



North Ayrshire  
Community Planning Partnership

## Community Planning Partnership Board

Tuesday 2 June 2026 at 10.00 am

Fullarton ConneXions, Church Street, Irvine

Time	No.	Page	Item	Presenter	Ask of CPP Partners
10.00 – 10.05	1.		<b>Welcome &amp; Apologies</b>	Cllr Gurney, Leader of the Council (Chair)	
10.05 – 10.10	2.	Pg 4	<b>Minutes of Previous Meeting</b> Submit minutes and action note of 4 March 2026 (copy enclosed)	Cllr Gurney, Leader of the Council (Chair)	Confirm that this is an accurate record of the meeting and actions have been completed.
<b>4. Workshop Sessions (10.10– 11.40)</b>					
The CPP Board workshops are designed to encourage closer discussion, increase understanding of partners' areas of work and provide opportunities for partnership working and support.					
<b>Director of Public Health Annual Report 2025</b> Receive update from Sally Amor				Sally Amor, Consultant Public Health, NHS Ayrshire & Arran	Receive update and consider opportunities for partnership working and support.
<b>CPP Wellbeing Workshop</b>  This workshop will focus on providing partners with an overview of Whole Family Support within the context of North Ayrshire CPP and the LOIP Wellbeing priority, bringing together several areas of work as well as an overview of the learning from the first phase of the North Ayrshire Wellbeing Alliance.  <b>Whole Family Support in North Ayrshire</b> Receive an update from Laura Kayes and Claire Coburn.  <b>Wellbeing Alliance</b> Receive an update from Laura Barrie				Laura Kayes, Policy Officer (Child Poverty)  Claire Coburn, Project Manager (Child Poverty)  Laura Barrie, Head of Active Communities, KA Leisure	Receive updates and consider next steps for the CPP.

For further information please contact Jacqui Greenlees, Senior Manager Policy, Performance and Community Planning

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## Governance/Future Developments

<b>11.40 – 11.55</b>	<b>5.</b>	<b>-</b>	<b>Partner Discussion and Sharing on Key Developments and Opportunities</b>	Cllr Gurney, Leader of the Council (Chair)	Receive updates and consider opportunities for partnership working and support.
<b>11.55 – 12.00</b>	<b>6.</b>	<b>-</b>	<b>AOCB</b>	All	Partners share developments and partnership working opportunities.

### 2026 CPP Board Meetings

Date	Time	Venue
Monday 7 September 2026	2.00 pm – 4.00 pm	Garnock Committee Room, Cunninghame House, Irvine
Wednesday 9 December 2026	2.00 pm – 4.00 pm	Garnock Committee Room, Cunninghame House, Irvine

**North Ayrshire Community Planning Partnership Board  
Board Membership**

<p><b>Ayrshire College</b> Angela Cox, Chief Executive and Principal</p>	<p><b>Scottish Government</b> Brian Taylor, Location Director</p>
<p><b>Health and Social Care Partnership</b> Chloe Robertson, Elected Member (Chair, IJB) Caroline Cameron, Director</p>	<p><b>Skills Development Scotland</b> Claire Tooze, Area Manager</p>
<p><b>Jobcentre Plus</b> Dean Anderson Service Lead</p>	<p><b>Scottish Fire &amp; Rescue</b> Kevin Murphy, Area Manager</p>
<p><b>KA Leisure</b> Malcolm McPhail, Chief Executive Laura Barrie, Head of Active Communities</p>	<p><b>Strathclyde Partnership for Transport</b> John Binning, Principal Policy Officer</p>
<p><b>NHS Ayrshire and Arran</b> Lesley Bowie, Chair (<b>Vice Chair</b>) Gordon James, Chief Executive</p>	<p><b>North Ayrshire Council</b> Anthony Gurney, Elected Member (<b>Chair</b>) John Bell, Elected Member Charles Currie, Elected Member Scott Davidson, Elected Member Alan Hill, Elected Member Amanda Kerr Elected Member Shaun Macaulay, Elected Member Craig Hatton, Chief Executive David Hammond, Executive Director Rhonda Leith, Head of Service</p>
<p><b>Scottish Enterprise</b> Rebecca Brown, Project Manager</p>	<p><b>Police Scotland</b> Chief Supt Suzanne Chow Supt Graeme Gallie</p>
<p><b>Third Sector Interface</b> Vicki Yuill, Chief Executive Officer, Arran CVS Kaileigh Brown. Executive Director, TACT</p>	

