Paper 5

East Ayrshire Community Health Partnership

Working together to Improve Health and Wellbeing in East Ayrshire

Annual Report 2009/2010

(Approved by East Ayrshire CHP Committee on 23rd August 2010)

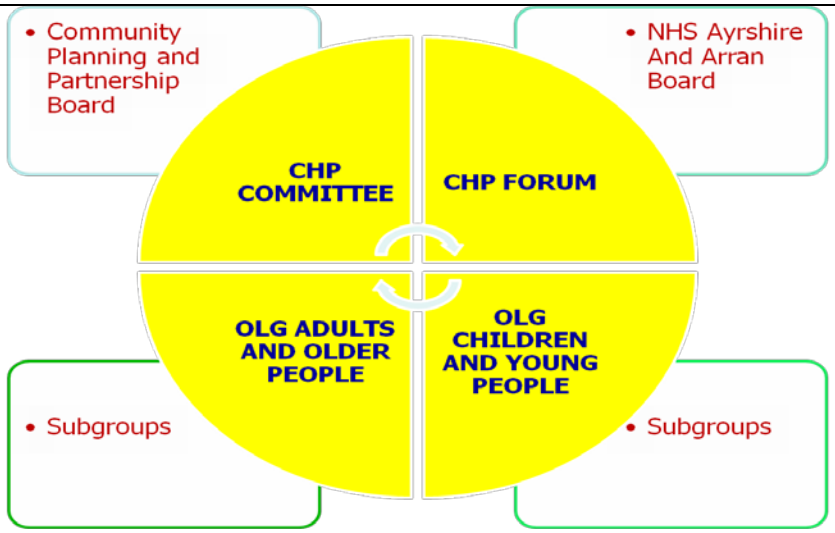
East Ayrshire Community Health Partnership

Annual Report

2009/2010

1	**Foreword** As Chair of East Ayrshire Community Health Partnership I welcome the opportunity to provide an introduction to our annual report for 2009/2010 Within East Ayrshire we recognise that health is a very complex issue and when planning for health improvement all factors that influence health are considered. In terms of identifying the main issues and prioritising our efforts locally we have introduced a new and dynamic structure for our Community Health Partnership in East Ayrshire which is fully integrated with our Community Planning and Partnership arrangements. This approach enables us to share intelligence with partners including East Ayrshire Council, NHS Ayrshire and Arran and the voluntary and community Sectors and plan together to ameliorate local health issues. In particular the CHP focuses upon Shifting the Balance of Care, tackling Health Inequalities and improving health and wellbeing of our local residents. Over the last year we have been working hard to get the new structure up and running and to ensure that we get the very best out of partnership working between East Ayrshire Council, NHS Ayrshire and Arran and our communities. Our vision is to improve health, wellbeing and care for our local residents by making the most efficient use of the resources available to us. We want to be innovative and imaginative in our approach; with a focus on achieving shared outcomes and to explore new ways of working across organisations and communities to achieve these goals. We have made some good progress in terms of our performance and can boast a number of areas of best practice both nationally and locally. We still however have a great deal of work to do and in the coming year we will endeavour to further develop and optimise our partnerships and respond to local needs in order to improve the health, wellbeing and care outcomes for local people. **Cllr Drew Filson** **Chair of East Ayrshire CHP Committee**

2	**East Ayrshire CHP- An Introduction**
2.1	***Community Health Partnerships (CHPs) are statutory bodies which*** are expressions of partnership working, principally between the NHS and local authorities but also importantly, with the voluntary sector, contracted providers, and most fundamentally, with patients and the public. In Ayrshire and Arran there are three CHPs representing the East, North and South geographical areas and which are co-terminus with the three respective local authorities. The Ayrshire CHPs have been constructed not as 'management units' but rather as a set of partnership structures that are in place to deliver services and programmes within communities. Resources (staff, information, finance, expertise, buildings, etc) are held by local authorities and the NHS Directorates are deployed in an effective, integrated way in order to address shared outcomes for health and wellbeing. Following an extensive review during 2008, led by partners from NHS Ayrshire and Arran, East, North and South Ayrshire Councils the three Ayrshire CHPs were transformed from traditional management units to a unique partnership structure. The new arrangements were approved by East Ayrshire Council Cabinet on 18th June 2008 and by NHS Ayrshire and Arran by 25th June 2008. The Cabinet Minister for Health subsequently approved the revised Scheme of Establishment for CHPs in Ayrshire and Arran.
2.2	**A Shared Vision** CHPs in Ayrshire and Arran have the following vision: *"CHPs will unite all stakeholders in a locality partnership with the aim of improving the health, social care and healthcare of local populations"* This vision is intended to lead to: • Local people having the healthiest lives possible • Integrated health promotion activities, healthcare and social care services and • Reduction in inequalities, protection of the vulnerable and services tailored to local needs
2.3	**The CHP Structure** The diagram below outlines the core elements of the CHP.



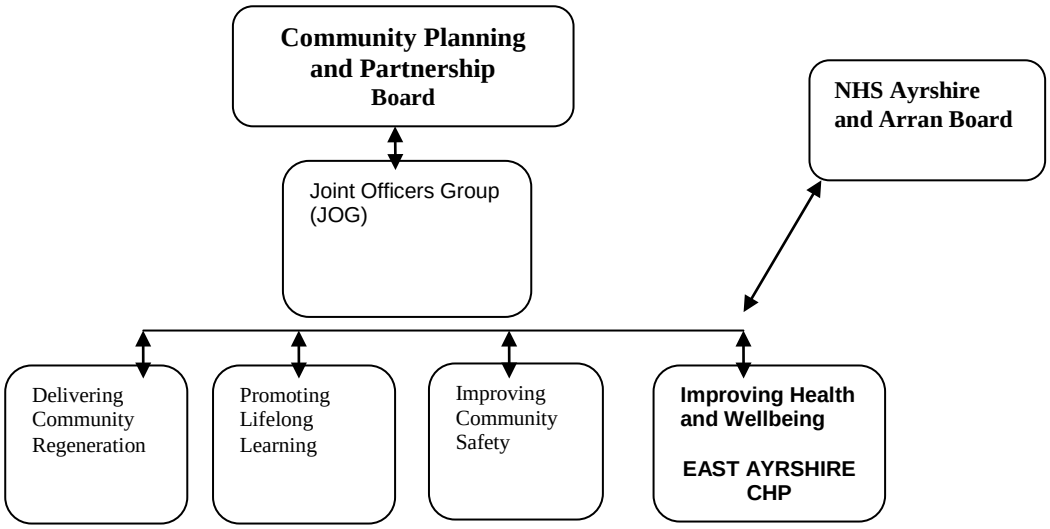
2.4 The ***Officer Locality Groups*** for Children and Young People and for Adults and Older People are the 'engine rooms' for service planning and delivery. The Officer Locality Groups, as well as working within a Community Planning context, also have strong linkages with the more central and strategic planning within NHS Ayrshire and Arran and East Ayrshire Council. In addition, they act as key drivers for the newly formed ***Alcohol and Drug Partnerships*** and for the new arrangements for mental health within the ***Mental Health and Learning Disabilities Partnership***.

2.5 The Officer Locality Groups report into the ***CHP Committee*** which is made up of elected members and NHS Directors and Non-Executive Directors. The Committee is the principal decision-making element of the CHP and reports directly into the NHS Ayrshire and Arran Health Board and the Community Planning and Partnership Board. The ***CHP Forum*** is the key consultation, engagement and advisory mechanism within the overall structure and has representation from Heath professions including GPs, Nurses, Pharmacists, Allied Health Professionals, Public Health, the Local authority, Patients and Public through the ***Patient Public Forum (PPF) and the North and South Communities Federations,*** Voluntary sector and Carers.

2.6 **Strategic Planning and Measuring Performance**

The principal way that the CHP plans its partnership activity and evidences performance is through the ***Single Outcome Agreement*** (SOA) that has been developed by the ***Community Planning Partnership***. The CHP functions as the 'thematic' planning group within this Community Planning context in terms of Improving Health and Wellbeing and has contributed to the development of the strategic, long term local and national outcomes within the SOA and has also developed an Improving Health and Wellbeing action plan for 2009-2011 as part of the Community Plan that underpins and supports the achievement of outcomes on a partnership basis. This action plan together with other key strategic drivers such as the Children and Young People's Service Plan form the central basis for the work of the CHP and the reporting of Performance. In line with national requirements the health and wellbeing elements of the SOA together with the Improving Health and Wellbeing Action Plan and other drivers are submitted to the CHP Committee on an annual basis and following approval; form part of the performance return to the Scottish Government in September each year.

2.7	**Community Planning Structure and link to the CHP** ***The diagram below exhibits the structure for Community Planning in East Ayrshire and the***



The ***Community Planning Partnership Board*** is responsible for strategic leadership, planning and decision making and has senior representation from Community Planning Partners form Strathclyde Police, NHS Ayrshire and Arran (Chief Executive of NHS Ayrshire and Arran), Fire and Rescue, Strathclyde Passenger Transport and others

The Joint Officers Group has responsibility to ensure a consistent and coherent approach across all thematic partners, ensure outcomes that are dependent on the work of more than one thematic group are adequately addressed, develop robust performance and reporting processes, ensure adequate agency and public facing communication respond to cross cutting community planning issues and ensure comprehensive community engagement.

East Ayrshire's Community Plan has four themes viz. Delivering Community Regeneration, Promoting Lifelong Learning, Improving Community Safety and Improving Health and Wellbeing. Each theme has a specific action plan which focuses on addressing issues that need a partnership or collaborative approach to make real progress in achieving positive outcomes for local people. The work of the CHP is driven by the Improving Health and Wellbeing Action Plan.

The Single Outcome Agreement which is developed by Community Planning Partners is the mechanism by which progress towards the achievement of shared local and national outcomes is measured and reported to the CHP in respect of Improving Health and Wellbeing, EAC Cabinet, the Community Planning and Partnership Board and the Scottish Government.

