



North Ayrshire
Community Planning Partnership

HEALTH IMPACT SCOPING OF NORTH AYRSHIRE COMMUNITY PLANNING PARTNERSHIP DRAFT LOCAL OUTCOME IMPROVEMENT PLAN 2022-30 (NA CPP LOIP)

This is a report of a Scoping Exercise held on 23rd February, 2022 to review this draft plan which has been prepared by NAC colleagues in conjunction with partners and communities within North Ayrshire. The exercise involved a diverse group and members used a health impact checklist¹ to identify populations and health determinants likely to be affected by the contents of the plan.

This report considers how different groups of people may be affected by the advice contained in the document, and potential wider impacts on health determinants.

Participants

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Elaine Young (Public Health NHS Ayrshire and Arran) (Facilitator)
Jacqueline Greenlees (Community Planning)
Tracey Wilson (Tenant Participation, Housing)
Joanne Inglis (Childrens Services, NHS Ayrshire and Arran)
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Kerryanne Owens (Carers, HSCP)

Introduction

Elaine welcomed everyone to the health impact scoping session on the draft North Ayrshire Community Planning Local Outcome Improvement Plan (NA CPP LOIP)

¹ Checklist available in guidance at: <https://www.scotphn.net/wp-content/uploads/2015/11/Health-Impact-Assessment-Guidance-for-Practitioners-SHIAN-updated-2019.pdf>

This was the third in a series of planned scoping exercises on Community Planning Partnership (CPP) partner plans in line with the CPP commitment to Health in All Policies.

It was noted that a draft plan and Health Impact Scoping checklist had been circulated around the group already.

Elaine invited Morna Rae, as lead for this work, to provide a short introduction to the plan. Morna spoke through the extensive engagement which has taken place with communities and partners to develop this plan noting the priorities which have been identified: Wellbeing, Work, World. It was noted that discussions today could influence future actions for the LOIP Action Plan as well as the strategic document.

Affected Populations

The plan will affect a wide range of those who live and work in North Ayrshire, as they go about their day to day lives.

North Ayrshire has a population of 136,000. It is located in the South-West of Scotland covering 341 square miles and is bordered by the local authority areas of Inverclyde, Renfrewshire, East and South Ayrshire. This area presents a diverse mixture of urban, rural and isolated towns and villages.

The group began with a general discussion about who might be affected by this plan and a short discussion ensued:

Children and Young People were identified along with those who are already disadvantaged or do not engage with services. We also noted the contribution of volunteers and those with lived experience. Our conclusions led us to the conclusion that everyone living and working in North Ayrshire could, in fact, be affected by this plan, reinforcing the importance of this assessment.

We then began our discussions on the **following populations** that could be differentially affected, and the following comments were made:

Children and Young People:

- ❖ The need to be cautious in relation to early years. A lot of focus is on school aged children and so under 5s can be missed out. The research shows that intervention at this stage has the most positive outcomes. Children and YP are not a homologous group, we need to remember subgroups like care experienced, those affected by substance abuse and mental health, additional support needs and those affected by poverty.

Older People:

- ❖ We noted the increasing aging population (75+) and the need to take account of the additional health and social support requirements arising from this. Data is telling us that people are living life longer, but that healthy life expectancy is not high – this places more emphasis on wellbeing and the need for people to keep active and healthy to increase life expectancy.

- ❖ We also explored the idea of what is meant by older people, similar to Children and Young People, this is not a homogenous group – there are people that are categorised as older who are still in work.
- ❖ There needs to be democratic participation by older people so that their voice is heard and there is advocacy for them leading as healthy a life as possible – sometimes these voices can get drowned out.
- ❖ At this point we were usefully reminded that the LOIP is about what we can do better, differently - being more targeted and innovative.
- ❖ It was noted that the structure for engaging older people needs modernised - older people may no longer want to be part of an 'elderly forum' for example. A refresh and a change is required as people see themselves differently now and want to be heard and see real results and change in their lives, which will ultimately impact on their health.

Women and Men:

- ❖ A focus on women's safety was highlighted and this issue has come through our news channels.
- ❖ There is also evidence that the pandemic has disproportionately affected women, both in caring, family, and work. This should be addressed within the LOIP.