**Community Planning Partnership Board**  
5 March 2026 10am  
Fullarton ConneXions, Church Street, Irvine



## **Present**

### **North Ayrshire Council**

David Hammond, Executive Director (**Chair**)  
Cllr Scott Davidson, Elected Member  
Sam Anson, Executive Director (Education)  
Stewart Robbie – Business Manager (Education)  
Laura Neill, Senior Manager – Employability  
Joanne Inglis, Senior Manager – Children & Families  
Deobrah Gott, Head of Centre (Marress House)

### **NHS Ayrshire and Arran**

Sharon Hackney, Senior Manager (Allied Health Professions)  
Dr Ruth Campbell, Consultant Dietitian in Public Health Nutrition

### **Police Scotland**

Superintendent Graeme Gallie

### **Scottish Fire & Rescue**

Kevin Murphy, Area Commander

### **SDS**

Claire Tooze, Area Manager

### **Ayrshire College**

Angela Cox, Principal & Chief Executive

### **Scottish Government**

Brian Taylor, Location Director

### **KA Leisure**

Malcolm McPhail, Chief Executive

## **In Attendance**

Jacqui Greenlees (NAC), Angela Gibson (NAC), Jennifer McGee (NAC)

## **Apologies**

Craig Hatton (Chief Exec), John Binning (SPT), Caroline Cameron (HSCP), Dean Anderson (DWP), Vicki Yuill (Arran CVS), Kayleigh Brown (TACT Scotland), Rhonda Leith (HoS), Cllr Charles Currie - Elected Member, Cllr John Bell - Elected Member, Cllr Amanda Kerr - Elected Member, Cllr Alan Hill - Elected Member, Cllr Anthony Gurney – Elected Member, Cllr Chloe Robertson – Elected Member, Cllr Shaun Macaulay – Elected Member, , Lesley Bowie NHS, Lisa Davidson (Public Health) Rebecca Brown (Scottish Enterprise), Suzanne Chow (Police Scotland), Laura Barrie (KA Leisure),

## 1. Welcome and Apologies

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

## 2. Minute of the Previous Meeting

The overview of the Board meeting held on 4 December 2025 was approved.

## 3. Workshop Sessions

The workshop sessions were conducted as plenary discussion.

They are designed to encourage closer discussion, increase understanding of the partners' areas of work and provide opportunities for partnership working and support.

### **CHES Progress Update/Workshop Sessions – Sam Anson, Executive Director (Education)**

S Anson provided an update on the work of CHES.

The presentation provided the Board with a recap on progress so far and aimed to raise awareness of programme progress, gather partner input to support a whole-system approach, and seek feedback on the proposed "Good North Ayrshire" language used within the programme.

Discussion took place regarding funding with views shared/comments included that the priority/focus should be on delivery.

**Action:** S Anson and A Cox agreed to meet and further discuss funding options.

### **Workshop 1 – Good Start**

J Inglis and D Gott provided an update on the CHES Good Start workstream.

The workstream has spoken with families and local partners across Irvine to understand what support they need. This has included input from GP's, health visitors, early years settings, and immunisation clinics, alongside wider community engagement.

Work with NESTA has mapped the early years system to identify what helps families, what creates barriers, and where unmet needs exist. This will inform future planning and shared learning with other participating areas.

Education's Early Years Service is exploring a long-term partnership with *Thrive at Five*, which could make North Ayrshire one of two pilot councils in Scotland. The team also plans to improve multi-service coordination by using existing buildings as informal community hubs.

Discussions are underway with the Scottish Government on trialling changes to the Bourtreehill health visiting pathway—removing the 4-year review when children have no concerns and adding a universal 18–20-month visit. This is still subject to NHS approval.

Discussion took place, views shared/comments included

- Is there an opportunity to integrate training into college programmes for Early Years students?
- There is a requirement to look at budgets and how we allocate resources
- We should think about what assets we already have available ie Fullarton Hub and

Children's First building in Bourtreehill

- We should think about how to formalise commissioning – ie England take a different approach however this would be an opportunity to do something different

## **Workshop 2 — Good Job**

### **Laura Neill, Senior Manager Employability**

L Neill provided an update on the Good Jobs Workstream.

