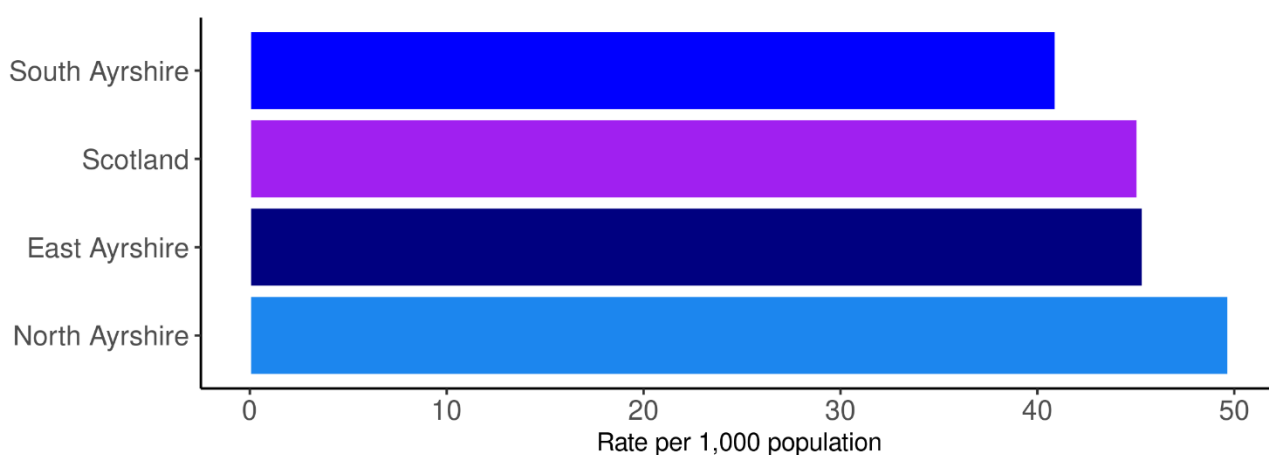
Source: Recorded Crime in Scotland

In 2020/21, the rate of non-accidental fires in North Ayrshire was 359 per 100,000 population. The chart below compares the rate by geography.

Figure 74: Non-accidental fires per 100,000 population, 2020/21
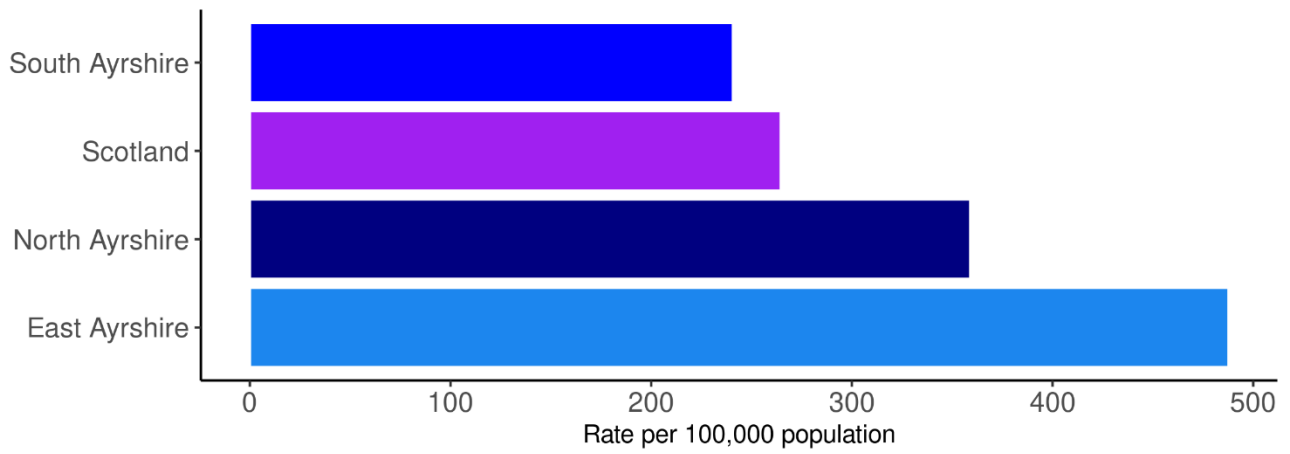
Source: Scottish Fire and Rescue Service

Environment

Figure 75: Total CO2 Emissions by HSCP

A time trend of the total CO2 emissions from 2005 to 2019 for North Ayrshire, East Ayrshire and South Ayrshire is shown below in Figure 75. The latest figure for North Ayrshire in 2019 was 834.9 (kT), which was higher than emissions observed for East (505.2 kT) and South Ayrshire (502.2 kT). The total CO2 emissions from North Ayrshire decreased by 42.5% over a 14-year period. **Note: (kT = 1,000 tons)**

Total CO2 Emissions by HSCP
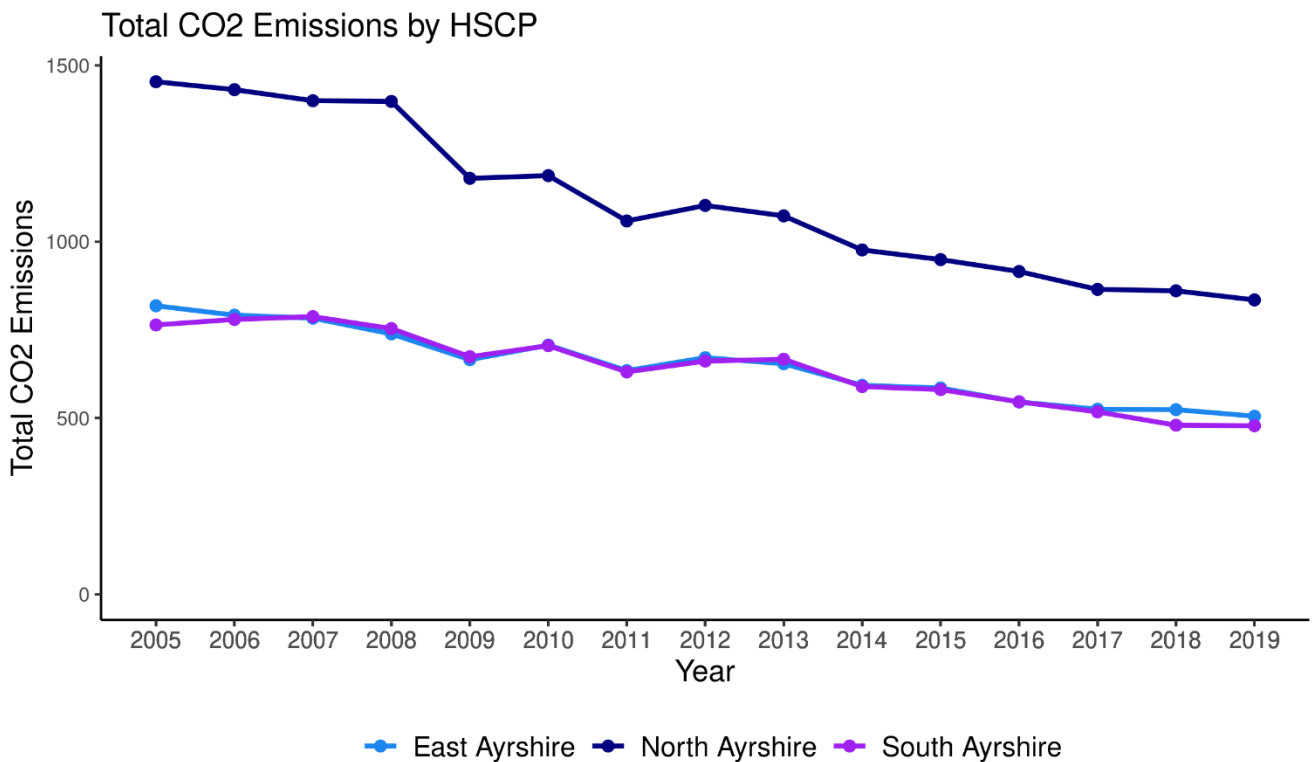
Source: GOV.UK Statistics

Figure 76: Total CO2 Emissions by Source

In 2019, the highest source of CO2 emissions in North Ayrshire was from industry sources (329.5 kT) whilst the lowest was from public sector (23.1 kT).

Total CO2 Emissions by Source (2019)
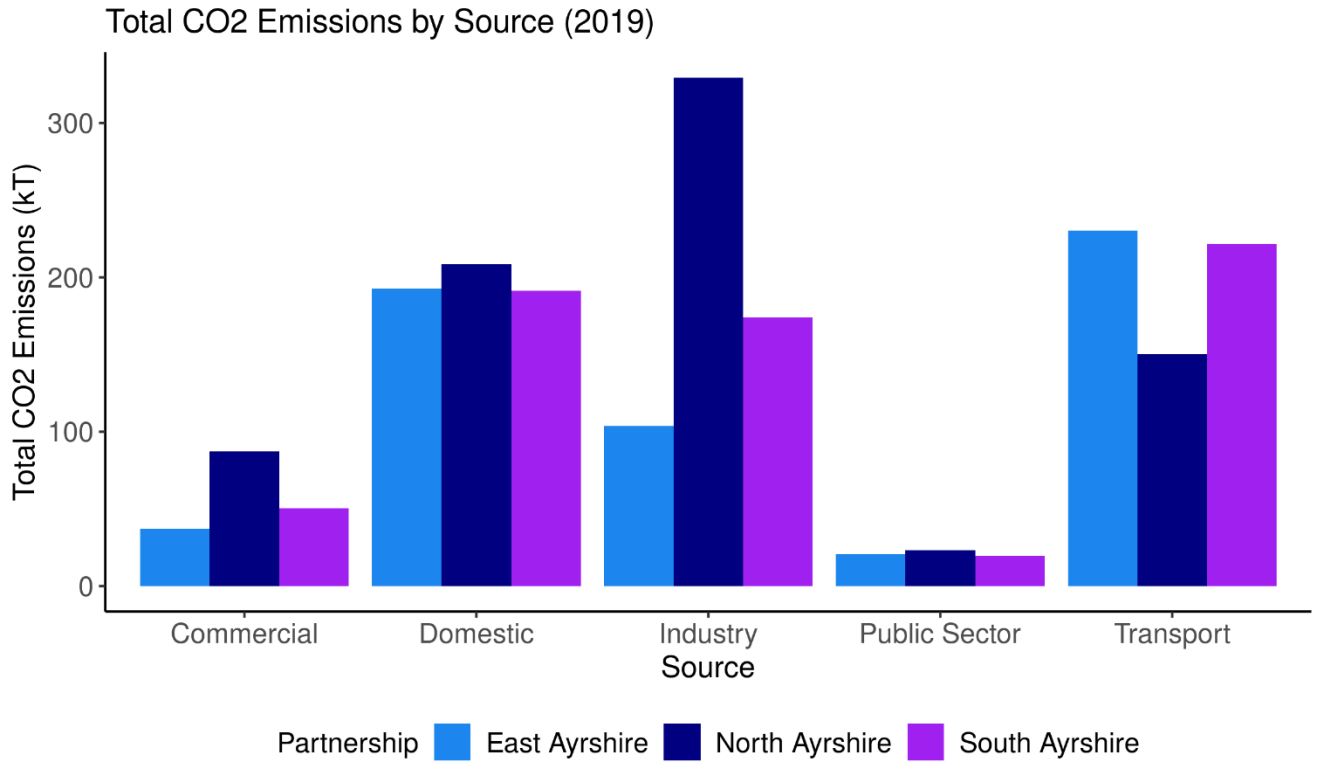
Source: GOV.UK Statistics

Economic

For the most recent time periods available, North Ayrshire had:

54.2% of Over 16's are Economically Active

51.5% of 16+ in Employment

3.5% of people entitled to Attendance Allowance

3.2% of people entitled to carers allowances

3.5% receiving Pension Credit

6.9% claiming Personal Independence Payment (PIP)

11.2% were on Universal Credit.

