

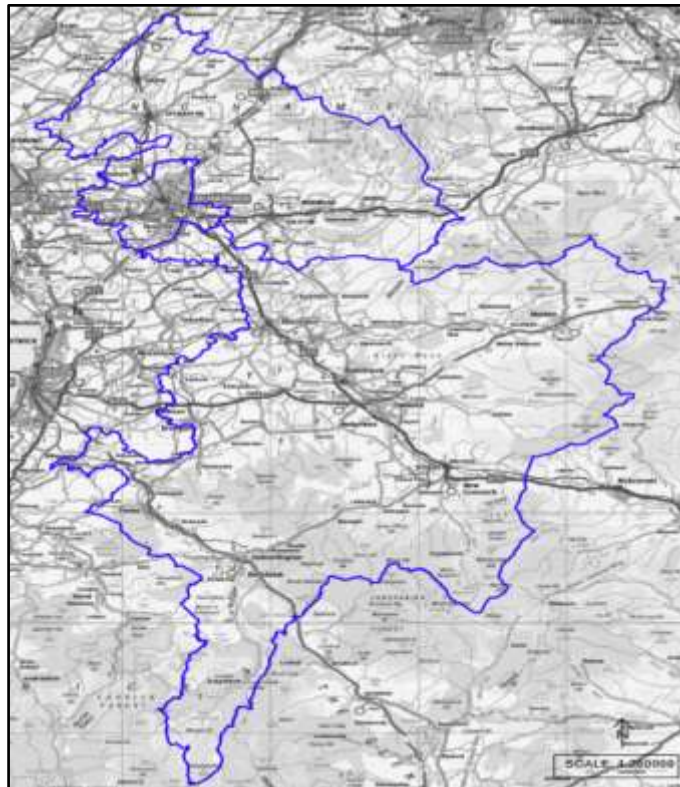


Health and Wellbeing: Strategic Needs Assessment

APRIL 2021

1. Introduction

East Ayrshire is a diverse area covering some 490 square miles with a population of 122,010 people spread over both urban and rural communities.



Undertaking a comprehensive Needs Assessment is vital to understanding: the health and wellbeing needs of the population, socio-economic circumstances within communities and the distribution of services in terms of effectively meeting demand. This process is crucial for planning and commissioning local health and care services, and this Needs Assessment, along with extensive engagement and consultation, has informed the development of the East Ayrshire HSCP's Strategic Plan 2021-30.

Our Strategic Needs Assessment comprises a range of information, aligned to the following key themes:

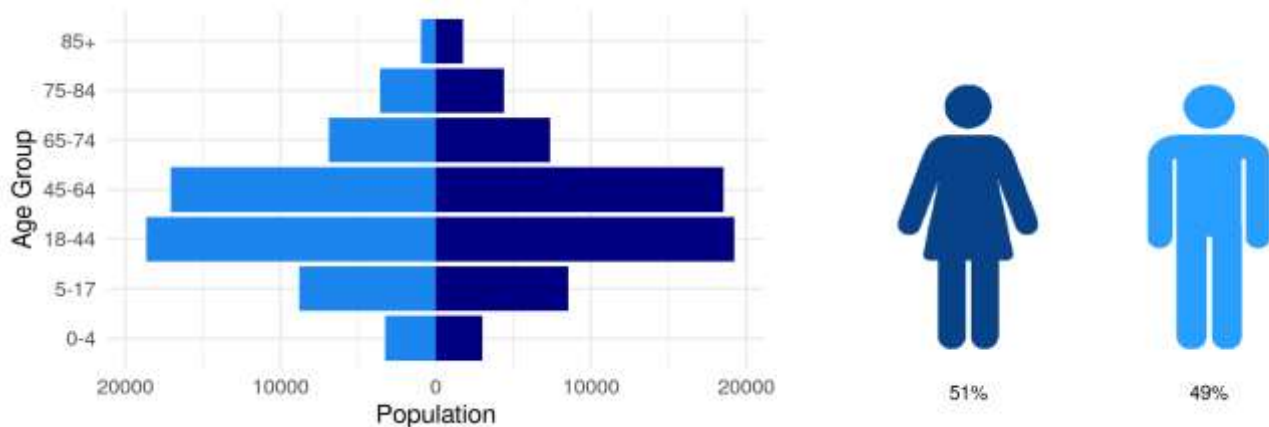
- Demographics
- Physical and Mental Health
- Deprivation: SIMD
- Economic Status and Deprivation
- Risk Behaviour
- Children & Young People
- Hospital Care
- Need for Services
- Health, Care and Support Service Experience
- Caring Responsibilities
- Communities
- COVID-19.