The presentation highlighted

- North Ayrshire's Good Jobs workstream within the wider CHES and Good North Ayrshire programmes, emphasising that improving access to fair and sustainable employment is central to reducing child poverty and tackling worsening health inequalities.
- Progress to date— including data-driven work, community engagement, and the identification of priority neighbourhoods—while setting out key actions across post-school employment, early intervention in schools, improved data sharing and strengthened community involvement.
- That the work connects directly to the £20M Pride in Place programme, aimed at long-term, community-led regeneration, with the overarching goal of improving health and wellbeing across North Ayrshire.

Discussion took place around how the Board can support the Good Jobs workstream.

**Action:** D Hammond agreed to meet with L Neil to discuss further.

## **Workshop 3 – Good Health**

R Campbell and S Hackney provided an update on the Good Health Workstream.

The main priority areas were based on looking at what's happening locally, linking back to earlier engagement on the Our Garnock Valley Plan, trying to understand Public Health Scotland data and meeting with local health services/GP's.

The emphasis is that progress can be made by working in partnership with the Alcohol and Drug Partnership (ADP).

Partners have agreed to explore support for cardiovascular/heart-disease prevention in Dalry and Kilbirnie, acknowledging that the Active North Ayrshire Health programme (KA Leisure) is not currently operating in these towns.

There is a strong agreement that partnership working is essential for taking the work forward.

The team are working with Public Health Scotland (PHS) to test the Place Standard Tool – Food Environment Pilot, with staff now fully trained.

The PHS's review on deindustrialization has provided valuable insights, highlighting the importance of hope, the need for support following major economic change, and the role of community cohesion in wellbeing.

Discussion took place around the wider issues of people's ability to access good food due to the cost-of-living crisis, and challenges around parents having the skills or confidence to cook healthy, unprocessed meals.

**Action:** A Cox and R Campbell agreed to meet to discuss further.

#### **4 Place Director/ CPP Charter discussion**

J Greenlees delivered a presentation providing an update on the draft Place Director/ CPP Charter. J Greenlees introduced Brian Taylor from Scottish Government as the Place Director for North Ayrshire. Scottish Government are seeking final endorsement of the draft charter from North Ayrshire CPP by 13 March.

Following discussion, the group agreed to approve the Place CPP Charter.

**Action:** D Hammond agreed to respond to Scottish Government to confirm that North Ayrshire's CPP Board discussed and agreed to endorse the CPP Charter.

#### **5 Community Cohesion**

D Hammond provided an update on Community Cohesion advising that it is National Community Cohesion week w/c 9 March.

Discussion took place with views/comments shared including concerns around social media, a desire to think about how we can communicate better with young people, and the impact of social media on mental health.

**Action:** D Hammond agreed to add as an item to the agenda for the next CPP Board meeting on 2 June.

**Action:** D Hammond/J Greenlees agreed to discuss further with the Council's comms team.

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

No items were raised.

#### **7 AOCB**

No other business was discussed.

The Chair conveyed his thanks to everyone for their valuable input and attendance.

The next meeting of the North Ayrshire CPP Board will be held on **Tuesday 2 June 2026.**

# Growing well to live well: [Understanding the burden of disease](#) Director of Public Health report – Summary

## Introduction

Scotland, and Ayrshire and Arran in particular, is facing significant challenges in health and wellbeing. Life expectancy is stalling for disadvantaged communities, and more people live longer in poor health. Health services are under strain, and disease burden is expected to rise by 21 per cent, hitting the poorest hardest.

The Director of Public Health Report 2025 gives a detailed picture of health challenges, inequalities, and lived experiences across Ayrshire and Arran. It supports local delivery of national policies to improve population health, aligning with Scotland’s Population Health Framework, Public Sector Reform Strategy, and Vision for Health and Social Care.

The report takes a life-course approach, showing how health is shaped from before birth through childhood, adulthood, and later life. It looks at the main drivers of disease, disability, early death, and the social and structural factors behind them.

A central message is that prevention is possible at every stage of life. By working together, NHS, councils, health and social care partnerships, and communities can improve health outcomes. The report offers practical insights to guide this collective effort.

## The population of Ayrshire or Ayrshire and Arran

Figure 1 shows key facts about Ayrshire and Arran’s population. Ayrshire and Arran’s population is declining, with more deaths than births or people moving in. Almost one in three residents live in the most deprived areas, and many communities are rural or based in small towns. The region is largely rural, with many living in remote or small towns. Ethnic minorities make up 3.6 per cent of the population.