Figure 77 shows the quarterly trend of Economic Activity for Over 16's in North Ayrshire. The economic activity rate decreased from 56.8 in 2019-Q3 to 54.2% in 2020-Q3.

Economic Activity

Figure 77: Percentage of Economic Activity for Over 16's
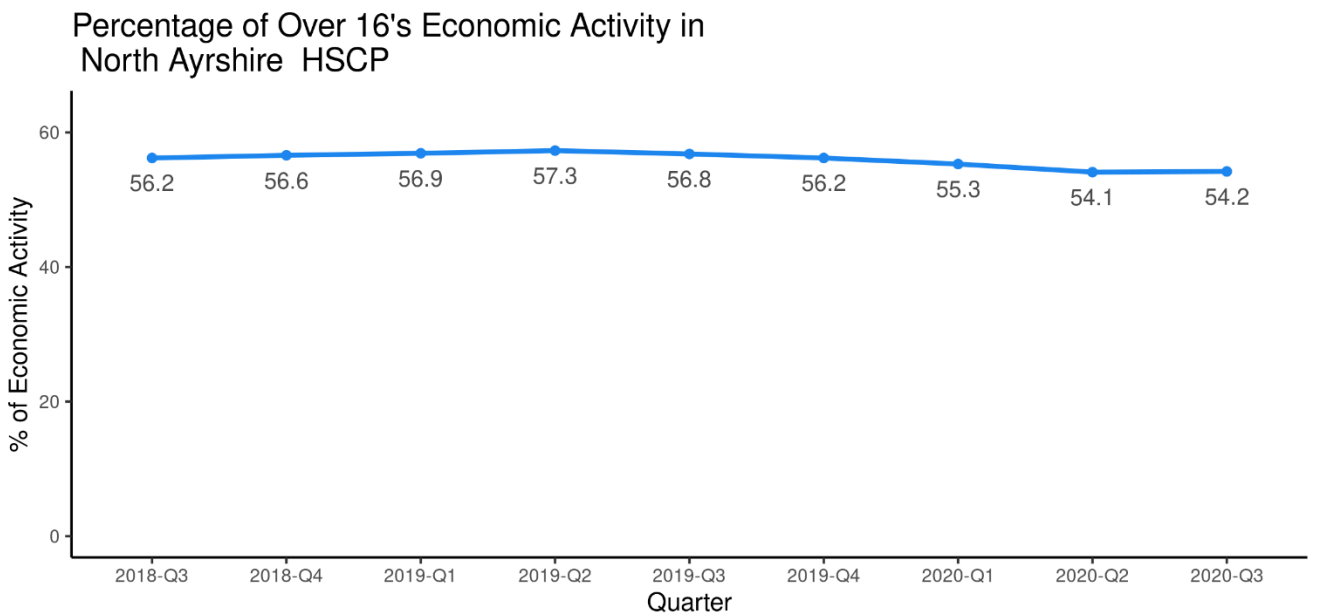
Source: Scottish Government

Employment

A trend of the percentage of population aged 16 years and over in Employment by HSCP is shown below in Figure 78. The percentage of the population over 16 in Employment in North Ayrshire was 51.5% in 2020-Q3 which was lower than South Ayrshire (52.4%) and East Ayrshire (56.6%).

Figure 78: Percentage of 16 years and Over in Employment

Percentage of population 16 years and over in Employment
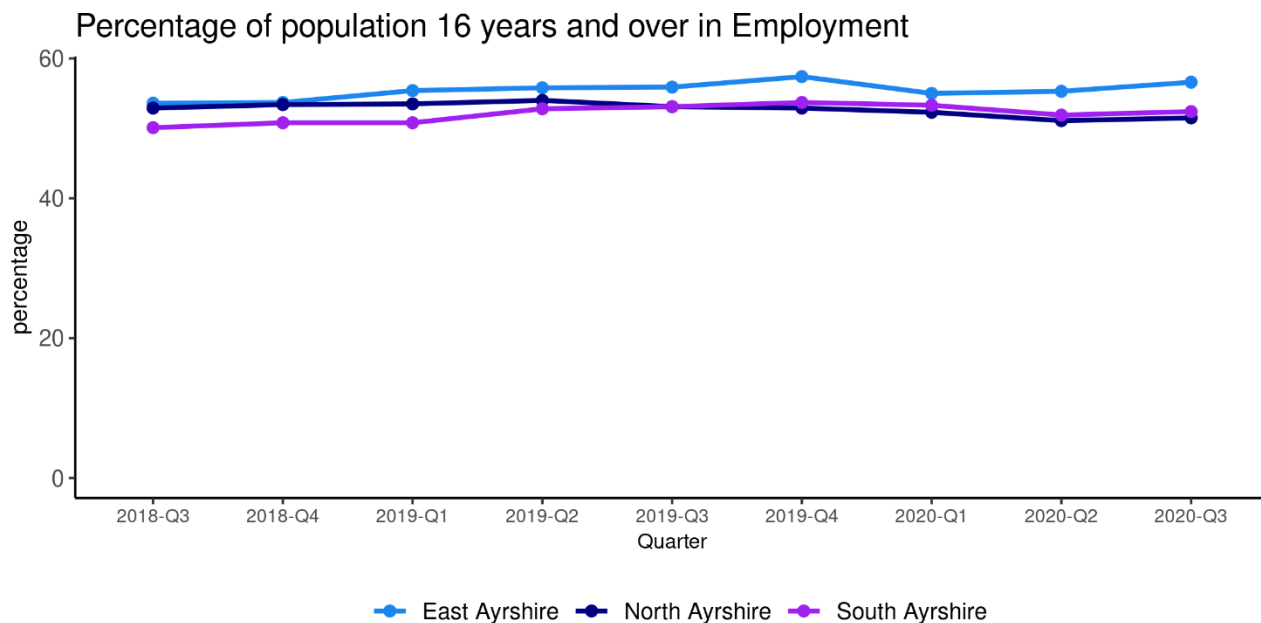
Source: Scottish Government

Benefits

As at May 2021, 3.5% of people in North Ayrshire were entitled to Attendance Allowance. The chart below compares the percentage by geography.

Figure 79: Percentage of Attendance Allowance Entitlement Cases – As at May 21

Attendance Allowance - Cases with Entitlement
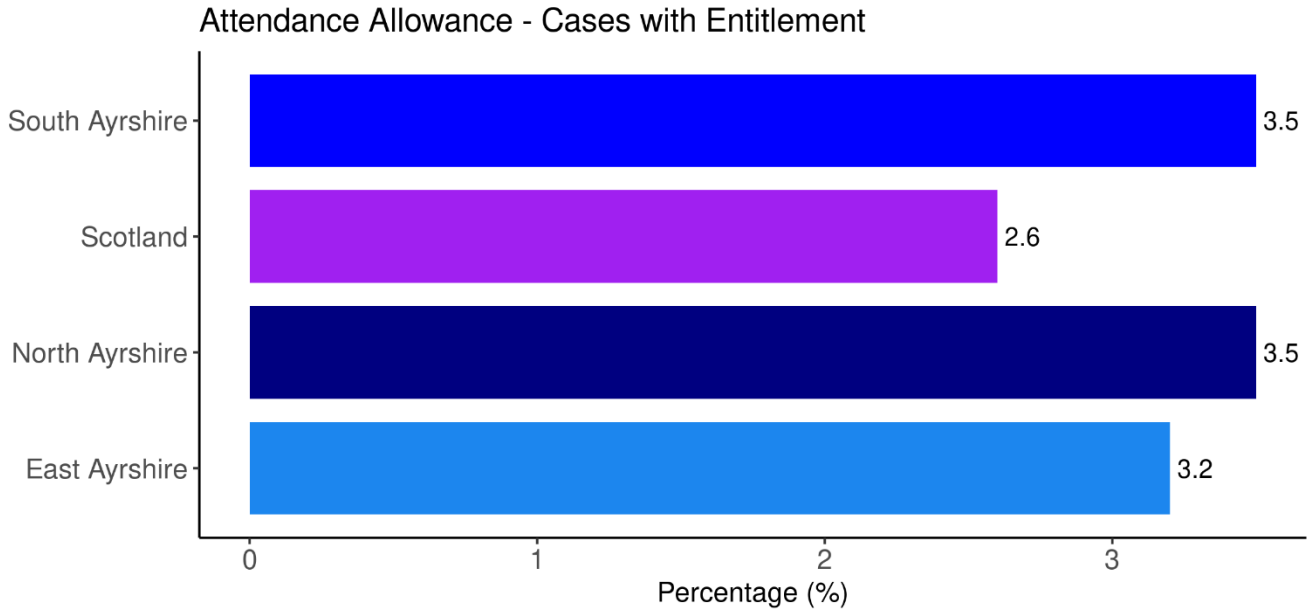
Source: Department for Work and Pensions (Stat-Xplore)

The percentage of people entitled to carers allowances is currently higher in North Ayrshire than compared to Scotland, South Ayrshire and East Ayrshire. With 3.2% in North Ayrshire entitled to Cares Allowance in May 21.