Disabled People:

- ❖ Accessibility was noted as a key issue – access to opportunities, buildings and services.
- ❖ If we think about buildings and how compliant they are - are they meeting peoples' needs? It was noted that within the recent Halls, Centres and Libraries review - NAC asked, listened and acted. Over and above buildings what about service access? This led into a discussion about digital technology. Lots of vulnerable adults are being scammed with digital technology, we need to keep this in mind when thinking about service access and the digital world.
- ❖ We concluded that in the design of town centres, as well as access to buildings, access to green space should also be factored in.

Ethnic Minority:

- ❖ Housing services has a role and engages regularly with the gypsy traveller site in North Ayrshire. This multi-agency approach works well on this site - could this be replicated across North Ayrshire?
- ❖ Great work goes on at this static site however, there are more challenges with the more transient parts of the population.
- ❖ In terms of refugees, there are unaccompanied asylum-seeking children who have come to NA. They can come through official channels or be trafficked. Often they are from very traumatic backgrounds with no previous health data.

Language is a huge barrier. How could we ensure this multi-agency approach is consistently taken?

- ❖ We also noted the issue about how we support communities to accept the individuals coming into them. Need to support people but also build capacity in communities to support and accept those coming into the area.
- ❖ There are good examples of where there is support for those using the community larders, putting in place translation to help with the language barrier. There are also opportunities for learning at the larders about food and the dietary need of new Scots.

LGBT:

- ❖ It was noted that no particular issues arose during the EQIA undertaken on the document – we did note during our discussion that it is often challenging to collect data on these characteristics and we are often not sure if we are adequately engaging with this group.

Living with Poverty and Low Income:

- ❖ We noted that the LOIP will not fully address poverty in North Ayrshire - this is beyond the scope of the CPP and powered by more national drivers.
- ❖ There are however initiatives that we as a CPP can support – such as Community Wealth Building. Initiatives like that of a community bank, things like credit unions, these are more within the power of the CPP.
- ❖ We need to poverty proof the actions in the LOIP so that we can mitigate against poverty. Can fundamental actions be taken? For example, the transport agenda is key here, even travelling within one locality in North Ayrshire can be expensive and challenging for families.

Homelessness/People in the Criminal Justice System:

- ❖ In relation to housing, similar to asylum seekers, there is a specialist team within housing services and housing support focusing on homelessness and again, there is a successful multi-agency approach.
- ❖ In relation to Criminal Justice – we acknowledged that addiction can be a key issue for this group and again, access to services
- ❖ It was also highlighted that literacy and numeracy, in some cases, is a barrier to accessing services, particularly as we move to more online delivery of services. Health literacy is also an issue – when health information is received, is it always understood by the person receiving it. Health professionals need to be aware of the need for “talk back” and checking that information has been correctly received, otherwise it will not be implemented properly.

People in remote, rural and/or island communities:

- ❖ We noted to the need to consider the two islands of Cumbrae and Arran, both of whom have different needs. Plans for these island are being finalised – the

relevance to the LOIP is around access to services and we know that access to health services can be a real issue for the island population, particularly where more specialist intervention is required.

Carers:

- ❖ We noted there is an estimated 1.1-1.2 m carers across Scotland, increasing numbers. Also increase in young carers. Need to take this group into consideration to ensure they can contribute and thrive and have lives like their peers. There is a financial impact of potentially giving up work to care. We need to be inclusive and ensure carers can engage and access services. There is access to a carers service across North Ayrshire, but would be good to expand this.
- ❖ It was also noted that there has also been an increase in kinship care across North Ayrshire, and that the fact that 25% of households are lone parents affects poverty, wellbeing and access. A key group therefore to focus on.

Staff:

- ❖ As CPP we must ensure that contracts are fair and that there is flexibility - fixed term and zero hours are increasing. There needs to be flexibility for lone parents, parents, carers etc.
- ❖ Job density in North Ayrshire is at 60% but looking forward there will be an increased need for social care workers, this will be a growing industry. How do we communicate this as a viable career option for young people?

Impacts

The group moved on in the second part of the discussion - **Health Determinants**. We considered the positive and negative impacts on a number of key issues, and which groups could be affected by these impacts.

Health-related behaviour:

- ❖ We reflected that the LOIP should have a positive effect on health-related behaviour due to the focus on health and wellbeing.
- ❖ We noted that at a recent locality meeting there was a discussion about the increase in gambling during the pandemic.
- ❖ We referenced the work around community food will also have a positive impact. Everybody has a role to play. Cost of living is spiking. Further pressure will be put on oil and gas prices. These will all have an impact on our communities and their ability to afford healthy food. Focus on health and wellbeing will be more important than ever.