3	**Local Context**
3.1	**East Ayrshire – area description and key challenges** East Ayrshire covers an area of 490 square miles from Lugton in the north to Loch Doon in the south. It has a population of 119,920 who live in a mixture of urban, rural and isolated communities. Kilmarnock is the major urban area with a population around 43,500 (36%). The remainder of the population lives in smaller communities ranging from a few hundred people to around 9,000 people in Cumnock. (Source: General Register Office for Scotland, 2008 Mid Year Estimates of Population.)
3.2	**Ageing Population:** Based on recent forecasts, the population of East Ayrshire is expected to increase slightly (by 1.4%) between 2008 and 2023; this compares with an expected 5.3% increase nationally over the same period. The population is ageing significantly, with the local working age population projected to fall by 6.5% between 2008 and 2023 compared with a 1.3% decrease across Scotland. These statistics are compounded by the fact that the direction of population change varies across age bands; there is expected to be a decline in both the 16-29 and 30-49 age groups, while the 50-64 age band is projected to rise, continuing the increase in the ageing population in East Ayrshire. In addition, it is estimated that the 65-74 and 75+ age bands will increase by 20% and 50% respectively by 2023. (Source: General Register Office for Scotland, 2008 Based Population Projections.)
3.3	**Unemployment:** The economic down turn has presented significant challenges for East Ayrshire, with claimant count unemployment increasing from 3.5% at January 2008 to 5.0% at January 2009 to 6.2% at January 2010 (compared to the Scottish average of 2.3%, 3.4% and 4.5% respectively). (Source: Nomis, 2010)
3.4	**Crime:** When compared with Scotland, the rate of total crime in East Ayrshire over recent years has been consistently lower, by around 12.6% in 2006/07, 3.2% in 2007/08 and 6.4% in 2008/09. (Source: Recorded Crimes in Scotland Series, Scottish Government, 2010)
3.5	**Scottish Index of Multiple Deprivation:** The Scottish Index of Multiple Deprivation (SIMD) 2009 highlights that around 19% (approximately 1 in 5) of East Ayrshire's residents live in the 0-15% most deprived datazones. In East Ayrshire, there were 30 datazones in the 0-15% most deprived category in SIMD 2009, compared to 28 in 2006 and 28 in 2004. With regards to the health, East Ayrshire is one of four Local Authorities to have seen large increases in the percentage of their datazones in the 0-15% most deprived on the health domain between 2006 and 2009, with over a quarter of the datazones in East Ayrshire featuring among Scotland's 0-15% most health deprived.
3.6	**Health:** Average life expectancy rates remain lower than the Scotland average, at 76.6 years compared to the national average of 77.5 years. (Source: General Register Office for Scotland, 2009)

In terms of health indicators, in East Ayrshire Community Health Partnership:

- all cause mortality (all ages) and mortality rate from heart disease (under 75s) are significantly worse than Scotland;
- early mortality rates from stroke and cancer are not significantly different from Scotland;
- the proportion of the population hospitalised for alcohol and attributable causes (1,106.3 standardised rate per 100,000 population) and drug related conditions (153.3 standardised rate per 100,000 population) is significantly worse than the Scotland average (859.7 and 77.6 standardised rate per 100,000 population respectively);
- for patients with heart disease, emergency admission patients, multiple admission patients aged 65 and over, road traffic accident casualties, and unintentional injuries in the home for patients aged 65 and over, the proportions of the population hospitalised are significantly worse than average;
- the proportion of adults claiming Incapacity Benefit and Severe Disability Allowance is significantly worse (higher) than the Scotland average (8.1% compared to 7.4%), and 22.2% adults have a long term limiting illness compared with 20.3% in Scotland;
- 41.8% of older people with intensive care needs are cared for at home, rather than in care homes or geriatric long stay hospital beds, compared to 29.2% in Scotland;
- the percentage of mothers smoking in pregnancy is significantly worse than the Scotland average (30.3% compared to 24.3%); and
- the percentage of babies exclusively breastfed at 6-8 weeks is significantly worse than the Scotland average (22.1% compared to 27.1%).

(Source: Scottish Public Health Observatory - Health and Wellbeing Profiles 2008: East Ayrshire Community Health Partnership.)

3.7

Local Challenges

Within East Ayrshire, the key local challenges include:

- **An aging population**: East Ayrshire's population has been shown in recent years to be ageing – this trend will continue.
- **Protecting children:** The number of children in need of protection as a result of addiction and/or domestic abuse issues in the family has increased significantly over the last 5 years. The challenge is to further develop an integrated approach to preventing abuse of children in relation to this whilst at the same time address the issues of addiction and domestic abuse within the family.
- **Health inequalities**: There is evidence to suggest that the biggest challenge for Scotland and East Ayrshire is the need to tackle health inequalities and close the gap between the most and least deprived communities.
- **The economy**: Community Planning Partners are committed to developing the economy as a whole, with a particular focus on business and industry as well as maximising opportunities available to East Ayrshire in terms of its natural and built environment, its heritage and culture and its location in relation to regional assets, such as areas of business growth and new jobs. Regenerating our towns and villages is seen as an essential component if we are to strengthen and grow our local economy.

	• **Transport connections**: The challenge in respect of transport is to develop an integrated and sustainable transport system to further improve accessibility to town centres, and road and rail links between East Ayrshire communities and beyond. • **Poverty and deprivation**: East Ayrshire as a whole has significantly higher levels of poverty than the Scottish average, with sharp contrasts in the prosperity of communities across the local authority area. Again, we need to close the gap between the most and least deprived communities. For further information a link to the most recent East Ayrshire CHP Health and Wellbeing Profile (2008) is attached below ***http://www.scotpho.org.uk/nmsruntime/saveasdialog.asp?lID=4340&sID=3671***

4	**Working in Partnership to Deliver Shared Outcomes- Performance in 2009/2010 for Children and Young People** **National Outcome 5** Our Children and Young People have the best start in life and are ready to succeed **Local Outcome** Healthy lifestyles for children and young people promoted **Refer to Appendix One for 09/10 Performance against local and national outcomes**
4.1	**The children and Young People's Service Plan continues to be the key local driver for improving the health and wellbeing of Children and Young People on a partnership basis.** Health is determined by a number of factors that include both the way of life and life circumstances. Children and young people in East Ayrshire come from very different family backgrounds and their needs vary greatly from those who can be supported by the universal services, to those with additional and intensive support needs.
4.2	There are 2 broad aims which reflect the universal and targeted approaches to addressing health and wellbeing which are the need to: • Ensure that information is available in a suitable format and that services are provided when and where required for those who need them to enable children and young people to make healthy lifestyle choices and • Strive for equality in health for the most disadvantaged in East Ayrshire by targeting activity to address factors that contribute to the most prevalent health problems and improving support and care services for the most vulnerable groups
4.3	The full integration of our refocused Community Health Partnership arrangements with our Community Planning framework and the establishment of the Officer Locality Group for children and young people has provided us with a strong and effective partnership mechanism to implement and respond to local and national policies such as the Early Years Framework, Equally Well, *Changing Lives – Report of the 21st Century Social Work Review,* the Child Health Strategy for Ayrshire and Arran and Towards a Mentally Flourishing Ayrshire and Arran among others. Over the last year the Officer Locality Group for Children and Young People which is the main body for planning integrated children's services in East Ayrshire has focused on specific workstreams, namely: • Early Years Early Intervention (including pre birth to 12 years); • GIRFEC (Getting It Right For Every Child-for assessment and integrated working); • Children's Health; • Corporate Parenting; • Alcohol and Drugs; and • Improving Health and Reducing Inequalities.
4.4	Building upon our strong track record of delivering continuously improving, innovative and responsive services a range of new and dynamic programmes are emerging which are making a positive difference to the health and wellbeing of our children and young

	people. These include the award winning MEND childhood Obesity and Fit Ayrshire Babies Initiatives; the parenting Support Action Plan incorporating the evidence based Solihull Training for Trainers Programme; the appointment of an Alcohol Education Coordinator to support the work of our nine secondary schools; the commissioning of the Young Persons Alcohol Support service from Barnardos; a Corporate Parenting Action including the targeted provision of leisure serves for looked after and accommodated children and young people; and ongoing dialogue and engagement with our young people through our Youth Forums and COGS (Continuous Opportunities for Gathering and Sharing) process.
4.5	As part of our commitment to continuous improvement and the Community Plan Four-yearly Review process we are reviewing our strategic priorities with partners to respond to changing need and to make best use of reducing resources. An important part of this work will be the review of the Children and Young people's Service Plan and associated Action Plans for 2011 and beyond.
4.6	A summary of our partnership progress in 09/10 towards achievement of the local outcomes is detailed below
4.6.1	We continue to make good progress in improving the oral health of our children and young people with the roll of the Community Pharmacy and Childsmile programmes to some of our most disadvantaged areas including Shortlees, Auchinleck and Cumnock
4.6.2	In terms of breast feeding, whilst we have failed to meet our annual target for the proportion of new born children exclusively breast fed at 6-8 weeks we have taken a range of remedial actions, including the appointment of a breast feeding coordinator; a critical partnership review of services; and the development of remedial action plans. Specific work also includes breastfeeding materials audited and rationalised; National Breastfeeding Week supported locally; Breastfeeding Happily Here developed and signed off by the Community Planning Partnership; and Stage 1 of Unicef UK Baby Friendly in the Community Initiative implemented in February 2010 involving the development of partnership policies and procedures.
4.6.3	The uptake of physical activity continues to increase year on year with children from early years to teenage years participating in a wide range of innovative play, sport and active recreation activities. In 2009/10, 45,862 attendances were recorded at sports programmes; 19,419 attendances at active recreation and health awareness sessions;10,769 attendances recorded across Leisure Development holiday programmes; 206 sessions with 2818 children and 1905 parents participating in early years programmes; and 7,461 children and young people participated in play programmes and events. All of our annual targets for physical activity were exceeded. New Sporting Futures Service delivers a wide and diverse range of Sports programmes for 5-18 year olds offering participation and leadership. These are building towards East Ayrshire's Legacy programme in the lead up to the 2014 Commonwealth Games and include school based coaching and competitions and community based clubs talented athlete development programmes.
4.6.4	In terms of childhood obesity, we continue to make excellent progress with the estimated number of obese children in primary one decreasing over the year 08/09 (Source: ISD website, TableB2 'High BMI distribution in P1 school children by Council area). In terms

	of activity, we have provided three Jumpstart Child Healthy Weight Programmes, five MEND programmes and a range of health eating initiatives with over 2000 participants. The Recreation Partnership Service supports achievement of this local outcome via the delivery of school and community based physical activity and health awareness programmes which promote and encourage healthy lifestyles offering consistent positive messages for children. This input is delivered to all 46 East Ayrshire Primary and all Special Schools and then followed up with weekly community based Kids Clubs. This service also delivers the MEND (Mind, Exercise Nutrition – Do it!) programme and in 2009/10 almost 100% of those joining sustained their involvement throughout the programme (22/23) and 100% of those sustaining their involvement became healthier (improved BMI, Nutritional Score, hours spent in Physical Activity for example).
4.6.5	A School's Alcohol Education Coordinator has been appointed in response to our 'Community Planning Alcohol and Drugs Pledge' and to support the work relating to children of the newly formed Alcohol and Drug Partnership. Considerable progress has been made through this post, including the re-shaping of PSE programmes to respond directly to young people's needs and in line with the new Curriculum for Excellence; the development of Peer Education and training Programmes; and the development of the innovative resource packs. East Ayrshire Council, in partnership with NHS Ayrshire and Arran Addiction Services, is developing a resource called *SPICE* (Substance Misuse Prevention in Community Education). This resource includes teacher and pupil booklets and comes with lesson plans, teacher notes and ICT resources. The resource aligns to the experiences and outcomes of the Substance Misuse Organiser in Curriculum for Excellence. The resource is for all P7 to S6 pupils, with the overall aim that there is a consistent message being delivered to our young people across East Ayrshire.
4.6.6	A wide range of work is being undertaken in relation to providing tobacco information, prevention and cessation support services for young people and to promote the benefits of a tobacco free lifestyle. This includes the development and provision of tobacco awareness and staff training at primary and secondary schools and the provision of smoking cessation programmes for young people.
4.6.7	School nurses deliver a programme of sexual health education to children/young people starting with puberty in Primary 6 with further inputs to P7 and S1 - S6. The school nurse drop-in clinic was extended in the 2009/10 session to include the signing up for C-Cards, pregnancy testing and collection of samples for Chlamydia testing within school premises. Further discussions are taking place regarding the possibility of school nurses being able to dispense treatment for Chlamydia where this is found to be positive.
4.6.8	The Solihull Approach is a highly practical way of working with families. It is an integrated psychodynamic and behavioural approach for professionals working with children and families who are affected by behavioural and emotional difficulties. Following a robust period of evaluation we are now in the position to roll out the training based around the five Nursery and Family Centres initially. Locally four members of staff are 'trained trainers' thus supporting the development of a sustainable training model. The local training programme has been developed and the first training days were delivered to staff in April 2010. This has evaluated well with subsequent training being offered throughout the forthcoming months.