Figure 80: Percentage of Carers Allowance Entitlement Cases - As at May 21

Carers Allowance - Cases with Entitlement

Source: Department for Work and Pensions (Stat-Xplore)
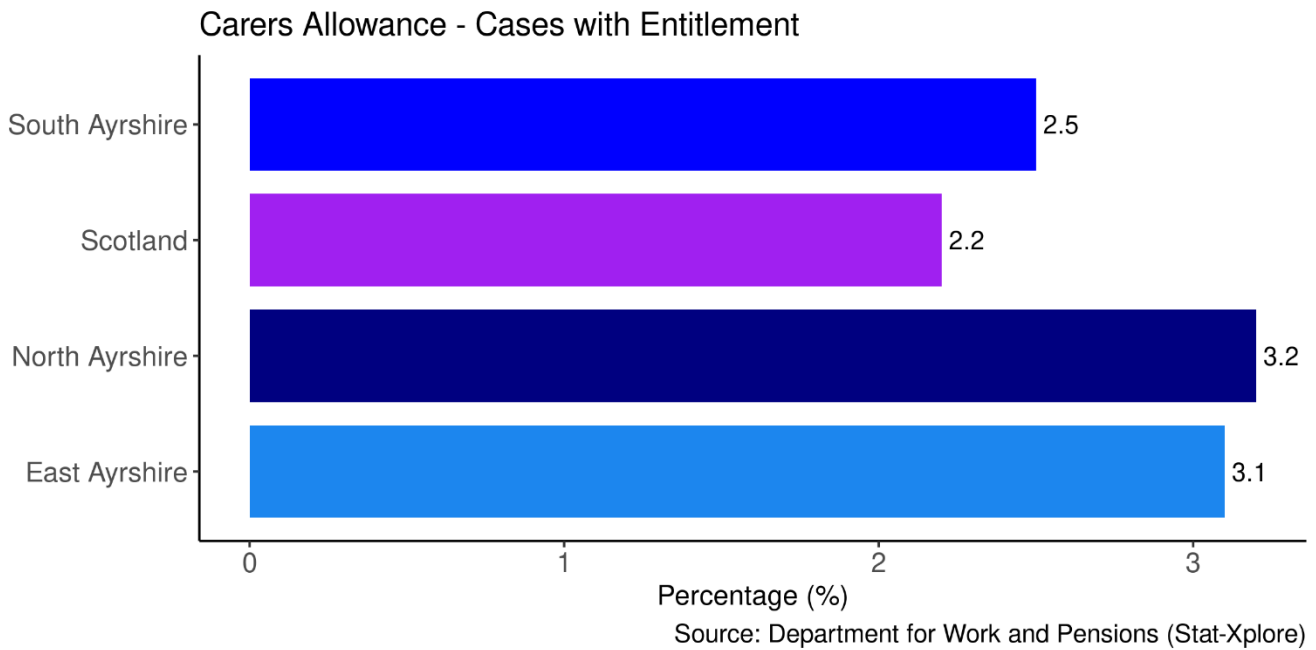
A comparison of areas receiving Pension Credit at the most recent time period (May 2021) is available below. This shows that North Ayrshire has a higher percentage (3.5%) than Scotland (2.4%), East Ayrshire (3.1%) and South Ayrshire (2.8%)

Figure 81: Percentage of Pension Credit Caseloads - As at May 21

Pension Credit Caseload

Source: Department for Work and Pensions (Stat-Xplore)
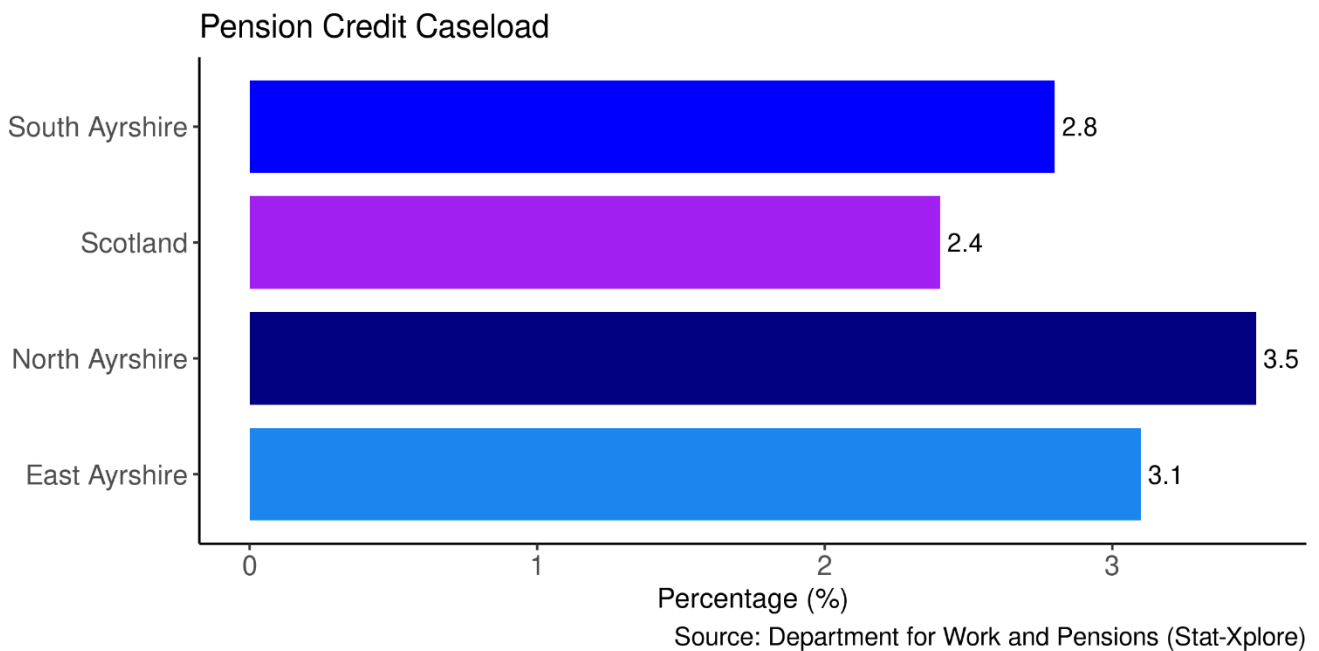
As at October 2021 6.9% of people in North Ayrshire were claiming Personal Independence Payment (PIP).

Figure 82: Percentage of Personal Independence Payment - As at May 21

PIP Cases

Area	Percentage (%)
South Ayrshire	5.5
Scotland	5.4
North Ayrshire	6.9
East Ayrshire	6.3

Percentage (%)

Source: Department for Work and Pensions (Stat-Xplore)
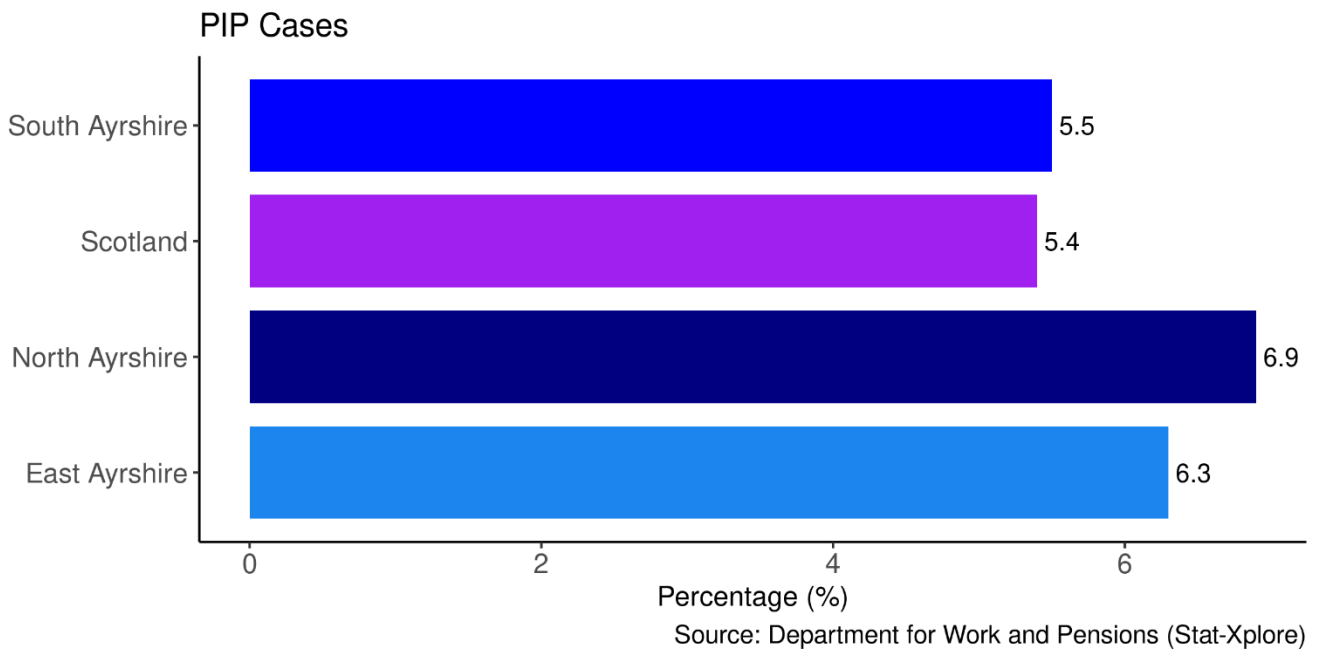
As at October 2021 11.2% in North Ayrshire were on Universal Credit. This is higher than South Ayrshire (8.9%), East Ayrshire (11%) and Scotland (8.3%).

Figure 83: Percentage of People on Universal Credit- As at October 21

People on Universal Credit

South Ayrshire	8.9
Scotland	8.3
North Ayrshire	11.2
East Ayrshire	11

Percentage (%)

Source: Department for Work and Pensions (Stat-Xplore)

Footnotes

1. To explore how the population in North Ayrshire is expected to change in the future, the percent changes in population projection to 2025 for North Ayrshire by age group and gender were calculated from the NRS Local Authority Population Projections.

2. Care Home Data included in the Services Map and Table was sourced from the Care Inspectorate. GP Practice data from April 2020, and Hospital and A&E data was sourced from Public Health Scotland Open Data. Only services that are within the physical boundary of the HSCP or Locality are included in the map and table, so there may be services outside North Ayrshire which people may use but are not shown.

3. The data used in General Health and Lifestyle & Risk factors sections (except for long-term conditions) of this locality profile are taken from ScotPHO. There may be more recent data available for the indicators elsewhere.

4. Data taken from ScotPHO is often reported using the European Age-Sex Standardised Rate per 100,000. This allows for comparisons across different areas to be made. For more information on how these rates are calculated, please refer to www.isdscotland.org/Products-and-Services/GPD-Support/Population/Standard-Populations/
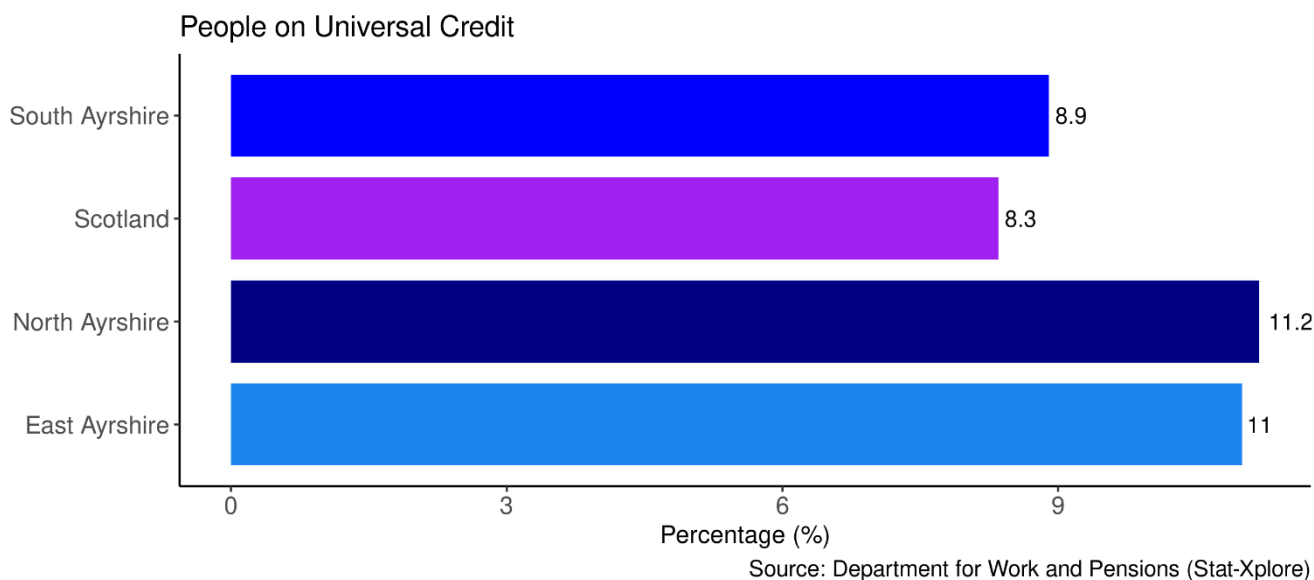
5. Physical long-term conditions data comes from the Source Linkage Files, and the conditions are identified using ICD-9 and ICD-10 codes in the diagnosis fields. Please note that the Source Linkage Files data only contains information on people who have had contact with the NHS through either inpatient admissions, outpatient attendances, daycase attendances, A&E attendances or through prescribed items, the data does not show all service users in Scotland who have been diagnosed with an LTC as not all of these individuals will have used these services. Also note that LTC rates are based on

an adjusted population indicator in the Source Linkage Files so that population sizes are closer to the official estimates.