Social Environment:

- ❖ We noted that the most relevant parts of the LOIP to this are around employability, access to facilities, isolation and loneliness and coordination of services.
- ❖ There has been considerable work done through the Fair for All agenda – but are we doing enough?
- ❖ We reflected on the Fair for All Commission which recruited commissioners with lived experience and in positions of power and influence. They made connections with the community - didn't want to hear the same voices we usually hear. They reported challenges in relation to dependence on substances, and this has been exacerbated by Covid. Strategy is one thing but how will what we agree impact these people in the long term - these hardest to reach people?
- ❖ We also noted that the Third Sector are well placed to reach into communities and area a great resource for accessing harder to reach parts of the community.
- ❖ We need to follow what we know, link in with things already going on in the heart of the community, link in, rather than organising separate events.

Physical Environment:

- ❖ We noted some of the really good work going on in relation to improving the physical environment – for example Scottish Fire and Rescue Services using their grounds as allotment and meeting places; Men's Sheds etc.
- ❖ We acknowledged that the public sector is likely to change considerably over the next decade, buildings and fleets will have to be shared to save fuel and energy.

Access to and Quality of Services

- ❖ Nothing further- the focus of the LOIP is around improving access to services as previously noted above.

Impact of the proposal on equality:

- ❖ We noted the possibility for opportunities and strong community relationships, for example with the New Scots work.
- ❖ We also felt that it was important to be explicit about stigma and discrimination around access to services for emotional health and wellbeing and sexual abuse, for example.
- ❖ We acknowledged that the co-location of services will be key here - in addition to cost benefits and building relationships across partners, stigma will be reduced as there could be multiple reasons as to why a community member could be there.
- ❖ We noted the importance of officers understanding inequalities and the theory behind this and that there are an extensive amount of information and modules

which can be accessed – we need to challenge our services around universal v’s targeted approaches.

Recommendations

The group made the following recommendations based on the discussion:

The LOIP offers the opportunity for communities and Community Planning partners to jointly plan ahead for outcomes that will improve the lives of those living and working in North Ayrshire. For that reason we are delighted that these conversations about specific populations and impacts on the wider determinants of health took place to avoid adversely impacting on health outcomes and widening inequalities.

- ❖ Communities across all the age groups should be encouraged to contribute to the places they live in and how they live in these places and have a voice. Whilst there is targeted work with asylum seekers, homeless population, there are many living in deprived areas or in other vulnerable positions who remain seldom heard and we must do all we can to reach hidden populations.
- ❖ We need to be mindful of providing services for “children and young people” and “older people” – neither are homogenous groups and there are many sub-divisions within these groups who require to be considered in depth.
- ❖ The gender issue has been highlighted recently, with a new Scottish Government plan for Women’s Health having been published recently. As we plan services we must be mindful of the needs of both men and women and adjust accordingly.
- ❖ We recognised the rights of disabled people and the need to make sure that all services are accessible to those who have a visual or physical disability and to ensure that there is no discrimination. Equally we need to make sure that those delivering services are health literate to maximise understanding and compliance with advice.
- ❖ Those in the criminal justice system must be reintroduced into the community in a way that keeps the individual, their family and the community safe. Employment opportunities and support must be available to prevent reoffending.
- ❖ As there are two islands within this local authority area as well as rural areas, the needs of those within these populations needs to be met within the plan.
- ❖ With regards to Health - related behaviours it is very welcome to see that Wellbeing is one of key priorities within the plan – as the actions to underpin the plan are developed it will be useful to consider the comments within this section.

- ❖ The physical environment and role of “Place” has become more prominent in national policy. These policies will allow us to plan collaboratively with regards to the physical environment and look for opportunities for good land use and adequate green space. The links to Place and Wellbeing are also emerging allowing us to bring spatial and community planning together to achieve better outcomes – inclusive of health outcomes. Tools such as the Place Standard and Place and Wellbeing outcomes must become integral to planning.

- ❖ Finally, in developing and implementing the action plan there must be no discrimination against groups of people and equality of opportunity for all. There are opportunities for community capacity building in relation to equality, which must be taken.