4.6.9	In terms of Corporate Parenting, we have successfully implemented the “We Can and Must Do Better” training/development programme for staff. A total of 217 staff have attended the full day programme across education, social work, health, police and housing services. In addition, the implementation of Chief Executive Letter (CEL) 16 has been progressed by NHS Ayrshire and Arran. This specifically focuses on the implementation of issues relating to health assessment and health needs as set out in “We Can and Must Do Better” (Scottish Government, 2007);
4.6.10	0ver three hundred young carers have taken part in a range of physical activities such as hill walking, dance and sailing as well as accessing classes in smoking cessation, substance misuse, healthy living, mind set training and first aid.

5	**Working in Partnership to Deliver Shared Outcomes- Performance in 2009/2010 for *Adults and Older People*** **National Outcome 6** We live longer Healthier Lives **National Outcome 11** We have strong, resilient and supportive communities where people take responsibility for their actions and how they affect others **Local Outcome** Health and well being of the local population improved **Refer to Appendices Two and Four for 09/10 Performance against local and national outcomes**
5.1	The full integration of our refocused Community Health Partnership (CHP) arrangements with our Community Planning framework has served to strengthen our partnership working and subsequently make extensive progress in improving the delivery of national and local outcomes.
5.2	As an integral part of the CHP structure, the Officer Locality Group for Adults and Older People has provided us with a strong and effective partnership mechanism to implement and respond to local and national policies and Strategies such as the Road To Recovery, Equally Well, Changing Lives – Report of the 21st Century Social Work Review, Reshaping Care for Older People, the National Dementia Strategy, National strategies on Falls, Long Term Conditions, Rehabilitation and Enablement, Your Health We're in it together- Primary Care Strategy for Ayrshire and Arran and Towards a Mentally Flourishing Ayrshire and Arran among others. Over the last year the Officer Locality Group for Adults and Older People which is the main body for planning adults and older people's partnership services in East Ayrshire has focused on specific workstreams, namely; • Older People • Long Term Conditions • Rehabilitation and Enablement • Mental Health and Learning Disabilities • Financial Inclusion • Alcohol and Drugs • Improving Health and Reducing Inequalities.
5.3	As a result of this dynamic partnership approach, a number of key milestones have been achieved including the establishment of East Ayrshire Alcohol and Drug Partnership; the development of East Ayrshire Mental Health and Learning Disability Partnership, which is currently leading on a Scottish Government sponsored Integrated Resource Framework initiative for Adults with Complex Care needs; the emergence of a new Single Point of Contact Rehabilitation and Enablement Model; the extended use of anticipatory care planning on a partnership basis to improve outcomes for people with long term conditions; and building on innovative approaches to improving health and wellbeing within our communities, including the 'CHIP Van' mobile Healthy Living Centre, C'mon Catrine, a healthy weight community government pathfinder initiative and the provision of targeted physical activity programmes.

5.4	In terms of continuous improvement, work is underway to develop Local Alcohol And Drugs And Older People's Strategies, which will be fully integrated with the CHP and Community Planning. The Community Plan Four-yearly Review process will assist with reviewing our strategic priorities with partners to respond to changing need and to make best use of reducing resources.
5.5	A summary of partnership progress in 09/10 towards achievement of the local outcomes is detailed below
5.5.1	In terms of active and healthy living, a wide range of programmes and services continue to be well received by our communities. Over the last year, a wide variety of interventions and activities were provided within communities and workplaces, including 4,446 attendances at CHIP Van community visits and events; 364 attendances recorded as part of the HealthWorks workplace based intervention; new health walks established in Dunlop, Darvel, Kilmaurs, Stewarton and at Ailsa and Crosshouse Hospitals; 5,244 attendances recorded at walking programmes and 38 individuals attended walk leader and pre-retirement training. The continued progress in this area is reflected in the incremental improvement in life expectancy at birth within East Ayrshire for males and females (Source: GROS, 'Life Expectancy For Administrative Areas Within Scotland', Table 4: Abridged life table by sex, age and council area')
5.5.2	The newly formed Alcohol and Drug Partnership (ADP) is making considerable progress in terms of providing community focused services which promote awareness of safer alcohol levels, information and services across all population groups. Performance highlights include Alcohol Awareness Week 2009 during which 350 employees of East Ayrshire Council took part in online quiz; all East Ayrshire Council employees receiving safer drinking messages in payslips; public campaigns and displays held at more than 5 venues including Tesco stores in Auchinleck and Kilmarnock, council offices, Crosshouse hospital and Kilmarnock police office; over 30 staff including home carers and sports diversion workers trained in brief interventions; and the employment of specialist midwife for alcohol using pregnant women. The most recent information reflects a reduction in general acute in patient and day case discharges with an alcohol related diagnosis in any position (Source: ISD website, 'Alcohol Related Hospital Statistics 2010', Table 2). It is envisaged that the work of the ADP and the emerging Alcohol and Drug Strategy will continue to impact positively on this area. In terms of drugs, there is a commitment to raising awareness of the risks associated with drugs misuse and providing information and services to support those misusing illegal drugs. Outputs relating to this area of work include an information campaign on anthrax; the removal of the waiting list for substitute prescribing; and all addiction services now promoting recovery programmes which are personalised, individualised and recovery focussed and the development of a Community Addiction Team.
5.5.3	Through the recently formed Mental Health and Learning Disabilities Partnership, work has been undertaken to raise public awareness of suicide and deliberate self-harm within local communities and encourage people to seek help earlier by providing training, information and support services. In 2009/10, 8 Applied Suicide Intervention Skills Training courses, 9 Skills Training on Risk Management Courses, 6 Scottish Mental Health First Aid course and a media campaign were delivered locally.

5.5.4	As a test site for the Integrated Resource Framework, East Ayrshire is leading on complex adult care packages which are managed within the Mental Health and Learning Disability Partnership. Three frontline staff from NHS Ayrshire and Arran and East Ayrshire Council have been seconded to audit existing service provision, funding commitments, service models and carry out benchmarking with other areas. In addition, their engagement with frontline staff is contributing to a remodelling of service provision in order to maintain personalised service delivery within a sustainable financial framework.
5.5.5	Work is progressing in developing a partnership approach to delivering community based rehabilitation and re-enablement services. To date, mapping work has been completed in relation to falls and bone health, and a directory of leisure activities for generic and condition specific programmes has been completed. The development of a Single Point of Contact model for community rehabilitation will be piloted locally over the next 12 months
5.5.6	In relation to Long Term conditions, 747 physical activity classes, many with a health education element, were delivered by Leisure Development Services, recording an attendance of 11,321 which exceeds the annual target. In addition, telehealth/telecare programmes have been made available to people with long term conditions; anticipatory care approaches are being implemented; and Scottish Patients at Risk of Admission and Re-admission (SPARRA) data is being used as a predictor tool on a partnership basis to reduce emergency hospital admissions and readmissions. Although the most recent available figures (08/09) for emergency admissions for respiratory disease increased (**ISD website, Table: 'Episodes of main diagnosis discharges from hospital by diagnosis and financial year')**, it is envisaged that in 2009/10 the collaborative and innovative work around long term conditions and self management will reverse this position in the future.
5.5.7	A specialist midwife took up post on 1 March 2010 for a period of 13 months. Her aim is to target antenatal women and deliver brief interventions for both tobacco and alcohol. She will also be responsible for the training of other midwifery staff, establishing referral routes for antenatal clients and collation of figures.
5.5.8	Work is well under way to ensure that we meet our 2011 target in terms of the number of carers receiving ongoing support. Work in progressing this target includes exceeding the respite care target by 84 weeks, the registration of over 450 new carers at the carers centre and 6039 carers receiving ongoing support
5.5.9	Adult carers have taken part in a range of training courses including moving and handling, stress management, healthy lifestyles, healthy eating and dementia awareness. Carers have also received health checks including blood pressure and diabetes checks and the opportunity to discuss concerns such as smoking and drinking
5.5.10	We have reached our 2011 target of zero patients waiting more than 6 weeks for discharge to an appropriate setting and maintained target levels within a 2% variance for personal care and intensive care at home. A pro-active approach by Health and Social Work has enabled the East Ayrshire Partnership to achieve the zero delayed discharge target month on month.

5.5.11	Considerable work has been progressed in order to ensure ongoing progress towards the local outcome. These include an increase in Personal Life Plans from 179 to 202 (13%) and outcome focused care plans developed for Older People and other community care groups; the provision of faster access to services for support; out of hours mobile teams now based in high needs supported accommodation units for older people; and an increase in the number of people receiving care from the Rapid Response team.
5.5.12	In terms of Telecare - partnership working in place across Health, Social Work, Housing and the Risk Management Centre to identify through telecare individuals at risk due to falls and, subsequently, to provide specialist input and advice through the Falls Co-ordinator based in Health. This intervention aims to reduce future risks associated with falls. A locality action Plan for Falls and Bone Health has been developed and an associated training package designed for home care and mobile attendant staff
5.5.13	New Home Care Management arrangements have been developed locally in line with the Reshaping Care for Older People agenda. The service provides flexible, targeted home care provision; flexible management support and availability over 7 days and evenings to service users and carers and Improved performance management.
5.5.14	A community-based intermediate care pathway has been developed in partnership replacing the hospital based service. An Occupational Therapist has been recruited to undertake a care management role for people using this service. Intermediate Care services are now moved closer to people who use service and provide faster access to supports.
5.5.15	Social Work staff and Community Pharmacists have jointly developed Medication Management Policy and Procedures in line with Care Commission requirements and jointly delivered training to over 700 personal carers.
5.5.16	An Older Peoples Conference was held in East Ayrshire in November 2009 which allowed over 90 older people the opportunity to influence future service developments.