Appendices

Appendix 1: Indicator Definitions

Indicator	Definition
% last 6 months of Life Spent in a Community Setting	The percentage of time spent by people in their last 6 months of life in the community. Community includes care home residents as well as those living in their own home. Considers all hospital activity (e.g. geriatric long stay (GLS), mental health, acute). Inpatient activity with a care home location code recorded in SMR is included within the Community percentage for all years presented. This activity represents beds funded by the NHS which are located within a care home.
A&E Attendances	Attendance rates to A&E departments for patients by residence per 100,000 population. Includes all ages.
Alcohol-related hospital admissions	General acute inpatient and day case stays with diagnosis of alcohol misuse in any diagnostic position (ICD-10 code: E24.4, E51.2, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, O35.4, P04.3, Q86.0, R78.0, T51.0, T51.1, T51.9, X45, X65, Y15, Y57.3, Y90, Y91, Z50.2, Z71.4, Z72.1). All rates have been standardised against the European standard population (ESP2013) and 2011-based population estimates.
Alcohol-specific deaths	Alcohol related deaths (based on new National Statistics definition): 5-year rolling average number and directly age-sex standardised rate per 100,000 population. (ICD-10 codes from the primary cause of death: E24.4,F10,G31.2,G62.1,G72.1,I42.6,K29.2,K70,K85.2,K86.0,Q86.0,R78.0,X45,X65,Y15).
Bowel Screening Uptake	Bowel screening uptake for all eligible men and women invited (aged 50-74): 3-year rolling average number percentage. Eligible men and women are posted a guaiac-based faecal occult blood test kit (FOBT) which should be completed at home. This involves collecting 2 samples from each of 3 separate bowel movements. The kit is returned in a pre paid envelope to the central screening centre in Dundee and tested for hidden traces of blood in the stool. Individuals who have a positive FOBT result are referred to their local hospital for assessment and, where appropriate, offered a colonoscopy as the first line of investigation.
Cancer Registrations	New cancer registrations: 3 year rolling average number and directly age-sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013) and 2011-base population estimates. ICD10: C00-C96 excluding C44 (principal diagnosis only).

Children looked after by local authority	Children looked after by the local authority; number and rate per 1,000 children aged 0-17 years.
Child protection register	Children on the child protection register; number and rate per 1,000 children under 16 years.
Death, aged 15-44	Deaths from all causes (ages 15-44 years), 3 year rolling average number and directly age sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013). Deaths assigned to year based on death registration date.
Delayed Discharges	Number of days people aged over 18 spend in hospital when they are ready to be discharged per 100,000 population. This has been separated into two indicators – one for acute specialty and one for mental health specialty stays.
Drug-related hospital admissions	General acute inpatient and day case stays with diagnosis of drug misuse in any diagnostic position (ICD10: F11-F16, F18, F19, T40.0-T40.9), 3-year rolling average number and directly age-sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013) and 2011-based population estimates.
Drug-related Deaths	Number of drug-related deaths: actual number and european age sex standardised rate per 100,000 population, single years.
Emergency Admissions	Rate of acute emergency (non-elective) admissions of patients of all ages per 100,000 population. This has been separated into two indicators – one for acute specialty and one for mental health specialty stays.
Fall Admissions	Rates of emergency admissions (non-elective) of patients of all ages where a fall has been logged as an ICD-10 code (searched for in all diagnostic positions) – acute specialties only.
Healthy Life Expectancy (HLE)	Healthy life expectancy (HLE) is an estimate of the number of years lived in 'very good' or 'good' general health, based on how individuals perceive their state of health at the time of completing the annual population survey (APS).
Life expectancy, females	Estimated female life expectancy at birth in years, multi-year average (over 3 years for NHS Boards and Local Authorities, 5 years for Intermediate zones) Mortality data are based on year of registration. They also include non-Scottish residence so the number of deaths match those produced by NRS.
Life Expectancy, males	Estimated male life expectancy at birth in years, multi-year average (over 3 years for NHS Boards and Local Authorities, 5 years for Intermediate zones) Mortality data are based on year of registration. They also include non-Scottish residence so the number of deaths match those produced by NRS.
Physical Long-Term Conditions	Health conditions that last a year or longer, impact a person's life, and may require ongoing care and support. The LTCs presented are: Arthritis, Atrial Fibrillation, Cancer, Coronary Heart Disease, Chronic Obstructive Pulmonary Disease (COPD),

	Cerebrovascular Disease, Dementia, Diabetes, Epilepsy, Heart Failure, Liver Failure, Multiple Sclerosis, Parkinson's, and Renal Failure.
Population prescribed drugs for anxiety/depression/psychosis	Estimated number and percentage of population being prescribed drugs for anxiety, depression or psychosis.
Potentially Preventable Admissions (PPA)	Emergency admissions (non-elective) of patients of all ages where specific diagnoses are assigned as preventative - please see complete list of ICD-10 codes included in Appendix 2.
Readmissions (28 day)	The rate of readmissions of all adults (18+) within 28 days of an emergency admission per 1,000 discharges. This has been separated into two indicators – one for acute specialty and one for mental health specialty stays.
Unscheduled Bed days	Rate of acute unscheduled bed days of patients of all ages per 100,000 population. Takes the bed days spent only within the year of measurement – stays that overlap financial years will have their respective days counted either side. This has been separated into two indicators – one for acute speciality and one for mental health specialty stays.
Unscheduled Care in Mental Health Hospitals	Mental health admission data is taken from SMR04, which holds records on patients receiving inpatient care in mental health (psychiatric) facilities. Episodes beginning with a transfer have also been included in these figures, as well as emergency admissions as many of these episodes will have started as unplanned acute admission. Therefore the initial unscheduled admission need not have been to a mental health long stay speciality.
Mothers Breastfeeding at 6-8 week review	Number of babies reported by parent as being exclusively breastfed at 6-8 week review; 3-year rolling average number and percentage of all babies with a valid feeding status recorded at 6-8 week review.
Mothers smoking during Pregnancy	Women with known smoking status at 1st antenatal booking appointment who are recorded as a 'current smoker': 3-year rolling average number and percentage of all women with a known smoking status at first booking (those with a smoking status of 'unknown' have been excluded).
Teenage Pregnancies	Pregnancies in under 20s; 3-year rolling average number and crude rate per 1,000 females aged 15-19 years.
6in1 Immunisation	Immunisation uptake at 24 months for 5 in 1 (Diphtheria, Pertussis, Tetanus, Polio, Hib) and 6-in-1 (from 1st October 2017), which also protects against Hepatitis B: 3-year rolling average number and percentage of children of this age.
24 months MMR Immunisation	Immunisation uptake at 24 months for - MMR (measles, mumps and rubella): 3-year rolling average number and percentage of children of this age.

Primary 1 Children with no obvious dental caries	Number and percentage of Primary 1 children receiving a letter 'C' (no obvious decay experience but should continue to see the family dentist on a regular basis) at basic inspection.
Primary 1 Children with healthy weight	Number and percentage of Primary 1 children (with a valid height and weight recorded) whose BMI is between the 5% and 95% of the 1990 UK reference range for their age and sex.

Appendix 2: Conditions included as Potentially Preventable Admissions (PPAs)

Condition	ICD10 codes included	Comments
Ear Nose And Throat	H66, J028, J029, J038, J039, J06, J321	NA
Dental	K02, K03, K04, K05, K06, K08	NA
Convulsions And Epilepsy	G40, G41, R56, O15	NA
Gangrene	R02	NA
Nutritional Deficiencies	E40, E41, E43, E550, E643, M833	NA
Dehydration And Gastroenteritis	E86, K522, K528, K529	NA
Pyelonephritis	N10, N11, N12	NA
Perforated Bleeding Ulcer	K250, K251, K252, K254, K255, K256, K260, K261, K262, K264, K265, K266, K270, K271, K272, K274, K275, K276, K280, K281, K282, K284, K285, K286	Excludes episodes with following main OPCS4 codes: S06, S57, S68, S70, W90, X11
Cellulitis	L03, L04, L080, L088, L089, L980	NA
Pelvic Inflammatory Disease	N70, N73	NA
Influenza And Pneumonia	J10, J11, J13, J181	NA
Other Vaccine Preventable	A35, A36, A370, A379, A80, B05, B06, B161, B169, B26	NA
Iron Deficiency	D501, D508, D509	NA
Asthma	J45, J46	NA
Diabetes Complications	E100, E101, E102, E103, E104, E105, E106, E107, E108, E110, E111, E112, E113, E114, E115, E116, E117, E118, E120, E121, E122, E123, E124, E125, E126, E127, E128, E130, E131, E132, E133, E134, E135, E136, E137, E138, E140, E141, E142, E143, E144, E145, E146, E147, E148	NA
Hypertension	I10, I119	Exclude episodes with following main OPCS4 codes: K01 - K50, K56, K60 - K61
Angina	I20	Exclude episodes with main OPCS4

		codes: K40, K45 K49, K60, K65, K66
COPD	J20, J41, J42, J43, J44, J47	J20 only included if secondary diagnosis has one of J41 - J44, J47
Congestive Heart Failure	I110, I50, J81	Exclude episodes with following main OPCS4 codes: K01 - K50, K56, K60 - K61

NORTH AYRSHIRE PLAN

LOCAL OUTCOMES IMPROVEMENT PLAN
2022-2030

North Ayrshire
Community Planning Partnership

CONTENTS

OUR VISION OF "NORTH AYRSHIRE – FAIR FOR ALL"

FOREWORD

The North Ayrshire Community Planning Partnership are delighted to share our plan for 2022-2030.

This is our Local Outcomes Improvement Plan, as required by the Community Empowerment (Scotland) Act 2015.

Community Planning is all about how our local public services work together with communities, third sector organisations and businesses to plan and deliver services that will improve long term outcomes and tackle inequalities.

Every person in North Ayrshire is valued and should have the best opportunities to live their life to their full potential. However we know that not everyone has the same opportunities and there are inequalities in North Ayrshire. This plan concentrates on what we as partners can achieve by working together to reduce inequalities.

We are developing this plan at a challenging time as we come out of the Covid-19 pandemic, learning from the experiences, acknowledging the human and economic impact and aspiring for a better future.

What do North Ayrshire residents say?
We asked local people to rank 9 statements. While all important for North Ayrshire we wanted to know which are areas in which we can do better, and, as a local partnership can make the biggest impact.