Figure 1: Demography of Ayrshire and Arran

### A life course lens

This report looks at the factors that shape health in Ayrshire and Arran over a lifetime. It considers stable life patterns and disruptions within social, historical, biological, and psychological contexts. It highlights the role of families, personal skills, and life choices within constraints, as well as links between life stages. This approach helps identify opportunities to prevent poor health and social outcomes.

### Health as a fundamental human right

Human rights are basic freedoms everyone is entitled to, such as food, shelter, education, and safety. When these rights aren't met, health suffers. Investing in health is about supporting human potential and wellbeing, not just cutting healthcare costs.

Poverty in Ayrshire and Arran is complex, shaped by social, economic, and geographic factors. Early-life poverty can cause lasting biological changes that harm child development and increase disease risk throughout life. Child poverty is a major concern, with all local authorities showing rates above the Scottish average.

Figure 4 –

Associations with Early Life Poverty		
Impacts on Child Biology	Impacts on Child Health & Developmental Outcomes	Long-term implications for adult health & wellbeing
<ul style="list-style-type: none"><li>• Physiological stress response</li></ul>	<ul style="list-style-type: none"><li>• Cognition &amp; learning</li></ul>	<ul style="list-style-type: none"><li>• Risk for mental health problems</li></ul>
<ul style="list-style-type: none"><li>• Brain structure &amp; function</li></ul>	<ul style="list-style-type: none"><li>• Language development</li></ul>	<ul style="list-style-type: none"><li>• Increased susceptibility to infectious diseases</li></ul>
<ul style="list-style-type: none"><li>• DNA methylation</li></ul>	<ul style="list-style-type: none"><li>• Behavioural problems</li></ul>	<ul style="list-style-type: none"><li>• Pro-inflammatory phenotype</li></ul>
<ul style="list-style-type: none"><li>• Microbiome</li></ul>	<ul style="list-style-type: none"><li>• Educational outcomes</li></ul>	<ul style="list-style-type: none"><li>• Increased risk of chronic diseases</li></ul>
<ul style="list-style-type: none"><li>• Immune responses &amp; inflammation</li></ul>	<ul style="list-style-type: none"><li>• Susceptibility to infectious diseases</li></ul>	<ul style="list-style-type: none"><li>• Decreased productivity</li></ul>
	<ul style="list-style-type: none"><li>• Risk of chronic diseases &amp; mental health problems</li></ul>	

### Link between health, community and the environment

Planetary health links human wellbeing to the health of natural systems that support life. [Scotland's National Spatial Strategy](#) reflects this by promoting sustainable, biodiverse places for healthier lives and a fairer economy.

Across Ayrshire, long-term social and economic changes have shaped health for generations. Industrial growth once brought jobs and stability, but deindustrialisation in the 1970s–80s caused mass job losses, disrupting families and communities. These effects

persist, with limited access to secure work, weakened local infrastructure, and deepening health inequalities. Some areas are now among Scotland’s most deprived, with higher rates of mental ill-health, substance use, and chronic disease.