6.	**Working in Partnership to Deliver Shared Outcomes- Performance in 2009/2010 – Tackling Inequalities** **National Outcome 7** We have tackled the significant inequalities in Scottish Society **Local Outcomes** Everyone within our communities, including people with disabilities and ethnic minorities, has opportunities and chances Health inequalities in the most disadvantaged neighbourhoods/groups reduced **Refer to Appendix Three for 09/10 Performance against local and national outcomes**
6.1	As part of the refocused Community Health Partnership (CHP) arrangements, there has been a particular focus on addressing inequalities to improve health and wellbeing. The CHP has progressed three specific work streams over the last year to take this forward on a partnership basis, as follows: • Financial Inclusion has now been subsumed within the CHP structure, recognising the importance of income maximisation, credit unions and debt advice in the wider wellbeing agenda. • The East Ayrshire Carers Action Plan has now been published and we are in the process of setting up a local carers' forum as a sub group of the CHP to drive forward this important work. • An innovative range of partnership-led health improvement work continues to be targeted at out most vulnerable individuals and communities.
6.2	In addition, considerable work has been undertaken to analyse the findings of SIMD09 on a partnership basis with colleagues from East Ayrshire Council and NHS Ayrshire and Arran through the CHP. This work will inform our future priorities and efforts in addressing inequalities locally.
6.3	A summary of partnership progress in 09/10 towards achievement of the local outcomes is detailed below
6.3.1	In terms of income maximisation and money advice, 1,075 people have benefited from special adviser support; 77 people have received intensive support to help manage their finances with 34 continuing to receive such support; 662 over 60's in hospital benefited from benefits advice; and 25 promotional events have been delivered to support and improve the systems that are in place to maximise income from benefit and debt counselling and money advice. The financial inclusion sub group of the CHP has exceeded all of its annual targets and continues to have a major impact on the wellbeing of some of our most vulnerable residents. The Ayrshire Fit for Work Pilot is an important vehicle in terms of the provision of vocational rehabilitation services to support people to stay or get back into employment. Work is progressing through the pilot using a case management approach targeting SMEs. (Small/ Medium Sized Enterprises).

6.3.2	Activity around fuel poverty has included the delivery of 35 Energy Advice Surgeries from a variety of community based locations and the provision of 18 talks aimed at raising public awareness regarding energy issues, with follow-up individual advice or home visit, as required.
6.3.3	In terms of the Credit Union, 714 new members have joined since 1 April 2009, indicating annual growth of 66%; 1,713 members have used easy saving facilities annually; 581 members have benefited from low cost loans annually; and 185 new junior members have joined since 1 April 2009, indicating annual growth of 44%. East Ayrshire Credit Union's relocation to refurbished, high visibility office premises in April 2009, facilitated by the previous allocation of Financial Inclusion funding through the Community Planning Partnership, provided a platform for the enhanced marketing of services, which saw membership almost doubled in the space of a year. Cumnock and Doon Valley Credit Union continues its well established and ground breaking work within educational settings and currently supports savings facilities in eight local schools, namely: Auchinleck, Barshare, Dalrymple, Littlemill, Netherthird and New Cumnock primary schools, Cumnock Academy and Doon Academy.
6.3.4	Credit Crunch Funding from Scottish Government has enabled East Ayrshire Citizens Advice Bureau to operate increased opening times out with normal working hours, which has resulted in more people being assisted, particularly those who are in work. The 450 benefit checks undertaken were significantly in excess of the projected output (250) and additional benefits of over £350K were generated for carers.
6.3.5	The Recreation Partnership Services has supported achievement of these local outcomes through development and implementation of the SHOUT Membership Card. This unique smart card offers free and reduced access to a range of services that promote health and wellbeing of primary school children resulting in reduced financial barriers which could otherwise prevent uptake of physical activity. In 2009/10 there were 8,427 members on the SHOUT scheme and over the year use of the Card resulted in over £18,000 savings to East Ayrshire Families accessing physical activity programmes.
6.3.6	A wide range of innovative health improvement work which specifically targets the most vulnerable individuals and communities is well established as part of Community Planning through the Community Health Partnership. A range of interventions for adults at risk of coronary heart disease and cancer are delivered on a partnership basis. These have included 1,109 referrals received from health professionals to the CHIP (Community Health Improvement Partnership) Lifestyle Referral Programme; 2,953 Keepwell Checks delivered which represents over 20% of the target population; and over 150 people attending Cookwell programmes.
6.3.7	Work has been done to target smoking cessation programmes at the most deprived communities and key target groups, including pregnant women. Eight regular groups are delivered in community venues and workplace groups have also been run for 12 week periods. The Fresh Airshire team, in partnership with the CHIP Van, carry out Keepwell checks and support smoking cessation enquiries on a twice weekly basis, and cessation support is delivered to prisoners and staff within HMP Kilmarnock one day per week. A

	Community Pharmacy scheme has been established in East Ayrshire with virtually all pharmacies involved and the Varenecline (a prescription drug used to treat smoking) addiction programme has been delivered within some pharmacies.
6.3.8	In terms of health and homelessness, East Ayrshire Council and NHS Ayrshire and Arran have continued to jointly fund a Public Health Nurse for homelessness in order to improve health and reduce inequalities in this vulnerable population. Care pathways have been developed to facilitate access to a range of services including mental health, addictions, sexual health and podiatry. As well as providing outreach services within the hostels, regular health drop-in services are held within Allies, a voluntary sector provider, and Blue Triangle, an accommodation and support service for young homeless clients.
6.3.9	East Ayrshire Churches for Homelessness action (EACHa) provides hygiene packs for all homeless clients as well as age appropriate toy packs for children. In addition, a befriending service has been established for homeless people with 8 befrienders trained who are supporting 12 clients.
6.3.10	A Prisoner Health Needs Assessment has been developed in this reporting year. The Health Needs Assessment will provide valuable epidemiological information on the specific needs of this target group. In addition, three health information events are delivered within the prison each year

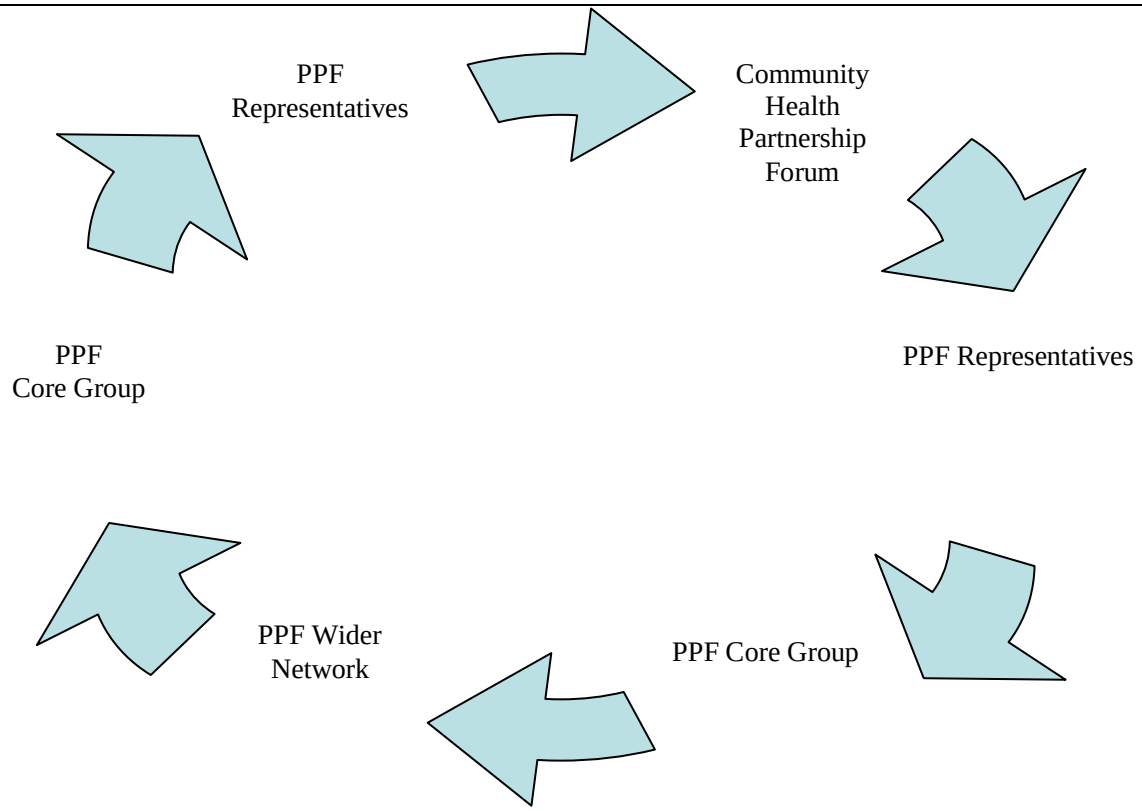
7	**PARTNERSHIP AND INNOVATION – EXAMPLES OF GOOD PRACTICE**
7.1	The Community Health Partnership has built on a well established and innovative range of partnership activities over the last year. Some examples of partnership in action are detailed below:
7.1.1	**MEND** MEND (**M**ind **E**xercise **N**utrition **D**o-it!) is a fun programme for families with children whose weight is above the healthy range for their age and height. East Ayrshire was the first local authority in Scotland to implement MEND in 2008 and during 2009/10 twenty-three children and their families have graduated from the programme with excellent physiological and social benefits. Following participation in the weekly MEND interventions and MEND graduate activities, participants demonstrate positive change in Body Mass Index, Weight, Nutritional Score and time spent in physical activity. Parents involved in the programme report that, as a result, children also have better sleep patterns, are better behaved and are more confident in their daily lives. The East Ayrshire approach to MEND goes beyond the standard interventions for treatment and prevention of overweight or obesity in children. In this last year the MEND Graduates programme has expanded to incorporate bespoke leadership training resulting in eight young people becoming Local Activity Leaders and four parents becoming Volunteers; Cookwell for Families has been established to focus on the practical element of healthy food preparation and a new group, the **M**end **E**ditorial **T**eam, has been created by parents and children to publish MEND articles and newsletters. The success of MEND and the impact on East Ayrshire Families has been so positive that a programme targeting early years' children and their families will commence this autumn. The MEND East Ayrshire team reached the finals of the NHS Ayrshire and Arran 'Ayrshire Achieves Awards' in 2009. East Ayrshire was awarded the Overall Best Practice Award at the MEND National Recognition Event involving over 300 sites delivering the programme. As a result of East Ayrshire's success and achievements, the MEND programme is now being highlighted by the Scottish Government's National Obesity Taskforce and has been commended by the Minster for Public Health Shona Robison, MSP.
7.1.2	**C'mon Catrine** C'mon Catrine is East Ayrshire's Healthy Weight Community funded by the Scottish Government. This is an exciting new initiative aimed at working with partners across all sectors that run activities and deliver services to the people of Catrine. This means that we will; • Promote and raise awareness of the wide range of existing services already on offer • Improve partnership working to ensure sustainable delivery of key services and identify gaps in provision – with the hope of increasing local involvement