1

Supporting children to grow up loved, safe and respected so that they can reach their full potential

2

Creating a local economy where people can access good jobs with fair pay and conditions

3

Reducing poverty
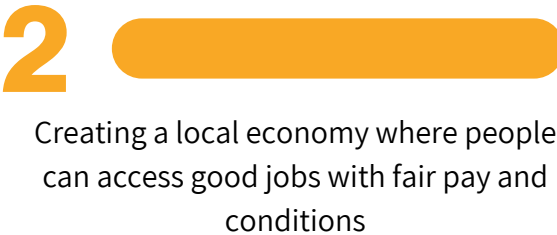
NORTH AYRSHIRE PEOPLE AND PLACE

Understanding the needs, circumstances and aspirations of people living in North Ayrshire

In developing this plan we were influenced both by the feedback from local people on what they think the key issues are as well as a range of statistics and analysis. This included a Strategic Needs Assessment written by Public Health Scotland which is available on our website.

3rd lowest **employment** rate in Scotland (67.8%)

2nd highest **unemployment** rate in Scotland (5.5.%)

Population in most **deprived** areas 42% against Scottish figure of 20%

27.9% of children living in **poverty**

OUR PRIORITIES

WELLBEING

Health and Wellbeing - We will reduce inequalities by targeted support to improve individual, family and community health and wellbeing.

WORK

Economy and Skills - We will address the causes and effects of poverty through a strong local economy and skills base.

WORLD

Climate Change - We will work more closely and effectively together to reduce carbon emissions and mitigate the impacts of climate change.

THESE ARE OUR PRIORITIES AS A PARTNERSHIP AND ARE WHERE WE WILL GIVE ADDITIONAL FOCUS . WE WILL ALSO CONTINUE A WIDE RANGE OF OTHER PARTNERSHIP WORK WHICH IS OUTLINED ON PAGE 14.

PRIORITY 1 - WELLBEING

In addition to the wide range of partnership activity already underway we will. . .

OUTCOMES WE WANT TO ACHIEVE	ADDRESS HEALTH INEQUALITIES	PROMOTE CHILDREN AND YOUNG PEOPLE'S WELLBEING	ENABLE COMMUNITY WELLBEING
	Health improvement activities and support are accessible

Levels of accidental harm, such as falls, and its impact is reduced. | Children and young people feel valued, are at the heart of our decisions, can participate and have their voices heard. | We have strong relationships within our communities to reduce social isolation and loneliness.

People can easily access local facilities and support through clear coordination and signposting.

We help people to prevent, stop and recover from dangerous levels of alcohol and drug consumption. |
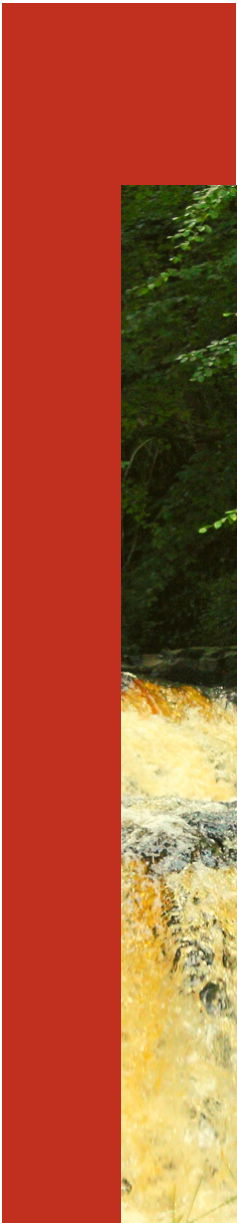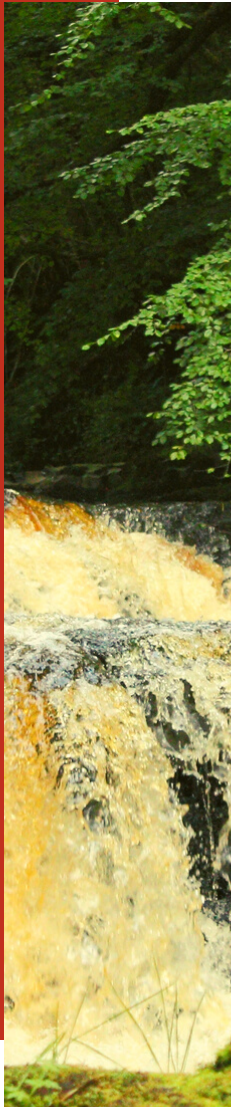
PRIORITY 1 - WELLBEING
WHY DID WE PICK THIS AS A PRIORITY?

Address health inequalities

Enable community wellbeing

Promote children and young people's wellbeing

23% Population aged over 65
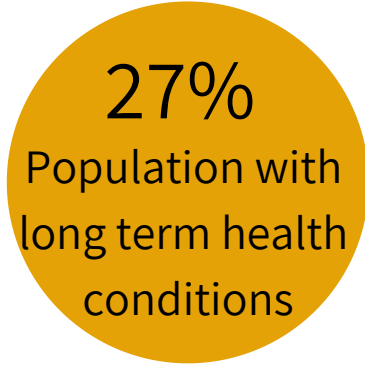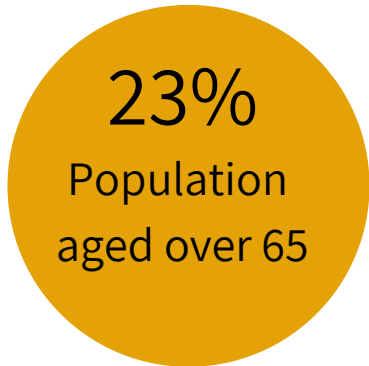
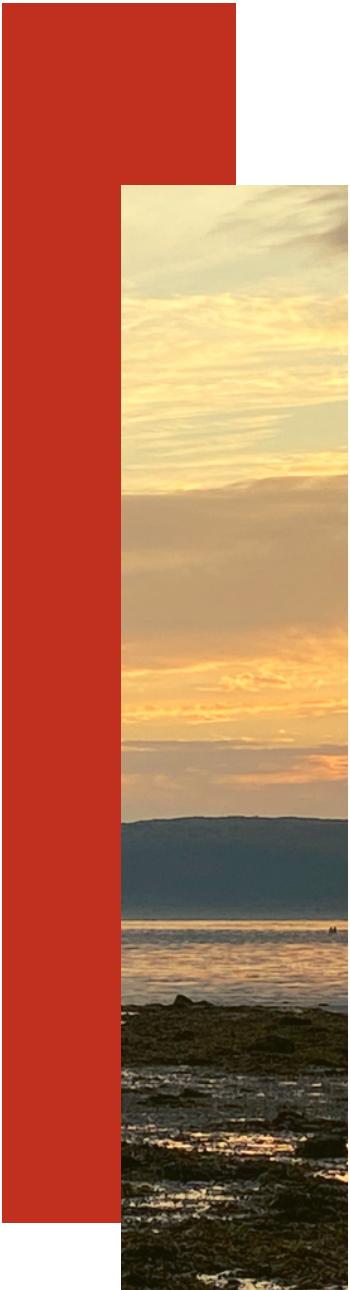**27%** Population with long term health conditions

- Our localities, Health and Social Care Partnership consultation and LOIP consultation told us that reducing social isolation and loneliness, improving access to local facilities and amenities, improving community wellbeing and civic pride is important to local people.
- There has been a 57% increase in drug related hospital admissions. In comparison to the rest of Scotland we have higher alcohol-related admissions and alcohol mortality rates.
- Healthy life expectancy is below the national figure.
- Our communities told us supporting people to get active is important.
- The concentration of older population is expected to increase, with levels above that of the Scottish figures.
- Emergency admissions for falls are above Scottish levels.
- Our communities told us that supporting children to grow up loved, safe and respected so that they can reach their full potential is important to them.
- The number of children on the Child Protection register in North Ayrshire increased by 57% over a 7-year period The 2020 figure for North Ayrshire was more than double the rate observed across the whole of Scotland.

You can find more details in our Needs Assessment and consultation report on northayrshire.community

PRIORITY 1 - WELLBEING
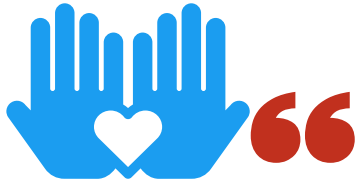
Health and Wellbeing - We will reduce inequalities by targeted support to improve individual, family and community health and wellbeing.

WHAT WE ARE ALREADY DOING TOGETHER

- XXXXXXXX
- XXXXX
- XXXXXXX
- XXXXXXXXX
- XXXXXXX

WHAT MORE CAN WE DO

- XXXXXXXXX
- XXXXX
- XXXXXXX
- XXXXXXXXX
- XXXXXXX

WHAT IMPACT WILL THIS HAVE ON COMMUNITIES

- XXXXXXXXX
- XXXXX
- XXXXXXX
- XXXXXXXXX
- XXXXXXX

You can find more detailed action plans and our performance framework on our website www.northayrshire.community.

PRIORITY 2 - WORK

In addition to the wide range of partnership activity already underway we will. . .

OUTCOMES WE WANT TO ACHIEVE

INCREASE EMPLOYMENT

We will increase the number of people in these groups employed by CPP partner and other local organisations

- People with a disability/long term health condition
- Low income families
- Long term unemployed people
- People with convictions
- People living in our most deprived areas

DEVELOP VOLUNTEERING

Our Community Planning Partnership Volunteering Strategy will provide opportunities for local people to gain experience and skills across our partner organisations.

BETTER SUPPORT OUR YOUNG PEOPLE

We will increase the number of young people employed by CPP partner and other local organisations.

We will provide a wide variety of youth work opportunities to young people in North Ayrshire

Across our partnership we will support care experienced young people.

CPP Board - Pg 140

PRIORITY 2- WORK
WHY DID WE PICK THIS AS A PRIORITY?
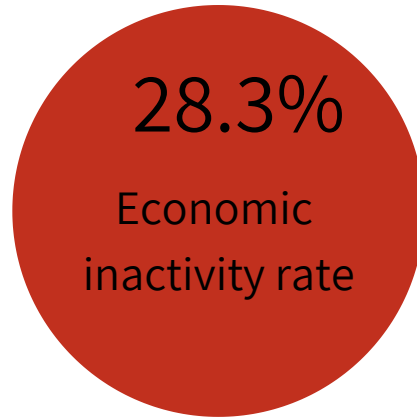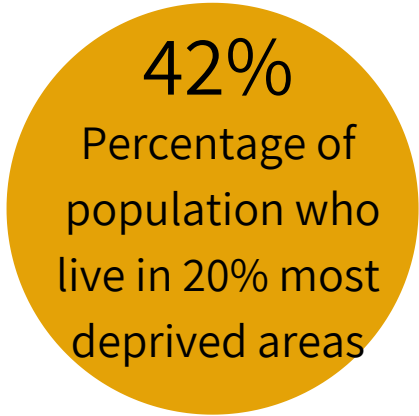
Increase employment

Develop volunteering

Better support our young people

42%
Percentage of population who live in 20% most deprived areas

28.3%
Economic inactivity rate

- We have the 3rd lowest employment rate and 2nd highest unemployment rate in Scotland.
- Our communities told us that creating a local economy where people can access good jobs with fair pay and conditions, and reducing poverty is important to them.
- Our localities told us that supporting skills and work opportunities is important to them.
- Our communities told us that supporting children to grow up loved, safe and respected so that they can reach their full potential is important to them.