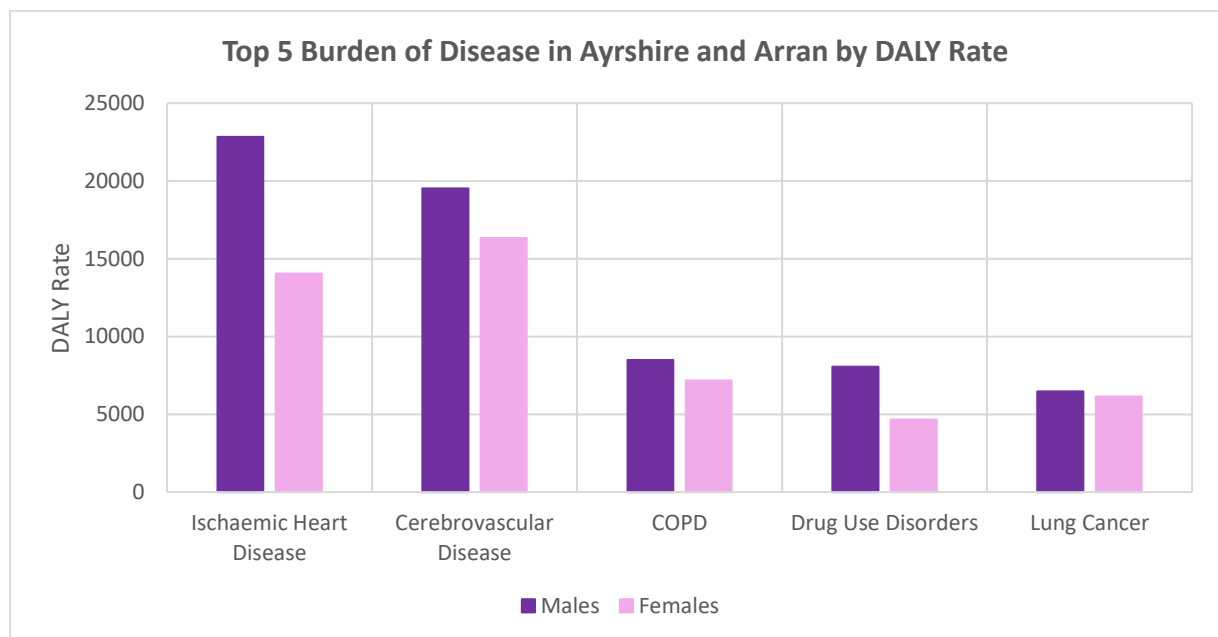
Improving health means tackling root causes, investing in housing, education, jobs, and community support, while strengthening local economies. Prevention and inclusive regeneration can help reverse the impact of industrial decline and build healthier, more resilient communities.

### Understanding the burden of disease across Ayrshire and Arran

The Burden of Disease programme measures years of healthy life lost due to illness, disability, or early death using Disability-Adjusted Life Years (DALYs). One DALY equals one year of healthy life lost. Higher DALY rates mean more people are dying early or living longer with illness.

This helps compare the impact of different conditions and track changes over time. In Ayrshire and Arran, health is consistently poorer than the Scottish average. The main causes of lost healthy life are stroke, COPD, drug use disorders, heart disease, and lung cancer. Drug use hits hardest at ages 25–44, while chronic conditions dominate in older age groups.

Some local DALY rates, such as for severe stroke in men aged 85+, are much higher than the national average, showing significant health challenges in later life.

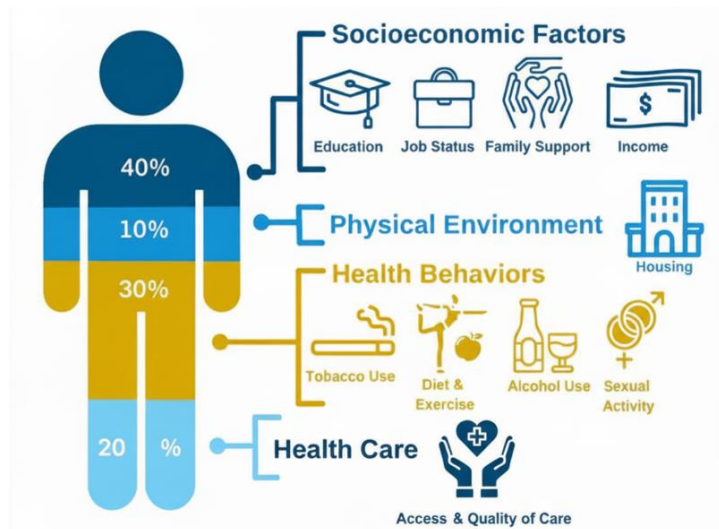


The burden of disease data explains Ayrshire and Arran’s high hospital admissions, many long-term conditions, and serious drug-related harms. These issues are driven by high deprivation in some communities, an older population with greater health needs, and the challenges of providing and accessing care in a mostly rural area.

## Prevention across the life course

Understanding the local burden of disease shows where change is most needed. A key solution is stronger prevention across NHS services and Health and Social Care Partnerships.

As shown in [Figure 12 Four Pillars of Health](#), many factors shape health. Prevention works best through whole-population measures, for example, small actions like supportive schools or routine stop-smoking advice can have big impacts. Success depends on all parts of the system acting together to make health a shared resource, improving outcomes and experiences for individuals and communities.



The tiers of prevention below outline how a whole-system approach can improve health across the life stages. Each tier plays a distinct role, and effective action often involves combining them to build strong foundations, reduce risks, and respond to needs as they arise.