	• Aim to raise awareness of the benefits of eating a healthy diet, being more active and maintaining a healthy weight through a positive and sustained marketing campaign A community development approach has been used to demonstrate the ways in which engaging children, young people and families in healthy eating, physical activity and healthy weight activities as part of a single coherent programme may have a greater impact on health outcomes than single discrete activity. This is achieved by the initiative working with partners across all sectors that run activities and deliver services to the people of Catrine. The partners include a range of East Ayrshire Council departments, NHS Ayrshire and Arran and agencies such as Coalfield Community Federation and Yipworld. Improved and innovative partnership working is essential to ensure Catrine is a healthy, happy and enjoyable place to live and work.
7.1.3	**MEDICINE MANAGMENT TRAINING FOR HOME CARERS** Community Pharmacies in East Ayrshire were experiencing a capacity problem in terms of responding to increased requirements for assessing and dispensing patients' medication into Monitored Dosage Systems (MDS). As this is not a core NHS service for pharmacists the problem required an innovative and cost effective solution. In partnership with the local authority and community pharmacists the Community Pharmacy Advisor obtained approval from the CHP to set up a new and innovative Medication Management Training Service for East Ayrshire home care staff facilitated by local Community Pharmacists. To date over 700 east Ayrshire home carers have been trained from in the following topics • Basic Information on the ordering, collection, storage and types of medicines • Practical demonstrations on how to administer medication using different forms and types and dosage aids • Disposal of unwanted medicines • Commonly occurring side effects of medicine • Discussion regarding problems with administration should a person refuse or staff forget to administer medication • Recording procedures. The innovative approach not only addressed the capacity issue but enhanced partnership working, provided a sustainable and value for money approach and most importantly has improved the quality of care and support for patients and service users. This initiative reached the finals of the NHS Ayrshire and Arran 'Ayrshire Achieves Awards' in 2009.

7.1.4	**East Ayrshire Alcohol and Drug Partnership (ADP)- YOUNG PEOPLES WORK** The East Ayrshire area has some of the highest levels of drug and alcohol use in Scotland. Since the area exhibits higher than average levels of poverty and deprivation, and given the proven link between poverty and problematic drug use, Community Planning Partners came together in 2007/8 to develop the Alcohol and Drugs Pledge which recognised that a wider partnership approach was required to tackle the underlying causes of alcohol and drug problems. To this end, it was felt that more education and preventative measures be implemented across our schools, therefore, the post of Schools' Alcohol Education Co-ordinator was advertised and filled on 1st June 2009. This work now forms part of East Ayrshire Alcohol and Drugs Partnership which was set up as part of the CHP in October 2009. One example form the many innovative approaches which have been developed over the last year are the Match Fit and Dance Fit programmes ***Match Fit*** and ***Dance Fit*** Health and Wellbeing Programmes have been designed to assist participants in developing their levels of fitness, confidence, healthy eating, communication skills, and literacy and numeracy skills and to be more aware of the dangers and effects of substances. These programmes create opportunities and experiences enabling participants to recognise the strengths they have and the areas that they need to address. ***Match Fit*** and ***Dance Fit*** are very practical encouraging a participative, challenging and enjoyable learning environment. Both programmes target vulnerable young people from the most deprived areas of East Ayrshire. Participants are in Second Year at school, are part of the More Choices More Chances group, or are at risk of experimenting with substances, and have a keen interest in football or dance. Workshop sessions are delivered by a range of partners including Addiction Services and Fresh Air-shire. This programme has been specifically designed to link with the outcomes and experiences in *Curriculum for Excellence* and the *Improving Health and Wellbeing* theme of the Community Plan. This work clearly contributes to East Ayrshire's drive to change culture, attitudes and beliefs about alcohol and drugs and to promote healthy lifestyles. All secondary schools in East Ayrshire are now experiencing ***Dance Fit*** and ***Match Fit*** as a result of our successful pilots last session. After participating in ***Match Fit*** and ***Dance Fit*** pupils stated: • They were less likely to experiment with drugs or alcohol • They had enhanced their core skills • Participation in the course had given them more confidence • All pupils rated the workshops as either excellent or very good • 75% of pupils stated that they are now very likely to take up a sport within their school or in the local community

7.1.5	**CORPORATE PARENTING** As corporate parents, we recognise the importance of encouraging young people to participate in activities in the local community, resulting in long term health and well being benefits for young people after they leave residential care. A sports motivator is employed to promote participation in sport for looked after young people. She visits each children's' house regularly and works with young people and staff to identify interests and talents. She then supports young people to attend and participate in these activities. Changes were made to staff shift patterns in children's houses to facilitate specific personalised support for young people or identified group activities. The uptake of sport and leisure activities among young people looked after in residential children's houses has increased significantly. As a direct result of this programme, some of the authority's most vulnerable and hard to reach young people have been able to access and become involved in sustained weekly physical activity. This promotes improvement in their physical health and well-being and ensures that time is spent in a constructive and positive environment, leading to increased confidence and self esteem.
7.1.6	**OLDER PEOPLES CONFERENCE** The seventh annual Older People's Conference took place at the Park Hotel in November 2009 which aimed to help older people become more involved in the ongoing improvement of services which affect them. Over 90 older people attended the conference which this year was called "Delivery of Long Term Care for Older People". Presentations on the day looked at how different generations work together; working in partnership for older people and topics of general interest such as chair aerobics; medicine waste and telecare. Exhibitors there on the day included Strathclyde Police; Strathclyde Fire and Rescue; NHS Ayrshire and Arran, Community Safety; Adult Protection; East Ayrshire Carers' Centre and the Citizens Advice Bureau.
7.1.7	**The Community Health Improvement Partnership (CHIP)** The Community Health Improvement Partnership (CHIP) service has been supporting local communities to improve their health and wellbeing since 2001. The innovative service incorporating the CHIP Van mobile Healthy Living Centre, the lifestyle referral service which receives referrals from all local GP Practices and other health professionals and an extensive programme of community based lifestyle classes and targeted health initiatives has won a number of local and national awards and continues to be a key driver for partnership based health improvement work in East Ayrshire. Over the last year the work of CHIP has been fully integrated with the revised CHP arrangements and had a major impact on the health and wellbeing of local people as illustrated below- • The achievement of personal short and medium term health goals with support from lifestyle referral scheme indicating positive behaviour change • Opportunities for participation in physical activity for those with long term conditions • Improved confidence, independence and resilience amongst older people as a result of participation in exercise and wellbeing interventions including Class Diamonds • Improved quality of life of those suffering long term conditions including Cancer, COPD and MS as a result of specific exercise programmes • Increased awareness through ongoing support to improve personal health and

	wellbeing amongst the homeless population including uptake of physical activity • Specifically targeting 0-15% data zones with Keep Well anticipatory care service to put in place early interventions
7.1.8	**EAST AYRSHIRE PUBLIC PARTNERSHIP FORUM (PPF)** East Ayrshire Public Partnership Forum (PPF) has now entered its third year. Since its inception it has slowly but steadily increased its membership enabling local people to receive information about health services and have a real say about how they are developed locally. The PPF can now boast over 160 individual members and over 50 local organisations. The people who have become involved are from all walks of life and from many of the different communities within East Ayrshire. Within the PPF structure we have a core group of members drawn from East Ayrshire Public Partnership Forum who have indicated a willingness to be more involved on a regular basis to help to progress the work of the Public Partnership Forum and ensure that topics raised by members of public are taken forward in an appropriate manor and answered accordingly Two members of the Core Group are elected as Representatives to attend the Community Health Partnership Forum on behalf of the Public Partnership Forum. Their duties include taking relevant topics from the Core Group and the wider membership to be discussed at the Community Health Partnership Forum, to advise The Community Health Partnership Forum about PPF activities and to bring relevant topics from the Community Health Partnership to the core group and the wider membership. The core group are not a representative body; they act as a secretariat ensuring views from the growing wider membership are sought and presented appropriately and ensure that opportunities for community and patient engagement are maximized. The PPF Core Group has been activity involved in a wide range of events, innovative activities and consultations over the last year ensuring that the voice of east Ayrshire's residents and patients are heard whilst maximizing opportunities to shape health services locally**.** The diagram below illustrates the relationship between the Public Partnership Forum and the Community Health Partnership



8 INTEGRATED RESOURCE FRAMEWORK (IRF)

8.1 NHS Ayrshire & Arran and the 3 Ayrshire Local Authorities are participating in the national Integrated Resource Framework programme, which seeks to enable realisation of some of the goals of Shifting the Balance of Care (Scottish Government, 2008), through fostering closer integration between health boards and local authorities. The work – considered "developmental" by Scottish Government, comprises 2 phases, with phase 1 involving the mapping of patient and locality level cost and activity information for health and adult social care, in order to gain an understanding of existing resource profiles for partnership populations.

8.2 In terms of phase 2 within Ayrshire and Arran, 4 service areas are being focused on:

- Older people's services (South Ayrshire)
- Children with complex needs (North Ayrshire)
- Adults with complex needs (East Ayrshire)
- Chronic Obstructive Pulmonary Disease (COPD – Pan-Ayrshire)

8.3 The phase 2 IRF project in East Ayrshire is being undertaken by a small team of 3 individuals, supported by a local steering group and a broader project infrastructure relating to the IRF in Ayrshire and Arran as a whole.

8.4	Commencing in January 2010 the team primarily has focused on a data collection exercise, building on information provided by NHS and local authority staff regarding clients on their caseload who they considered to be complex. Information is also being gathered in relation to individuals with substantial packages of care paid for by the local authority. This is being done in the interests of identifying the issues these individuals present with; the types of services they are accessing; and the supports in place within their community.
8.5	In addition to this, a range of focus groups and interviews with local authority and NHS staff are being be undertaken, in order to provide an opportunity for them to reflect on the services they deliver and the challenges and opportunities they encounter as part of that delivery. The role of local service providers (third sector), and the opportunities around self directed budgets are also being explored. This local work is being supplemented with an examination of relevant practices elsewhere within Scotland, as well as the broader evidence base in relation to integrated working.
8.6	All of this work is being done with the aim of achieving the more integrated, effective services envisioned by Shifting the Balance of Care, through a detailed understanding of the resources and services currently accessed by the client group, and building on the experience and creativity of staff involved in delivering those services.
9	**CHP STUDY AND AUDIT SCOTLAND WORK**
9.1	The recently published study of CHPs (and CHCPs) by Blake Stevenson contains useful indications of the factors that nurture and debilitate the successful working of CHPs. Key themes that were recurrent were the need for strong leadership across the system and the need for positive relationships between all constituencies within and out with the CHP.
9.2	Audit Scotland has utilised the findings from this study to inform a second Audit of CHP approaches and activity. Their study, which will report in February 2011, has the following objectives: • assess whether CHPs governance and accountability arrangements are appropriate and enable them to effectively influence how health and social care services are delivered • examine whether CHPs are managing resources efficiently • assess the effectiveness of CHPs in improving the health and quality of life of local people. Whilst Ayrshire-wide CHPs will form part of the overall study, none of them are among the 6 CHPs to be studied more intensively.