You can find more details in our Needs Assessment and consultation report on northayrshire.community

PRIORITY 2 - WORK

Economy and Skills - We will address the causes and effects of poverty through a strong local economy and skills base.

WHAT WE ARE ALREADY DOING TOGETHER

- XXXXXXXX
- XXXXX
- XXXXXXX
- XXXXXXXXX
- XXXXXXX

WHAT MORE CAN WE DO

- XXXXXXXXX
- XXXXX
- XXXXXXX
- XXXXXXXXXX
- XXXXXXX

WHAT IMPACT WILL THIS HAVE ON COMMUNITIES

- XXXXXXXXX
- XXXXX
- XXXXXXX
- XXXXXXXXXX
- XXXXXXX

You can find more detailed action plans and our performance framework on our website www.northayrshire.community.

PRIORITY 3 - WORLD

In addition to the wide range of partnership activity already underway we will. . .

	WORK TOGETHER TO REDUCE CARBON EMISSIONS AND MITIGATE THE IMPACTS OF CLIMATE CHANGE	INCREASE ACTIVE TRAVEL	INCREASE CARBON LITERACY WITHIN OUR ORGANISATIONS AND COMMUNITIES
OUTCOMES WE WANT TO ACHIEVE	We will share best practice, and work more closely together as partner organisations to reduce carbon emissions.	We will promote increased levels of active travel across our organisations and in our communities.	We will increase awareness of the carbon dioxide costs and impacts of everyday activities, and the ability and motivation to reduce emissions.

CPP Board - Pg 143

PRIORITY 3- WORLD

WHY DID WE PICK THIS AS A PRIORITY?

42%
Percentage of population who live in 20% most deprived areas

Increase active travel

Work together to reduce carbon emissions and mitigate the impacts of climate change

Increase carbon literacy within our organisations and communities

- Our localities told us that improving our local environment and championing the natural environment is important to them.

- The second highest source of CO2 emissions in North Ayrshire is from transport.

- Our communities told us supporting people to get active is important to them.

- Our early mortality rate, and population with long term conditions is above Scottish levels (27%).

You can find more details in our Needs Assessment and consultation report on northayrshire.community

PRIORITY 3 - WORLD

Climate Change - We will work more closely and effectively together to reduce carbon emissions and mitigate the impacts of climate change.

WHAT WE ARE ALREADY DOING TOGETHER

- XXXXXXXXX
- XXXXX
- XXXXXXX
- XXXXXXXXXX
- XXXXXXX

WHAT MORE CAN WE DO

- XXXXXXXXX
- XXXXX
- XXXXXXX
- XXXXXXXXXX
- XXXXXXX

WHAT IMPACT WILL THIS HAVE ON COMMUNITIES

- XXXXXXXXX
- XXXXX
- XXXXXXX
- XXXXXXXXXX
- XXXXXXX

You can find more detailed action plans and our performance framework on our website www.northayrshire.community.

KEY PARTNERSHIP PLANS AND STRATEGIES

14
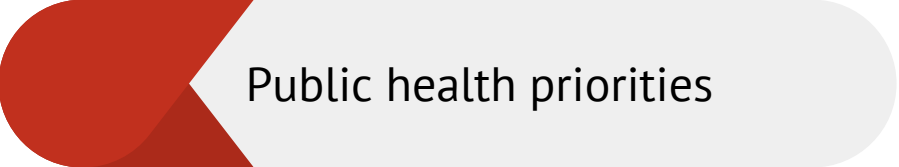
We have committed to priorities for our partnership, and we will give these added focus. There are other key areas of work that we will continue to support. These are in addition to individual organisational plans. The strategic plans of all partner agencies are aligned to the Local Outcomes Improvement Plan ensuring that their mainstream activity is directed at achieving our agreed local outcomes. Importantly, the plans of our localities and communities also contribute to achieving our vision for North Ayrshire.

- Community Wealth Building
- Child Poverty duties
- Public health priorities
- Caring for Ayrshire
- The Promise
- Islands Plans
- Community Justice Ayrshire Outcomes Improvement Plan
- Safer North Ayrshire Strategy
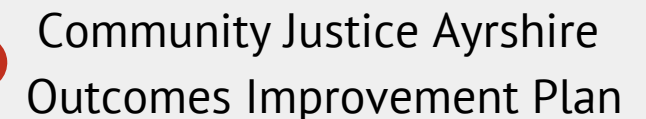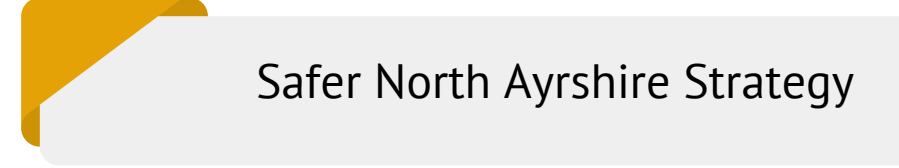
RELATIONSHIP WITH NATIONAL PERFORMANCE FRAMEWORK

This page to be updated once priorities agreed

- Community Investment Fund
- Links with local heritage groups
- 1,642 pupils enjoyed topic-based class visits at 13 libraries, using books, the internet, and local history resources.

- Community Engagement Centre of Excellence
- Locality Planning
- Fair for All Strategy work
- Participatory Budgeting

- Ayrshire Growth Deal
- Community Wealth Building
- Local Development Plan
- Properties receiving superfast broadband at end of 19/20 was 96.80%.

- 'Working North Ayrshire' and 'Fair for All Economic Growth' strategic themes
- Ayrshire Growth Deal
- Economic Development & Regeneration Strategy

OUR PURPOSE
To focus on creating a more successful country with opportunities for all of Scotland to flourish through increased wellbeing, and sustainable and inclusive economic growth

OUR VALUES
We are a society which treats all our people with kindness, dignity and compassion, respects the rule of law, and acts in an open and transparent way

We have a globally competitive, entrepreneurial, inclusive and sustainable economy

We are open, connected and make a positive contribution internationally

We respect, protect and fulfil human rights and live free from discrimination

We tackle poverty by sharing opportunities, wealth and power more equally

We are creative and our vibrant and diverse cultures are expressed and enjoyed widely

We live in communities that are inclusive, empowered, resilient and safe

We value, enjoy, protect and enhance our environment

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

We are healthy and active

We have thriving and innovative businesses, with quality jobs and fair work for everyone

We are well educated, skilled and able to contribute to society

- 'Fair for All Environment' strategic theme
- Links to Active Travel
- Locality Partnership priorities
- Ayrshire Growth Deal
- Community Investment Fund projects
- Sustainability Strategy
- Climate Change Conference

- Fair for All Strategy work
- Community Wealth Building
- Better Off North Ayrshire
- Locality Partnership priorities
- Community Investment Fund projects
- 'Fair for All Food' strategic theme

- 'Healthier North Ayrshire' and 'Fair for All Health' strategic themes
- North Ayrshire Active Schools
- KA Leisure
- HSCP Locality Forums
- NHS Healthy Weight pilot work
- 'Fair for All Food' strategic theme

- 'Working North Ayrshire' and 'Fair for All Economic Growth' strategic themes
- Ayrshire Growth Deal
- Community Wealth Building
- Economic Development & Regeneration Strategy

- 'Thriving North Ayrshire' and 'Fair for All Children' strategic themes
- Well established partnership with Ayrshire College
- New Parental Involvement and Engagement Framework
- Employability and Leadership Awards

- 'Thriving North Ayrshire' and 'Fair for All Children' strategic themes
- Children's Services Strategic Partnership (CSSP)
- Cost of the school day work
- Child Poverty Action Plan and related work

- 'Safer North Ayrshire' strategic theme
- Kindness with Carnegie
- Safer North Ayrshire Partnership
- Locality Partnerships and Forums
- Strategic Housing Investment Plan 20 –25
- Community Asset Transfer and Participation Requests

16

"The council's Local Government Benchmarking Framework analysis of 69 comparable indicators showed that, in the five years from 2014/15 to 2018/19, performance improved for 49 per cent of indicators in absolute terms. North Ayrshire's performance across the range of Community Planning Outcomes Profile indicators shows a general improvement in outcomes over the ten years 2007/08 to 2017/18.
Best Value Assurance Report 2020"

North Ayrshire Peoples Panel

"I feel fairly safe or very safe when outdoors in my neighbourhood after dark."

53% → **77%**
Over the past 10 years

"My neighbourhood is a very or fairly good place to live."

87% → **92%**
Over the past 10 years
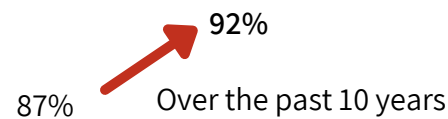
"I agree that people from different backgrounds get on well in my local area."

47% → **64%**
Over the past 8 years

HOW WE WORK TOGETHER AS A PARTNERSHIP AND OUR IMPACT

North Ayrshire Community Planning Partnership is a strong and ambitious partnership. We work well together and have a clear focus on making a positive impact on the lives of local people. We appreciate the interdependencies between our areas of work and know that it is only by working together that we can achieve "North Ayrshire - A Better Life".

The Partnership is overseen by the Community Planning Board. It is developed by the Community Planning Senior Officers Group. It also includes thematic groups and has links to other Ayrshire structures.

While we have made a difference locally there is more that we can and should do to address local inequalities. That is why this plan is more focused on these inequalities than our previous plans.

LOCALITY PLANNING

Since 2016 communities and partners have benefitted from the work of our six Locality Partnerships. These are made up of Community Representatives, Elected Members and Community Planning Partners who work together to identify and tackle local priorities.

They also name streets, decide on grant applications, and contribute to local consultations.

Using the Community Investment Fund investment of £5.6m they work with local groups to develop initiatives that support the Community Planning Partnership and locality priorities and fulfil a compelling need and do not duplicate existing services or facilities.

North Ayrshire Localities

North Coast and Cumbraes

Garnock Valley

Arran

Kilwinning

Three Towns

Irvine
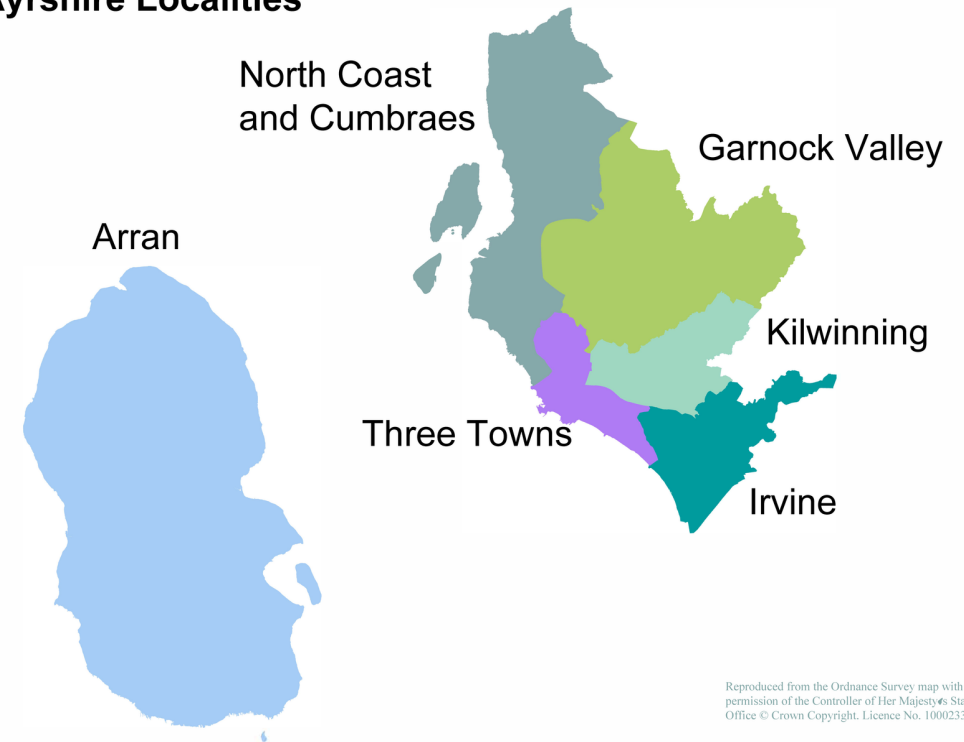
Reproduced from the Ordnance Survey map with the permission of the Controller of Her Majesty's Stationery Office © Crown Copyright. Licence No. 100023393.