Tiers of prevention:

- Universal prevention - Builds the foundations for lifelong health by ensuring supportive environments and high-quality universal services from early childhood onwards.
- Primary prevention - Reduces exposure to risk and protects against early development of disease or harm.
- Secondary prevention - Reduces risks and harms at the point they first present and prevents escalation to more complex or severe needs.
- Tertiary prevention - Reduces long-term impact, disability, or complications and supports stability and improved quality of life.

## Opportunities to shape health across the life course

Understanding health as a resource across life means there are opportunities to shape and influence using evidence and knowledge to inform activity. This report explores key

analytical insights where a preventive intervention will make a difference to areas of identified need and risk, across a continuum of prevention activity.

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### *Life course spotlight circles*

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#### Preconception and pregnancy

Preconception and pregnancy are critical stages that shape a baby's start in life and long-term health for mother and child. Pregnancy offers a unique chance for education, nutrition, mental health support, and reducing risks.

In Ayrshire and Arran, poverty in pregnancy is a major concern, over half of all pregnancies occur in the two most deprived areas. Maternal obesity is also higher than the Scottish average, increasing risks like miscarriage, diabetes, and birth complications.

In 2023, a needs assessment in Carrick, South Ayrshire, examined pregnant women's healthy eating knowledge, barriers to eating well, access to support and physical activity levels. Based on the findings, the Dietetic Health Improvement Team and South Ayrshire Council's Thriving Communities Team are developing a local support programme. The results have also informed work in North Ayrshire to pilot a maternal practitioner role. Future plans include a care pathway for women with high BMI or complex nutritional needs.

#### Infancy (0 to 3 years)

Infancy is a crucial stage, with the first 1,001 days laying the foundation for lifelong health and wellbeing. Investment in this period brings major benefits.

**Infant feeding:** Breastfeeding supports both baby and mother – reducing infection and obesity risk for babies, and lowering cancer, obesity, and heart disease risk for mothers. The World Health Organisation (WHO) recommends exclusive breastfeeding for six months. Ayrshire and Arran's breastfeeding rate (57.1 per cent) is below the Scotland average (69 per cent), with East Ayrshire lowest at 54.4 per cent.

**Family focussed care:** Getting it Right for Every Child (GIRFEC) is Scotland's approach to ensuring children and families receive the right support at the right time. It is a strengths-based, rights-focused framework guided by the National Practice Model. In Ayrshire and Arran, we have developed a Pan-Ayrshire Practitioner Guide and a Child and Young Person's Pathway with input from families.

#### Childhood (4 to 11 years)

Children at this age are naturally curious and ready to learn. While early adversity can have lasting effects, positive childhood experiences are protective and can offset earlier harms. Children with neither adversity nor positive experiences may still be at risk of poorer outcomes.

**Child dental health:** Ayrshire and Arran has the lowest rate of Primary 1 children with good dental health in Scotland. The Childsmile programme has improved oral health, but progress has slowed. It now targets families most in need, with strong links to health visitors and school nurses. From 2023–2025, nearly 800 three-year-olds in deprived areas without a dentist were referred for support.

**Child poverty:** Around one in four children in Scotland live in poverty. In South Ayrshire, 24.4 per cent (around 4,807 children) are affected, with highest rates in Ayr North Harbour, Wallacetown, and Newton. Local action includes Newton Primary’s food and clothing bank, now supporting around 120 people weekly.

### Adolescence (11 to 18 years)

Adolescence and early adulthood are key periods for lifelong mental health. Rapid brain development can affect mood and behaviour, while positive relationships at home, school, and with peers protect wellbeing. Poor relationships, bullying, and exclusion increase risks like self-harm, violence, and substance use, which is one of the top five health burdens for this age group.

**Teen pregnancy:** Teenage pregnancy has risen in Scotland for the first time in a decade, mainly among 17 to 19-year-olds, though Ayrshire rates have generally declined since 2011. Younger teens are more likely to have pregnancies ending in termination. Local support includes the [SHAYR website](#), school education, pharmacy services, and a recent myth-busting campaign on contraception.

**Youth vaping:** Youth vaping poses significant risks, including nicotine addiction and increased likelihood of later smoking. Evidence suggests rising vaping rates may be slowing progress in reducing youth smoking. NHS Ayrshire & Arran has established a Youth Vaping Taskforce with partners across education, health, Police and others, to focus on prevention, education, consistent messaging, sharing best practices and improved monitoring of trends.