10	PARTNERSHIP PRIORITIES FOR THE NEXT 12-18 MONTHS
10.1	As demonstrated throughout this report East Ayrshire CHP has made considerable progress over the last year particularly in relation to developing new and effective partnership structures, agreeing shared outcomes and priorities and delivering a wide and innovative range of joint services and initiatives which are having a positive impact on the health, wellbeing and care of local people.
10.2	In the coming twelve to eighteen months the CHP must embrace the need to continuously improve partnership services and respond to challenges such as the declining economy and subsequent reduction in public spending, the ageing population and the need to reshape our services and the need to address the gap between the most and least disadvantaged population groups in East Ayrshire particularly in relation to health inequalities.
10.3	Some Key Partnership Priorities for the next 12-18 months will include the following; • The implementation of the Improving Health and Wellbeing Action Plan of the Community Plan for 2010/2011 • Review of the Community Plan, Children and Young Peoples Service Plan and Single Outcome Agreement and the development, identification and prioritisation of shared outcomes and partnership action plans for 2011 and beyond • Further systematic development of the Shared Services Agenda through the identification of key workstreams using learning form the Clyde Valley Report • Implementing the findings and recommendations of the Integrated Resource Framework from Phase 1 and Phase 2 • Utilising the data from SIMD09 and further intelligence form Public Health and the forthcoming CHP Profiles, developing a new more integrated and innovative approach to tackling inequalities on a partnership basis • Empowering people and communities to take ownership of their health, wellbeing and care • Focus on Early Years and Early Intervention • Adopting a strategic approach to harnessing Telecare/Telehealth technology • The development of East Ayrshire Alcohol and Drugs Strategy • The development of East Ayrshire Older People's Strategy • Further establish and develop the East Ayrshire Carers Sub Group as part of the CHP structure reporting directly into the CHP Forum • Begin the early implementation of a new partnership model of Rehabilitation and Enablement with a single point of contact • Local Implementation of new and emerging local and national strategies

Appendices:

Appendix 1 – National Outcome Five

Appendix 2 – National Outcome Six

Appendix 3 – National Outcome Seven

Appendix 4 – National Outcome Eleven

Appendix 1

National Outcome 5: Our children have the best start in life and are ready to succeed.		
Local Outcomes	**Progress 2009/10**	
Development of early education and childcare services to support children and families promoted (FSF)	✓	**Increase** in percentage of early education and childcare services managers with qualifications at degree level
	✓ ✓	**Sustain** integrated package of health, early education and care for vulnerable children aged 0-3 years (children's assessed needs are met) • Local authority nursery and family centres • Day care places
Healthy lifestyles for children and young people promoted (FSF)	O	**Increase** in percentage (by 3.5% annually) of children aged 5 years (Primary 1) with no sign of dental disease
	✓	**Increase** of dental registration (by 6% annually) in the 3-5 age group
	✓	**Achieve** completion rates for child healthy weight intervention programme
	✓	**Reduction** in percentage of obese children in Primary 1 **(New Indicator)**

■ denotes Community Planning Partnership Strategic Priority
(FSF) denotes linked outcome to the Fairer Scotland Fund

Local Outcomes	Progress 2009/10	
Healthy lifestyles for children and young people promoted (FSF)	**X**	**Sustained increase** (of 2% per year and 4% per year in deprived areas) in proportion of new-born children exclusively breast fed at 6-8 weeks
	O	**Incremental decrease** in number of young people aged 13-15 years drinking alcohol at least once per week

☐ denotes Community Planning Partnership Strategic Priority
(FSF) denotes linked outcome to the Fairer Scotland Fund

PROGRESS AT MARCH 2010 ON LOCAL OUTCOMES

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Development of early education and childcare services to support children and families promoted (FSF)	Percentage early education and childcare services managers with qualifications at degree level Annual / Early Education and Childcare Workforce Audit	48% of managers qualified to degree level (2008)	New indicator for 2009/10	**53% of managers qualified to degree level**	**Increase – 52%** of early education and childcare services managers will have degree level qualifications by 2011	**Increase – 52%** of early education and childcare services managers will have degree level qualifications by 2011	✓ Target achieved and exceeded
	Integrated package of health, early education and care for vulnerable children aged 0-3 years (children's assessed needs are met) 3 times per year / Early Education and Childcare Admissions Census	102 FTE places for children aged 0-3 years (local authority nursery and family centre) 30 places with Day Carers	102 FTE places – 209 children 0-3 years in local authority nursery and family centres 37 children 0-3 years in 28 places with Day Carers	**102 FTE places 1 199 children 0-3 years in local authority nursery and family centres** **46 children 0-3 years in 30 places with Day Carers**	**Sustain** 107 FTE full day care places for 0-3 years in local authority nursery and family centres across East Ayrshire by 2011 **Sustain** 30 places with 30 day carers during 2008-11	**Sustain** day care places in local authority nursery and family centres across East Ayrshire	✓ ✓

Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O

denotes Community Planning Partnership Strategic Priority; (FSF) denotes linked outcome to the Fairer Scotland Fund

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Healthy lifestyles for children and young people promoted (FSF)	Percentage of children aged 5 years (P1) with no sign of dental disease Every 2 years / NHS Ayrshire and Arran – Analysis of Detailed National Dental Inspection Programme data	45.8% (2006)	61.3% (2008)	**No update available beyond 2008. Survey data for 2009/10 will be issued to NHS Ayrshire and Arran for analysis by March 2011.**	**Increase** – 3.5% annual increase in percentage of children aged 5 years with no sign of dental disease by 2010 (NHS Ayrshire and Arran 2005 Local Strategic Implementation Plan)	**Increase –** 60% of 5 year olds (P1) will have no sign of dental disease by 2010 (NHS Ayrshire and Arran 2005 Local Strategic Implementation Plan)	**O**
	Levels of dental registration in the 3-5 age group Quarterly / NHS Ayrshire and Arran (ISD Scotland)	68% (2008)	New indicator for 2009/10	**74.6%** (December 2009)	**Increase** - 6% annual increase in dental registrations	**Increase** in dental registrations in the 3-5 age group	✓
	Completion rates for child healthy weight interventions programme Annual/NHS Ayrshire and Arran	0 children (new programme)	New indicator for 2009/10	**43 children completed in 2009/10** NHS Ayrshire and Arran renegotiated and revised the targets set with the Scottish Government	Year 1: 34 interventions (2009/10) Year 2: 101 interventions (2010/11)	**Rates achieved** by 2011	✓
	Estimated percentage of obese children in	8.7% (2007/08)	New indicator for 2009/10	**7.7%** (2008/09)	**Reduction** in percentage of obese children	**Reduction** in percentage of obese children in	✓

	Primary 1 Annual / NHS Ayrshire and Arran (ISD Scotland)				in Primary 1	Primary 1	
	Proportion of new born children exclusively breastfed at 6-8 weeks Annual / HNS Ayrshire and Arran (ISD Scotland)	18.6%	18.1% (2008)	**17.5%** (2009) ISD provisional figure provided	**Sustained increase** of 2% per year (with an increase of 4% per year in deprived areas)	**Increase** – 34.6% of newborn children exclusively breastfed at 6-8 weeks by 2015	**X**
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O							

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Healthy lifestyles for children and young people promoted (FSF)	Number of young people aged 13-15 years drinking alcohol at least once per week SALSUS 2006	12% of 13-15 year olds currently consume alcohol at least once per week	New indicator for 2009/10	**Local data not available beyond the baseline position. Local SALSUS report anticipated in June/July 2011.**	**Incremental decrease** in 13-15 year old consuming alcohol	**Reduction** in percentage of young people consuming alcohol at least once per week	**O**

Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O

■ denotes Community Planning Partnership Strategic Priority; (FSF) denotes linked outcome to the Fairer Scotland Fund

Appendix 2

National Outcome 6: We live longer, healthier lives.		
Local Outcomes	**Progress 2009/10**	
Health and wellbeing of the local population improved (FSF)	O O ✓ ✓ ✓	**Increase** in healthy life expectancy: • Males • Females **Increase** in life expectancy at birth: **(Proxy Indicator)** • Total population • Males • Females
	✓	**Reduction** in Coronary Heart Disease Mortality Rate per 100,000 population, under 75 years
	X	**Reduction** in number of episodes of respiratory disease (primary diagnosis on discharge)

	✓	**Reduction** in percentage of adults smoking

■ denotes Community Planning Partnership Strategic Priority
(FSF) denotes linked outcome to the Fairer Scotland Fund

Local Outcomes	Progress 2009/10	
Health and wellbeing of the local population improved (FSF)	✓	**Reduction** in the proportion of women who smoke in pregnancy
	O	**Reduction** in the number of alcohol related attributable hospital patients
	✓	**Reduction** in general acute inpatient day case discharges with an alcohol related diagnosis in any position **(Proxy Indicator)**
	✓	**Increase** in the number screenings using the appropriate screening tool and alcohol brief interventions
	O	**Reduction** in the number of drug related hospital patients
	X	**Reduction** in general acute inpatient day case discharges with a diagnosis of drug misuse in any position **(Proxy Indicator)**
	O	**Reduction** in rates of hospital admissions for primary diagnosis of Chronic Obstructive Pulmonary Disease, Asthma, Diabetes or Coronary Heart Disease
Health and wellbeing of the local population improved	O	**Reduction** in suicide rate

☐	✓	**Reduction** in deaths caused by intentional self harm and undetermined intent per 100,000 population **(Proxy Indicator)**
	✓	**Reduction** in the number of re-admissions (for mental health problems) for those who have had a hospital admission of over 7 days

denotes Community Planning Partnership Strategic Priority
(FSF) denotes linked outcome to the Fairer Scotland Fund

Local Outcomes	**Progress 2009/10**	
	X	**Reduction** in annual rate of increase of anti-depressant prescribing
	O	**Incremental reduction** in the number of injuries in the home for those aged 65+ and those under 15 years
	✓	**Reduction** in the number of emergency in patient bed days for people aged 65 and over
	✓	**Increase** in the number of patients diagnosed with dementia

■ denotes Community Planning Partnership Strategic Priority
(FSF) denotes linked outcome to the Fairer Scotland Fund