You can find out more about the impact of Locality Planning on our website northayrshire.community.

LOCALITY PLANNING

Our Locality Partnerships have all agreed local priorities. This diagram illustrates the links between the locality priorities and those in the LOIP.

WELLBEING

- Improving our mental health and wellbeing
- Championing green health and the natural environment
- Improving access to financial services
- Increasing social inclusion
- Addressing social isolation
- Alleviating poverty and promoting equality of access to opportunities
- Improving community wellbeing
- Improving access to facilities and amenities/regenerating community facilities
- Increasing civic pride and community engagement
- Affordable housing

WORK

- Alleviating poverty and promoting equality of access to opportunities
- Supporting skills and work opportunities
- Promoting the local economy and tourism
- Work and local community

WORLD

- Improving our local environment
- Championing green health and the natural environment
- Moving around
- Transport

northayrshire.community

@NAyrshireCPP

communityplanning@
north-ayrshire.gov.uk

On our website you will find this related information:

- Strategic Needs Assessment
- LOIP Engagement Report
- Impact Assessments
- Overview of LOIP Development Process
- LOIP on a Page
- Community Planning Structure
- LOIP Action Plan and Performance Framework

CPP Board - Pg 151

Community Planning Board

Date: 3rd March 2022

Subject: Locality Partnerships

Purpose: To provide an update to the Community Planning Board on the six North Ayrshire Locality Partnerships

1. Introduction

The CPP Board receives updates on the work of Locality Partnerships (LPs) through the sharing of meeting minutes and periodic reports. The LPs play a key role in our wider partnership through addressing local issues and supporting community involvement. This report provides an overview over the past 6 months. A further round of meetings is scheduled for February 2022, the finalised minutes of which are not available at the time of writing this report. Verbal updates on these can be provided at the meeting.

This report focuses on the items discussed at the quarterly LP meetings. It should be noted that the range of work of the LPs extends beyond this, including working groups and local forums.

2. Community Investment Fund

Within its budget for 2017-18, North Ayrshire Council provided a funding allocation of £2.6 for the creation of an innovative fund to enable communities to address the priorities they have identified though LPs and within the context of the Local Outcomes Improvement Plan and Fair for All Strategy. In 2021 an additional £3m was allocated.

The CIF proposals are developed in conjunction with LPs through an expression of interest process. Applications are decided by the LP before making a proposal to Cabinet for approval.

A wide range of initiatives have been endorsed by the LPs to date.

Over the past 6 months the LPs have supported:

- £49,723.00 CIF award for a Food Development Worker post with Café Solace (Garnock Valley),
- An expression of interest from Beith Community Development Trust in relation to Gielsland Courtyard for £15000 (Garnock Valley),

- An expression of interest from Input SCIO for £60 000 for 2 members of staff to support digital inclusion (Irvine),
- An expression of interest from Irvine Tennis Club for £100 000 for upgrading works to the tennis courts (Irvine),
- £50 000 award towards the costs of a creation of playpark (Kilwinning),
- £48 288 award to Saltcoats Active Lifestyle Team (SALT) to provide a significant upgrade of the existing playpark located at Winton Circus, Saltcoats (Three Towns),
- £53 100 to Ardrossan Community Development Trust to support the post of Community Development Manager (Three Towns),
- An expression of interest from Saltcoats Outdoor Pool Splash Group towards the costs of a Feasibility Study to assess the viability of re-opening the existing tidal swimming pool (Three Towns), and
- Additional award of £130 000 to Ardeer Raise Your Voice for multi-use community facility (Three Towns).

3. Common Items Across LPs

Whilst the majority of LP discussion focuses on local issues there are common items across the partnerships. In recent months this has included:

- Sharing information on the work of Health and Social Care Partnership (HSCP) including service pressures and changing delivery models,
- Priorities addressed through the HSCP Locality Forums,
- Education staff giving updates on the return to school, exam arrangements, roll out of 1140 hours and staffing,
- Presentations on the range of grants that the LP have available for disbursement, and decisions on the allocation of grants,
- Updates on the refresh of the HSCP Strategic Plan,
- Remembering Together, a fund to support the creation of commemorative art in relation to the pandemic,
- Information on work with young people in the localities,
- The forthcoming Community Council elections,
- Membership changes following the local government elections due to take place in May 2022,
- Updates from TACT on the range of services provided to support the community and voluntary sector,
- Reducing the costs of the school day,
- The Communities Mental Health and Wellbeing Fund,
- Adult Volunteering Recognition Award, and
- Locality Officer Updates.

4. Specific LP Items

In addition to the items described above some examples of the locality specific areas of work are listed below.

Arran Locality Partnership

- Links with Arran Mountain Bike Club and their intentions to pursue a Community Asset Transfer,
- An overview of Argyle College's offer on the island,
- The development of the Islands Plan, the engagement process and the key emerging themes, and
- Health and Social Care Partnership recruitment and developing service delivery models.

Garnock Valley Locality Partnership

- The success of the joint Community Council "Vall£y Voic£s for Vall£y Mon£y" Participatory Budgeting (PB) project,
- The three Working Groups delivering on the Locality Partnership priorities,
- The Lochshore development, and
- Investment agreed for improvements on the B714 road.

Irvine Locality Partnership

- Public engagement on the Great Harbour Project,
- Chit Chat newsletter,
- Joint Health and Social Care Locality Planning Forum and LP on Mental Health and Wellbeing,
- Irvine Network meetings,
- Irvine Seniors, and
- Irvine Youth Forum breakfast club.

Kilwinning Locality Partnership

- Upcoming changes in fire alarm legislation,
- Christmas community events,
- Community Larders,
- Youth Pledge asking the Locality Partnership to commit to ensure that young people's voices are heard, acted on and respected,
- Kilwinning Locality Priorities and how they link to the Charrette, and
- Youth Participatory Budgeting.

North Coast and Cumbraes Locality Partnership

- Millport Town Hall,
- Men's Shed,
- Wild Oysters Project,
- Problem gambling and the work being done to tackle it,
- Island Plan, and
- Active Schools.

Three Towns Locality Partnership

- Youth Work Participation and Citizenship Strategy,
- Street naming decisions,

- Proposals for a National Care Service for Scotland,
- Saltcoats Place Framework, and
- Update on the major capital programmes for Ardrossan.

5.   Proposals

The Community Planning Board are asked to note the recent work of Locality Partnerships and to continue to support them.

Name: Morna Rae

Designation: Senior Manager (Policy, Performance and Community Planning)

Date: 17th February 2022

North Ayrshire
Community Planning Partnership

Meeting:	**CPP Senior Officers Group**
Date/Venue:	Thursday 20 January 2022 2.15 pm via Microsoft Teams
Present:	Ian McMeekin, Scottish Fire & Rescue Service **(Chair)** Michael Breen, Ayrshire College Rhona Arthur, North Ayrshire Council Paul Blackwood, Scottish Fire and Rescue Service Theresa Correia, Scottish Enterprise Derek Frew, Police Scotland Morna Rae, North Ayrshire Council Elaine Young, NHS Ayrshire, and Arran Caroline Amos, North Ayrshire Council David Hammond, North Ayrshire Council Alison Sutherland, North Ayrshire HSCP Malcolm McPhail, Interim Chief Executive, KA Leisure In Attendance Corry McDonald, North Ayrshire HSCP Ewan Mearns, Scottish Enterprise Liz Lumsden, RoSPA Jennifer McGee, North Ayrshire Council (Notes)
Apologies:	Craig Hatton, North Ayrshire Council Caroline Cameron, NA HSCP Andrew McClelland, North Ayrshire Council Audrey Sutton, North Ayrshire Council Russell McCutcheon, North Ayrshire Council Vicki Yuill, Arran CVS Kaileigh Brown, TACT Laura Barrie, KA Leisure Karen Yeomans, North Ayrshire Council

No.	Item	Responsible
1.	**Welcome** The Chair welcomed everyone to the meeting and apologies were noted.	**Noted**
2.	**Minute of Previous Meeting and Action Note** Minutes from the meeting held on 25 November 2021 were agreed and the action note was reviewed.	**Noted**

3.	**Children, Families and Justice Update**	
	A Sutherland provided an update on the changes to the age of criminal responsibility.	
	A Sutherland highlighted that the age of criminal responsibility is moving from age 8 to 12. The reason behind this change is to protect children from the harmful effects of early criminalisation, while continuing to ensure that incidents of harmful behaviour by children under 12 can continue to be effectively investigated and responded to appropriately.	
	The change supports trauma informed practice. Negative early life experiences can leave some children extremely vulnerable to pressures and these in turn contribute to the emergence of forms of harmful behaviours in childhood. The change ensures a holistic approach to understanding and responding to the needs of these children to make GIRFEC a reality. The change also incorporates the United Nations Rights of the Child which ensures a rights respecting approach.	
	A Sutherland also highlighted that Police will be unable to charge a child under the age of 12 with an offence or treat them in any way as having committed an offence. Part 4 of the Act creates a package of powers to ensure that serious behaviours by any child under the age of 12 can be investigated and for such investigations to be carried out in a child centred way that is in keeping with the ethos of removing children from the criminal justice processes.	
	In the most serious of cases where Police believe that it is necessary to manage an immediate risk of significant harm to another person a child can be placed in a place of safety.	
	D Frew highlighted that the Police Scotland training on this subject has been impacted due to Omicron variant. D Frew also highlighted that there is still a lot of work going on behind the scenes with this work.	**Noted**
	C McDonald provided Senior Officers with a presentation on Child Protection, Safe and Together Model which has been implemented in North Ayrshire.	
	Safe and Together is a model aimed at improving practice and creating better outcomes for children and families exposed to domestic violence by perpetrator behaviour. The approach embodies three practice principles:	
	- Keeping the child safe and together with the non- offending parent/guardian - Partnering with non- offending parent/guardian as a default position - Intervening with the perpetrator to reduce risk and harm to the child.	
	The model encourages fact based, behaviorally focused descriptions within assessments and reports so that the pattern of abuse and control is clear.	
	The model was launched in August 2021 alongside Women's Aid who are the third sector partners working to build in those with lived experiences voices and will co-facilitate a Champions Group of practitioners.	
	Since the launch of the model there has been significant staff training, a Pan-Ayrshire agreement to implementing Safe and Together and a successful application to the Equally Safe Fund to funding a two year Implementation Manager post.	