### Young adult (19 to 24 years)

Young adults are still developing decision-making skills, as the brain’s prefrontal cortex matures around age 25. Earlier adversity can increase risks such as impulsivity, self-harm, substance use, depression, and anxiety, making supportive adults important during this stage.

**Young adult mental health:** Mental health issues among young adults have risen sharply, from 2.5 per cent in 2011 to 14.3 per cent in 2019. Ongoing brain development brings both growth opportunities and vulnerability, worsened by COVID-19. Wellbeing scores remain below the Scottish average in East and North Ayrshire, showing a need for more support.

### Adulthood (25 to 49 years)

Adult health is shaped by earlier life skills and resilience. Strong relationships protect wellbeing, but mental health issues often peak in adulthood due to work, family, and financial pressures. Self-harm and violence in men contribute significantly to years of life

lost. Drug use disorders are a major concern, with the highest death rates in the most deprived areas.

**Tuberculosis (TB):** TB remains a key respiratory issue, mostly affecting middle-aged, UK-born men in deprived areas. Public health teams focus on case-finding, treatment support, and migrant screening. NHS Ayrshire & Arran was among the first Boards in Scotland to introduce this programme.

**Substance use:** Deaths from drugs, alcohol, and suicide in adults aged 25–49 are of serious concern, with drug-related deaths rising in recent years. These causes contribute heavily to premature mortality, highlighting the need for targeted interventions.

#### Middle age 50 – 69 years

Adults are key to Ayrshire and Arran’s communities, and supporting their health improves quality of life and reduces pressure on services. As people age, resilience built earlier in life shapes current health challenges. Biological changes increase the risk of chronic conditions such as cardiovascular disease. Obesity is a major issue – 34 per cent of adults are obese and 70 per cent are overweight. This is among the highest in Scotland. Preventive cancer screening becomes vital, as early detection improves survival.

**Cancer screening:** Bowel and breast screening start at age 50. Uptake in Ayrshire and Arran is slightly below national averages and lower in deprived areas.

**Cardiovascular disease:** The region ranks among Scotland’s highest for heart and circulatory conditions. Early detection of risks like high blood pressure and diabetes is key. NHS Ayrshire & Arran is expanding community-based screening, including pilots using portable tools for earlier diagnosis closer to home.

**Older adults (70 to 89 years) and the elderly (90+ years):** In older adulthood, ageing, social factors, and long-term conditions become more evident. In Ayrshire and Arran, heart disease, stroke, lung cancer, and COPD rise sharply, with COPD among the highest in Scotland, particularly in East Ayrshire, due to deprivation, smoking, and past occupational risks. More people are now living into their 90s, bringing added health challenges.

**Alzheimer’s disease:** Alzheimer’s disease and other dementias place a heavy burden, with rates increasing sharply after age 85. Local initiatives, such as dementia-focused community conversations in East Ayrshire, are helping shape priorities for better care.

#### Recommendations

Ayrshire and Arran NHS Board, and the senior leadership within the Health and Social Care Partnerships, Ayrshire Local Authorities and wider Community Planning Partners are challenged, encouraged and invited to:

1. Build a stronger understanding of how poverty and lack of opportunity affect people in the most disadvantaged communities across North, South, and East Ayrshire.

2. Recognise the benefits of both universal and targeted approaches in using health as a resource for life: from before birth, through all life stages, and across generations: for individuals, families, and communities
3. Work with purpose, pace, and scale across systems and services to unlock this preventive potential for all Ayrshire citizens. Every partner should take responsibility and act within their sphere of influence to deliver the opportunities outlined in this report.
4. The 2026 Director of Public Health (DPH) Report will build on these themes. It will guide the planning and design of services that meet the diverse needs of people at different ages and life stages, from urban centres to remote towns and villages. This work will support the Caring for Ayrshire Action Plan: citizens at the centre of care, accessing the right care, in the right place, at the right time.
5. Key asks of the Public Health Department and all partners/programmes of work involves examining:
  - a) What is being delivered and how we ensure maximum impact (across a prevention continuum) to effect change in this space as a team.
  - b) How we demonstrate leadership and collaboration across the whole system to fully realise preventive potential.
  - c) How we ensure our work reaches those most affected by poverty and inequality, including rural and remote communities.
  - d) The gaps are in our current approach, and what practical steps we can take to close them.
  - e) How we embed prevention across all systems and services, not just in strategic plans.
  - f) What evidence demonstrates progress and impact across communities.