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Health and wellbeing of the local population improved (FSF)	Expected years of life in good health - males/females Annual / ISD Scotland (calculation based on Sullivan method)	65.1 years – males 68.8 years – females (1999-2003)	New indicator for 2009/10	**ISD Scotland has advised (February 2010) that data for this indicator (self assessed health data) will not be updated until the 2011 Census results are made available (2013).** **(See Proxy Indicator below)**	**Increase** in healthy life expectancy by 2011	**Increase** in life expectancy by 2011	**O** **O**
	Life expectancy at birth Annual / NHS Ayrshire and Arran (General Register Office for Scotland – Life Expectancy for Administrative Area within Scotland) **Proxy Indicator**	76.4 years – total population 74.5 years – males 78.2 years – females (2004-2006)	76.0 years – total population 74.0 years – males 77.9 years – females (2005-2007)	**76.6 years – total population** **74.6 years – males** **78.5 years – females** (2006 – 2008)	**Increase** in life expectancy by 2011	**Increase** in life expectancy by 2011	✓ ✓ ✓
	Coronary Heart Disease Mortality rate per 100,000 population, under 75 years Annual / NHS Ayrshire and Arran (ISD Scotland)	92.4 per 100,000 population (2005)	81 6 per 100,000 population (2007)	**76.3 per 100,000 population** (2008)	**Reduction** in mortality rate for coronary heart disease by 2011	**Reduction** in coronary heart disease by 2011	✓

	Number of episodes of respiratory disease (primary diagnosis on discharge) Annual / NHS Ayrshire and Arran (ISD Scotland)	2,573 episodes (primary diagnosis on discharge)	Revised indicator for 2009/10	**2,660 episodes** (primary diagnosis on discharge) (2008/09) ISD provisional figure provided)	**Reduction** in episodes of respiratory disease by 2011	**Reduction** in numbers of people with respiratory disease and improved quality of life for those with respiratory disease by 2011	**X**
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O							

denotes Community Planning Partnership Strategic Priority; (FSF) denotes linked outcome to the Fairer Scotland Fund

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Health and wellbeing of the local population improved (FSF)	Percentage of adults smoking Every 3 years / East Ayrshire Community Planning Residents' Survey	35% of adult respondents currently smoke (December 2005)	36% of adult respondents currently smoke (December 2008)	**14% of adult respondents currently smoke*** (June 2010) East Ayrshire Community Planning Residents' Panel Survey	**Reduction** in adults smoking to 23.7% by 2010	**Reduction** in adults smoking	✓
	Women recorded as a "current smoker" at antenatal booking appointment, expressed as number (3 year total) and percentage of all women attending booking appointments Annual /NHS Ayrshire and Arran	27.2% The original baseline provided above (27.2% for the year 2006/07) relates to a 3 year total. NHS Ayrshire and Arran has provided a revised baseline for a single year (2006/07) as 27.1%.	New indicator for 2009/10	**25.8%** (2008/09)	**Reduction** in the proportion of women who smoke in pregnancy to 20%	**Reduction** in the proportion of pregnant women who smoke by 2011	✓

	Number of alcohol related and attributable hospital patients Biennial / Scottish Public Health Observatory (ScotPHO) - East Ayrshire CHP Health and Wellbeing Profile 2008 (ISD Scotland)	1,106.3 (3 year average directly age-sex standardised rate 100,000 population per year)	New indicator for 2009/10	**Update available from ScotPHO CHP Health and Wellbeing profile in December 2010. Annual update had been anticipated in December 2009.** **(See Proxy Indicator below)** .	**Reduction** in number of alcohol related and attributable hospital patients	**Reduction** in number of people misusing alcohol by 2015	**O**

Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O

denotes Community Planning Partnership Strategic Priority; (FSF) denotes linked outcome to the Fairer Scotland Fund

*Please note that the Residents' Panel Survey is an interim measure based on a 33% (283 respondents) return from the Panel membership. The Residents' Survey is based on 2,000 random sample of East Ayrshire's population and will be progressed in 2011.

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Health and wellbeing of the local population improved (FSF)	General acute inpatient and day case discharges with an alcohol related diagnosis in any position Annual/ NHS Ayrshire and Arran (ISD Scotland) **Proxy Indicator**	990 per 100,000 population standardised rate (2006/07)	Proxy indicator for 2009/10	**944 per 100,000 population standardised rate** (2008/09) ISD provisional figure provided	**Reduction** in general acute inpatient and day case discharges with an alcohol related diagnosis in any position	**Reduction** in general acute inpatient and day case discharges with an alcohol related diagnosis in any position	✓
	Number of screenings using the appropriate screening tool and alcohol brief interventions Annual/NHS Ayrshire and Arran	Zero (new programme)	New indicator for 2009/10	**673** (cumulative total to February 2010) This is the most recent data available at local authority level.	**Increase** - 3,530 interventions by March 2011	**Increase** in screenings and interventions relating to alcohol misuse -	✓

	Number of drug related hospital patients Biennial/Scottish Public Health Observatory (ScotPHO) - East Ayrshire CHP Health and Wellbeing Profile 2008 (ISD Scotland)	153.3 (3 year average directly age-sex standardised rate per 100,000 population per year (2004-2006)	New indicator for 2009/10	**Update available from ScotPHO CHP Health and Wellbeing Profile in December 2010. Annual update had been anticipated in December 2009.** **(See Proxy Indicator below)** **.**	**Reduction** in number of drug related hospital patients	**Reduction** in number of people misusing drugs by 2015	**O**

Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O

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Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/sand timescale/s or direction of travel	Curre nt status
Health and wellbeing of the local population improved (FSF)	General acute inpatient and day case discharges with a diagnosis of drug misuse in any position Annual / NHS Ayrshire and Arran (ISD Scotland) **Proxy Indicator**	206 per 100,000 population standardised rate (2006/07)	Proxy indicator for 2009/10	**212 per 100,000 population standardised rate** (2008/09) ISD provisional figure provided	**Reduction** in number of general acute inpatient and day case discharges with a diagnosis of drug misuse in any position	**Reduction** in number of general acute inpatient and day case discharges with a diagnosis of drug misuse in any position	**X**

	Rates of hospital admissions of patients with primary diagnosis of Chronic Obstructive Pulmonary Disease, Asthma, Diabetes or Coronary Heart Disease (from 2006/07 to 2010/11) Annual / NHS Ayrshire and Arran (ISD Scotland)	594 admissions	New indicator for 2009/10	No further data available beyond the baseline position. **NHS Ayrshire and Arran has requested that this indicator be deleted. Proxy indicator to be considered.**	**Reduction** to 548 admissions by 2011	**Reduction** in hospital admissions for those suffering from long term conditions	**O**

Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O

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Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/sand timescale/s or direction of travel	Curren t status
Health and wellbeing of the local population improved	Rates for suicides per 100,000 Annual/General Register Office for Scotland	11.2 per 100,000 population (2002-2006)	New indicator for 2009/10	**Update available from ScotPHO CHP Health and Wellbeing profile in December 2010. Annual update had been anticipated in December 2009. (See Proxy Indicator below.)** .	**Reduction** in suicide rate between 2002 and 2013 by 20%,supported by 50% of key frontline staff in mental health and substance misuse services, primary care and accident and emergency being educated and trained in using suicide assessment tools/suicide prevention training programmes by 2010	**Reduction** of 20% in death rate per 100,000 population by 2013	**O**

	Deaths caused by intentional self harm and events of undetermined intent Biennial / General Register Office for Scotland/ScotPHO website, Suicide by Local Authority **Proxy Indicator**	18.9 per 100,000 population standardised rate (2000-2004)	Proxy indicator for 2009/10	**13.3 per 100,000 population standardised rate** (2005-2009)	**Reduction** in the death rate per 100,000 population	**Reduction** in the death rate per 100,000 population	✓

Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O

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Local Outcomes	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Health and wellbeing of the local population improved	Number of re-admissions (for mental health problems) for those who have had a hospital admission of over 7 days Quarterly Annual / NHS Ayrshire and Arran (ISD Scotland)	104 re-admissions for mental health problems (2005) **Baseline revised by NHS Ayrshire and Arran in August 2010 to 104 re-admissions for mental health problems (ISD revised Jan – Dec 2005)**	Baseline reset for East Ayrshire provided by NHS Ayrshire and Arran: 105 re-admissions	**76 readmissions for mental health problems** (2008/09)	**Reduction** in mental health re-admissions in target group to 95 by 2011	**Reduction** in re-admissions in target group by 2011	✓
	Rate increase of anti-depressant prescribing Annual / NHS Ayrshire and Arran (ISD Scotland Prescribing Information System NHS Ayrshire and Arran has reflected this as Defined Daily Doses per patient	34.45 Defined Daily Doses per patient (December 2006)	39.21 Defined Daily Doses per patient (March 2009)	**40.54 Defined Daily Doses per patient** (March 2010)	**Reduction** in annual rate of increase to zero by 2011	**Fewer people** being treated with antidepressant medication and **more people** being offered alternative therapies	**X**

	Number of unintentional injuries in the home for those aged 65+ and those under 15 years undetermined intent Biennial/Scottish Public Health Observatory (ScotPHO) - East Ayrshire CHP Health and Wellbeing Profile 2008 (General Register Office for Scotland)	2,551.4 per 100,000 population: aged 65+ years 1,336.1 per 100,000 population: under 15 years (2004-06)	New indicator for 2009/10	**Update available from ScotPHO CHP Health and Wellbeing profile in December 2010. Annual update had been anticipated in December 2009.**	**Incremental reduction** in the number of injuries in the home for those aged 65+ and under 15 years	**Improvement** in levels of unintentional injuries in the hom4e by 2015	**O**

Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O

denotes Community Planning Partnership Strategic Priority

Local Outcomes	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Health and wellbeing of the local population improved	Number of emergency inpatient bed days for people aged 65 and over Annual/NHS Ayrshire and Arran (ISD Scotland)	3,572.3 per 1,000 population (2005) The rate for 2006/07 is 3,397.56 per 1,000 population	New indicator for 2009/10	**3,260.17 per 1,000 population** (2008/09) ISD provisional figure provided	**Reduction** in emergency inpatient bed days for people aged 65 and over to 3,215.1 per 1,000 population	**Overall reduction** in emergency admissions for the target group	✓
	Number of patients diagnosed with dementia Annual/NHS Ayrshire and Arran (ISD Scotland)	660 patients diagnosed at March 2007 NHS Ayrshire and Arran has provided the 2006/07 figure published by ISD Scotland: 740 patients diagnosed with dementia	New indicator for 2009/10	**766** (2008/09)	**Increase** - 930 patients diagnosed by March 2011	**Overall improvement** of diagnosis and management of dementia	✓

Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O

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Appendix 3

National Outcome 7: We have tackled the significant inequalities in Scottish society.		
Local Outcomes	**Progress 2009/10**	
Everyone within our communities can access the full range of services which help to combat poverty (FSF)	✓	**Reduction** in the number of people claiming Income Support
	✓	**Reduction** in the percentage of children living in workless households
	✓	**Maintain** the number of carers receiving benefits checks
Financial Inclusion within disadvantaged communities (FSF)	✓	**Increase** in the total number of Credit Union members
	X	**Increase** the proportion of households with savings and investments