	P Blackwood asked C McDonald how involved education are at signposting through via channels. C McDonald confirmed that staff from Education are very involved, and they have been involved in the overview training. C Amos highlighted that there is an expectation that education colleagues will engage with this work. C Amos also confirmed that school's signpost and support young people.	**Noted**
	I McMeekin asked whether the lived experience groups were active. C McDonald advised that presently they are on a case-by-case basis, sharing good news stories and challenges.	**Noted**
	D Frew commented that discussions will be taking place on how to refocus key resources and is happy to have a conversation in C McDonald in the future. C McDonald offered to prioritise overview training for particular staff who are involved in this work.	**D Frew/ C McDonald**
	M McPhail highlighted that KA Leisure has an opportunity to help in terms of physical activity/dynamic arts and also the opportunity for early intervention. M McPhail also highlighted that he would be keen to support this work and improve life opportunities for young people in North Ayrshire.	**Noted**
	The Chair thanked A Sutherland and C McDonald for their inputs.	**Noted**
4.	**Scottish Enterprise Net Zero Action Plan** E Mearns provided Senior Officers with presentation on Scottish Enterprise's Net Zero Action Plan. E Mearns highlighted that the plan sets out Scottish Enterprise's response to the combined nature and climate emergencies. He also highlighted that the plan includes emissions reduction, economic opportunities, a just transition, restoring biodiversity and climate change adaptation. It is fully aligned with the strategic direction in Scottish Government's new 10- year strategy and Scottish Enterprise 3-year plan 2022-25. E Mearns highlighted that the plan has four objectives: 1. Expanding net zero opportunities 2. Supporting a just transition 3. Leading and influencing change 4. Becoming a net zero economic development agency	
	Scottish Enterprise have set a target to become a net zero organisation by 2040 and have agreed an interim target to achieve a 75% reduction in emissions by 2030 compared to a 2015/16 baseline.	**Noted**
	D Hammond asked about carbon literacy of local businesses. T Correia advised that there is a group already set up with the three Ayrshire Councils and Scottish Enterprise which has been looking at a regional delivery model for business support. This group is working on an Ayrshire call around the whole green agenda.	**Noted**
	R Arthur highlighted that it is important to look at this work through a CPP lens collectively and the recent training on the climate emergency undertaken by CPP partners supported this.	
	T Correia advised Senor Officers on a new piece of work that is taking place at a regional level work involving both Community Wealth Building and net zero . This is the development of a new Ayrshire Economic Development strategy that will	**T Correia**

	have Community Wealth Building and Net Zero at its heart. T Correia will keep Senior Officers updated on developments of this strategy.	
5.	**Ayrshire College Training and Learning** M Breen advised that Ayrshire College is happy to make an offer to Senior Officers to provide free training and development events. A list of currently available courses was shared in advance of the meeting, and it was noted that the college can also provide other input dependant on need. M Breen proposed to send out a short questionnaire to collect the views of the group around the key themes we are keen to develop and bring back feedback to a meeting. M Breen highlighted that courses could be contextualised around the needs of the Senior Officers using case studies/policy development etc. E Young commented that she welcomes the offer and thinks there is a need to reflect on the experience of the climate change training from this week. P Blackwood commented on the value of this offer and would like to explore train the trainer course. P Blackwood advised that he would be keen to catch up with M Breen separately to discuss the youth volunteer scheme. M Rae commented that this is a great opportunity as a partnership. Two aspects that stand out for this would be leadership and something more thematic to help drive LOIP improvements. The Chair thanked M Breen for his update	**M Breen** **P Blackwood** **Noted**
6.	**LOIP 2022 – 2030** M Rae provided Senior Officers with an update on the work on the LOIP 2022 – 2030. The new LOIP will be more focused than the current LOIP, containing a small number of priority areas which will relate to inequalities and be partnership in nature. The final draft should be prepared for March 2022. The Stakeholder Reference Group have now met three times. The group were particularly helpful in designing the consultation questions and language. M Rae conveyed her thanks to K Brown for chairing this group. The public had an opportunity to contribute over November and December 2021. Promotion was carried out using email distribution lists, social media and press releases as well as through the Peoples Panel. We received around 650 responses. There was a strong focus on making the consultation questions and process easy to use and were encouraged by the rating of 4.7 out of 5 for ease of completion. An additional LOIP Senior Officers Group has been arranged for 3 February 2022 and LOIP HISA Workshop has been arranged for 24 February 2022. The needs assessment and consultation report will be shared with officers in advance of these meetings to help inform discussions. The Chair thanked M Rae for her update.	**Noted**
7.	**Partner Discussion on Plans, Challenges and Requests for Support** **Scottish Fire and Rescue** - I McMeekin advised that they team are currently working on their strategic plan and there will be a specific plan for North Ayrshire. Following the consultation for Unwanted Fire Alarm Systems, option A was	

	agreed, however implementation has been postponed to April 2023. This now means that:
	
	• Call challenge all AFAs from non-domestic premises, unless exempt.
	
	• No response is mobilised, if questioning confirms there is no fire, or signs of fire.
	
	• Automatic exemption applied to hospitals - two appliances regardless time of day and shall be subject to periodic review.
	
	• Sleeping risk premises are exempt from call challenging and will receive the following immediate response:
	
	    o Residential Care Homes - two fire appliances regardless time of day.
	
	    o All other sleeping risks - one fire appliance between 0700-1800hrs and two fire appliances out-with these hours.	

	P Blackwood advised that there are three strategies in development, accidental dwelling fires and fire casualties strategy, deliberate fire setting strategy and a non-domestic fire strategy. The new strategies will be circulated to the Senior Officer and will be presented to the Group once they are complete.	**P Blackwood**
	NHS Ayrshire and Arran – E Young advised that the NHS remain in the emergency setting until the end of March 2022. Staff absences are reducing and some staff are being deployed to different posts. A new Chief Executive Claire Burden has taken up post this week. E Young encouraged everyone to get vaccinated/boosted.	**Noted**
	HSCP – A Sutherland advised that the Children Services inspection has been pushed back due to Covid. The position statement is due with the inspectors by Monday. A Sutherland advised that she would keep Senior Officers updated on the next stage.	**A Sutherland**
	Connected Communities – R Arthur advised on a consultation on foodbanks which closes on Tuesday, R Arthur encouraged Senior Officers to respond. Dream NA initiative has been reactivated.	**Noted**
	KA Leisure – M McPhail advised that KA Leisure are exploring the opportunity of looking at a Community Health and Wellbeing company, where the organisation moves from leisure to health and leisure. M McPhail is looking to set up a steering group, then a working group to explore this opportunity.	**Noted**
	Police Scotland – D Frew advised on the appointment of a new Inspector Iain Murray who will focus on Community Wellbeing. D Frew is keen to link Iain in with M McPhail, and other partners.	**D Frew**
	The Chair thanked everyone for their contributions.	
9.	**RoSPA** L Lumsden provided Senior Officers with a presentation on the work of Royal Society for the Prevention of Accidents (RoSPA).	
	L Lumsden advised that RoSPA is one of the world's leading safety organisations which has been in existence for over 100 years. RoSPA's mission is to exchange life-enhancing skills and knowledge to reduce serious accidental injuries and covers many different aspects of safety including home, road, water, leisure and occupational safety.	**Noted**

The presentation highlighted:

- The number of serious illnesses and deaths in the home, road, workplace and water,
- Overall hospital admissions by age. Over 65s had over double the number of hospital admissions to those aged 64 and below,
- The links between older people, poverty and accidents,
- Emergency hospital admissions as a result of a unintentional injury, children aged under 15, by deprivation area.,
- Keeping children safe, and
- Fall and poisoning prevention.

L Lumsden also shared details on where further information could be found and extended an invitation for Senior Officers to sign up to the RoSPA Webinar on 16 February 2022.

Noted

P Blackwood highlighted in relation to keeping children safe, officers who carry out home fire safety visits will also look out for any dangers to children, such as cupboards with cleaning materials/medicine have safety catches.

Noted

E Young advised that she will ensure colleagues link in with RoSPA in relation to the frailty work as part of Caring for Ayrshire.

E Young

The Chair thanked L Lumsden for her update.

10.	**AOCB**	
	No other business was discussed.	**Noted**
11.	**Date of Next meeting:** Thursday 10 March 2022 at 10.15 am via Microsoft Teams.	**All**

CPP Board Decision Tracker 2021 and 2022

North Ayrshire Community Planning Partnership

Strategic Priority	Topics Include	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22
Working NA	Investment, Innovation, Internationalisation, Inclusive Growth		Skills Development worskhop				
Healthier NA	HSCP Updates, partner updates, decisions	Community Food System	Young Peoples Suicide Taskforce, ADP workshop, IJB minutes	Local Employability Partnership; IJB minutes	Ayrshire Growth Deal; IJB minutes	Community Learning and Development P; Minutes of IJB	Local Employability Partnership; KA Leisure
Thriving NA	CSSP Updates, partner updates, child poverty, decisions	Cost of the school day, Childrens Services planning	CSSP Update, Youth Participation and Citizenship Strategy				
Safer NA	SNAP Updates, partner updates, decisions	Draft local police plan, Community Justice Ayrshire		SFRS consultation	New fire alarm requirements, The Community Justice Ayrshire Partnership	Fall Fighter Initiative	SNAP update
Locality Partnerships	Key strategic updates, decisions	Multi-agency locality working, LP priorities	LP priorities, LP minutes	LP minutes, locality priorities	LP minutes		
Fair for All	Key development updates					Locality Partnership Overview	
LOIP	Performance reports, Annual report	Q3 performance report	Q4 performance report	Approach to developing new LOIP	Development of new LOIP, Community Planning Improvement Board, Q2 performance report	LOIP 2022-30	Performance Report
Risk	Risk register reports						
Community Engagement	Planned engagement and consultation, Centre of Excellence, Peoples Panel						
Learning and Development	Conferences, shadowing, workshops, training, website						CPP Learning and Development Plan
Governance	Membership, terms of reference, appraisal	Hubs, centres and libraries consultation, CPP SOG minutes	CPP SOG minutes	CPP SOG minutes	CPP SOG minutes	CPPSOG minutes	CPPSOG minutes
Key Strategic Developments		CPP Step Change					
Info shared outwith meeting		1. Weekly update on national research, policy and publications 2. SDS update 3. Digital Strategy survey 4. Trauma informed practice 5. Local Police Plan 6. Local priorities refresh 7. Monthly economic briefing 8. Police Scotland webinar 9. Money advice leaflet	1.KA Leisure - appoitment of interim CEO 2.Monthly Economic Briefing 3.June CPP Board Minute. 4. Community Justice Annual Return Template 5. A Public Health Approach to Modern Slavery Webinar	Role of the TSI	1 - Economy & Skills Update 2- September Board Presentations 3- Draft Minute September CPP Board 4- LOIP 2022 5 - Third Sector Income Breakdown 6 - Annual Performance Report 7- Climate Emergency Training		1 Local Food Provisions over Festive Period 2. CPP Board - MinutesRequest for agenda items 3. LOIP Strategic Needs Assessment 4. Local Outcomes Improvement Plan - Public Feedback 5. Climate emergency training