■ denotes Community Planning Partnership Strategic Priority
(FSF) denotes linked outcome to the Fairer Scotland Fund

Local Outcomes	Progress 2009/10	
Financial Inclusion within disadvantaged communities promoted (FSF)	✓	**Increase** in total household income with less than £15,500 before tax and deductions
	✓	**Reduction** in percentage of tenants in severe rent arrears
Everyone within our communities, including people with disabilities and ethnic minorities, has opportunities and chances (FSF)	X	**Reduction** in the number of data zones in the worst 0-15% deprived (Scottish Index of Multiple Deprivation)
Health inequalities in the most disadvantaged neighbourhoods/groups reduced (FSF)	✓	**Reduction** in Coronary Heart Disease Mortality Rate per 100,000 population, under 75 years, in disadvantaged areas
	O	**Incremental reduction** in percentage of adults aged 16+ smoking in the most deprived areas
	✓	**Increase** in the number of cardiovascular health checks
	X	**Reduction** in teenage pregnancy rates in 15-19 year olds in the most deprived areas

denotes Community Planning Partnership Strategic Priority (FSF) denotes linked outcome to the Fairer Scotland Fund

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Everyone within our communities can access the full range of services which help to combat poverty (FSF)	Number of people claiming Income Support Quarterly / Department for Work and Pensions/Nomis	60 per 1,000 population (August 2006)	57 per 1,000 population (November 2008)	**42 per 1,000 population** (November 2009)	**Reduction** in the number of people claiming Income Support by 2011	**Reduction** in the number of people claiming Income Support by 2011	✓
	Percentage of children living in workless households Annual/Scottish Government Work and Worklessness among Households in Scotland	19.1%	New indicator for 2009/10	**13.2%** (2008)	**Reduction** in the percentage of children living in workless households by 2011	**Reduction** in the percentage of children living in workless households by 2011	✓
	Number of carers receiving benefits checks Annual / East Ayrshire Carers Centre	390 carers receiving benefits checks	376 carers receiving benefits checks	**450 carers receiving benefits checks**	**Maintain** the number of benefits checks for carers	**Maintain** the number of benefits checks for carers	✓ Target achieved and exceeded

Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O

denotes Community Planning Partnership Strategic Priority; (FSF) denotes linked outcome to the Fairer Scotland Fund

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Financial Inclusion within disadvantaged communities (FSF)	Total number of Credit Union members Annual / East Ayrshire Credit Unions	909 members (October 2006)	1,484, comprising 1,072 Active Adult members and 412 Junior Members (63% annual increase in membership)	**2, 210 comprising 1,640 Active Adult members and 570 Junior members** (49% annual increase in membership)	**Increase** Credit Union membership by 15% on an annual basis	**Increase** Credit Union membership	✓
	Proportion of households with savings and investments Every 2 years / Financial Inclusion data/ Scottish Household Survey	48% households with savings and investments (2005/06)	Data update not available from the Scottish Household Survey at this time	**42% households with savings and investments** (2007/08)	**Increase** the number of households with savings and investments by 2% by 2011	**Increase** the number of households with savings and investments by 2% by 2011	X
	Total household income with less than £15,500 before tax and deductions Every 3 years / East Ayrshire Community Planning Residents' Survey	16% under £7,500 22% between £7,500 and £15,499 (December 2005)	20% under £10,400 6% between £10,400 and £15,599 (December 2008)	**16% under £10,400*** **11% between £10,400 and £15,599*** (June 2010) East Ayrshire Community Planning	**Increase** total household income by 2011	**Increase** total household income by 2011	✓

		38% less than £15,499	26% less than £15,599	Residents' Panel Survey **27% less than £15,599*** Revision of income bandings in 2008 to match the Scottish Household Survey			

Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O

denotes Community Planning Partnership Strategic Priority; (FSF) denotes linked outcome to the Fairer Scotland Fund

*Please note that the Residents' Panel Survey is an interim measure based on a 33% (283 respondents) return from the Panel membership. The Residents' Survey is based on 2,000 random sample of East Ayrshire's population and will be progressed in 2011.

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Financial Inclusion within disadvantaged communities (FSF)	Percentage of tenants in severe rent arrears Annual / SPI 1 Housing / Accounts Commission	1.3% Revised baseline provided by East Ayrshire Council for 2008/09 as 1.3% due to different methodology for the calculation	Data not comparable at this time.	**1.1%**	**Reduction** of tenants in severe arrears to 0.5% by 2008/09–aim to maintain top quartile performance level	**Reduction** in number of tenants in severe arrears	✓

Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O

■ denotes Community Planning Partnership Strategic Priority; (FSF) denotes linked outcome to the Fairer Scotland Fund

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Everyone within our communities, including people with disabilities and ethnic minorities, has opportunities and chances (FSF)	Number of data zones in the worst 0-15% (SIMD) deprived Update anticipated in 2009 / Scottish Index of Multiple Deprivation (SIMD) 2006	28 data zones (SIMD 2006)	Data update not available until October 2009	**30 data zones** (SIMD 2009)	**Reduction** in the number of data zones in the worst 0-15% by 2011	**Reduction** in the number of data zones in the worst 0-15% by 2011	**X**

Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O

■ denotes Community Planning Partnership Strategic Priority; (FSF) denotes linked outcome to the Fairer Scotland Fund

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Health inequalities in the most disadvantaged neighbourhoods/ groups reduced (FSF)	Coronary Heart Disease Mortality rate per 100,000 population, under 75 years Annual / NHS Ayrshire and Arran (ISD Scotland)	132.8 per 100,000 population (2002-2004) Revised baseline provided by NHS Ayrshire and Arran	118.9 Standardised rate per 100,000 population (2005-2007)	**120.6** standardised rate per 100,000 population (2006-2008)	**Reduction** in mortality rate for coronary heart disease in disadvantaged areas by 2011	**Reduction** in incidence of coronary heart disease in the most deprived areas by 2011	✓
	Percentage of adults aged 16+ in the most deprived areas smoking Every 3 years / East Ayrshire Community Planning Residents' Survey	43% (December 2005)	43% (December 2008)	**Data update not available at this time. Due to confidentiality issues when surveying the Residents' Panel, it has not been possible to identify adults aged 16+ who live in the most deprived areas. East Ayrshire wide figures for 2010 provided at National Outcome 6.**	**Reduction** in adults smoking in the most disadvantaged areas by 2011	**Reduction** in the percentage of adults smoking in the most deprived areas by 2011	**O**
	Number of inequalities cardiovascular Health checks during 2009/10 Annual/NHS Ayrshire and Arran	Zero (March 2007)	New indicator for 2009/10	**1,846** (cumulative total to March 2010)	I**ncrease** – Carry out health checks with 100% eligible population (6,040) by 2011	I**ncrease** – 100% target population receiving Keepwell health checks	✓

	Teenage pregnancy rates in 15-19 year olds in the most deprived areas Annual / NHS Ayrshire and Arran (ISD Scotland)	64.7 per 1,000 (Range=17.2-99.4 across communities) (2005)	60.5 per 1,000 (2007)	**61.6 per 1,000** **100.5 per 1,000** 0-15% most deprived datazones (2008) ISD provisional figures provided	**Reduction** in levels of teenage pregnancy rates in 15-19 year olds in the most deprived areas	**Reduction** in teenage pregnancies in 15-19 year olds by 33% in the most deprived areas by 2015 (SE HEAT target, 2006)	**X**

Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O

denotes Community Planning Partnership Strategic Priority; (FSF) denotes linked outcome to the Fairer Scotland Fund

Appendix 4

National Outcome 11: We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.

Local Outcomes	**Progress 2009/10**	
Participation by people of all ages in community activity increased (FSF)	✓	**Increase** in the proportion of residents involved in community activity
Carers and young carers supported (FSF)	✓	**Increase** the number of carers receiving ongoing support
Proportion of people needing care and support who are able to sustain an independent quality of life as part of the community increased, through effective joint working	✓	**Reduction** in the number of patients waiting more than 6 weeks for discharge to appropriate setting
	X	**Maintain** percentage (level at 35%) of people aged 65+ with intensive needs receiving care at home
	✓	**Maintain** percentage (level at 7%) of people aged 65+ receiving free personal care at home

■ denotes Community Planning Partnership Strategic Priority

(FSF) denotes linked outcome to the Fairer Scotland Fund

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Participation by people of all ages in community activity increased (FSF)	Proportion of residents involved in community activity in the last 12 months Every 3 years / East Ayrshire Community Planning Residents' Survey	13% (December 2005)	11% (December 2008)	**37% *** (June 2010) East Ayrshire Community Planning Residents' Panel	**Increase** proportion of people involved in community activity	**Increase** proportion of people involved in community activity	✓
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O							

(FSF) denotes linked local outcome to the Fairer Scotland Fund

*Please note that the Residents' Panel Survey is an interim measure based on a 33% (283 respondents) return from the Panel membership. The Residents' Survey is based on 2,000 random sample of East Ayrshire's population and will be progressed in 2011.

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Carers and young carers supported (FSF)	Number of carers receiving ongoing support Annual / East Ayrshire Carers Centre	4,500 carers receiving ongoing support	5,708 carers receiving ongoing support	**6,039 carers receiving ongoing support**	**Increase** the number of carers receiving ongoing support to 6,500 by 2011	**6,500** carers receiving ongoing support	✓
Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O							

(FSF) denotes linked local outcome to the Fairer Scotland Fund

Local Outcome	Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Progress at March 2009	Progress at March 2010 (indicators where available)	'Progress' target/s to 2010/11 (where available)	'End' target/s and timescale/s or direction of travel	Current status
Proportion of people needing care or support who are able to sustain an independent quality of life as a part of the community increased through effective joint working	Number of patients waiting more than 6 weeks for discharge to appropriate setting Quarterly / NHS Ayrshire and Arran	5 patients waiting more than 6 weeks (March 2007)	0 patients waiting more than 6 weeks	**0 patients waiting more that 6 weeks**	**Zero** patients waiting more that 6 weeks for discharge to appropriate setting	**Zero** patients waiting more that 6 weeks for discharge to appropriate setting	✓ Target Achieved
	Percentage of people aged 65+ with intensive needs receiving care at home Annual / East Ayrshire Council	40.7% receiving care at home	41.03% receiving care at home	**33% receiving care at home**	**Maintain levels** at 35%+	**Maintain levels** at 35%+	**X**
	Percentage of people aged 65+ receiving free personal care at home Annual / Scottish Government Statistics	6.2% receiving free personal care at home	6.95% receiving free personal care at home	**7.4% receiving free personal care at home**	**Maintain levels** at 7%	**Maintain levels** at 7%	✓ Target Achieved

Key: Improving progress ✓ Maintaining progress = Improvement required X Data unavailable O

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