The information contained within this Needs Assessment was obtained from local data sources, various national publications and Public Health Scotland colleagues.

2. Demographics

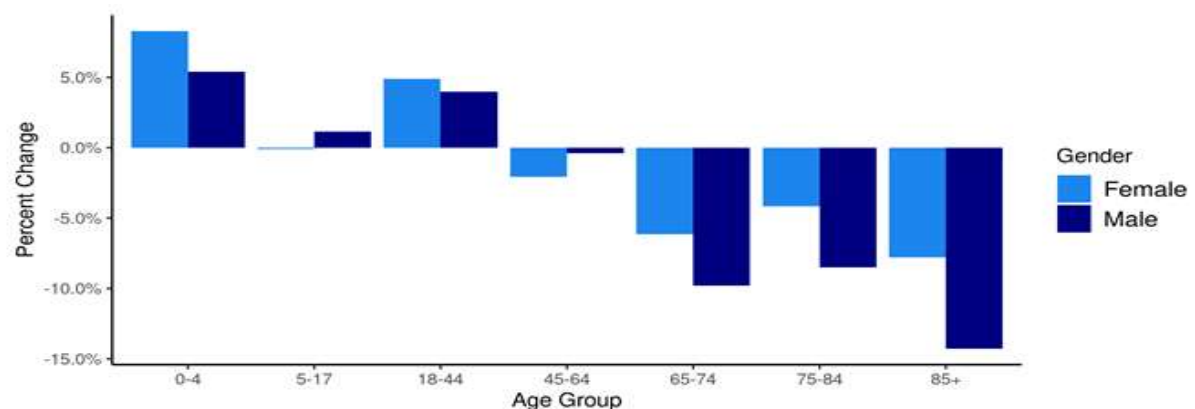
The demographics of an area set out past, current and projected future population composition, which allows for a better understanding of local needs and demand for health and social care services over time.

2.1 Demographic Composition

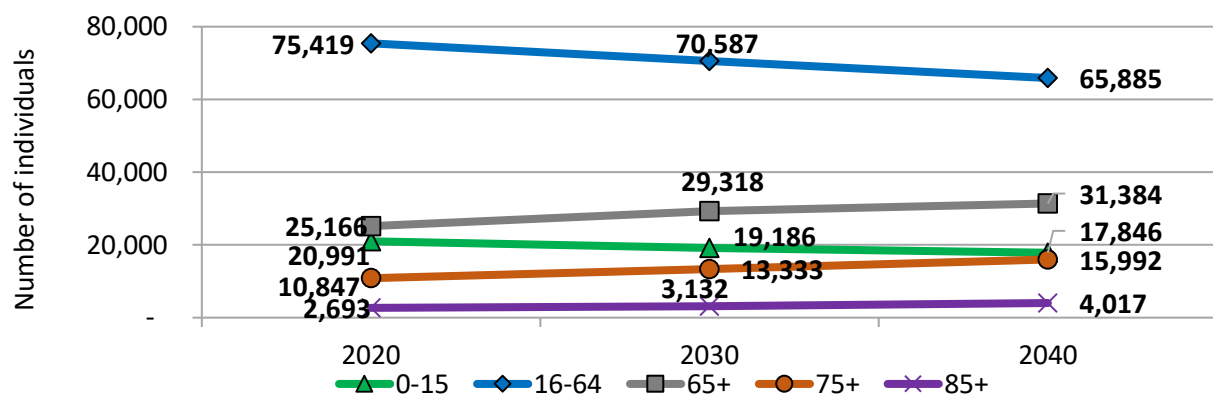


- Total population of **122,010** people
- 51% female and 49% male.

2.2 Change in population structure over the last five years.



2.3 Population Projections by Age Group



Significant demographic shifts are expected in East Ayrshire over the next two decades. The following changes are projected in each age group between 2020 and 2040:

0-15	-15%
16-64	-12.6%
65+	+24.7%
75+	+47.4%
85+	+49.2%
Overall population	-2%

This demographic shift will have implications for future service planning and provision, as a larger older population will naturally result in more people with long term health conditions / multi-morbidities requiring access to health and social care services.

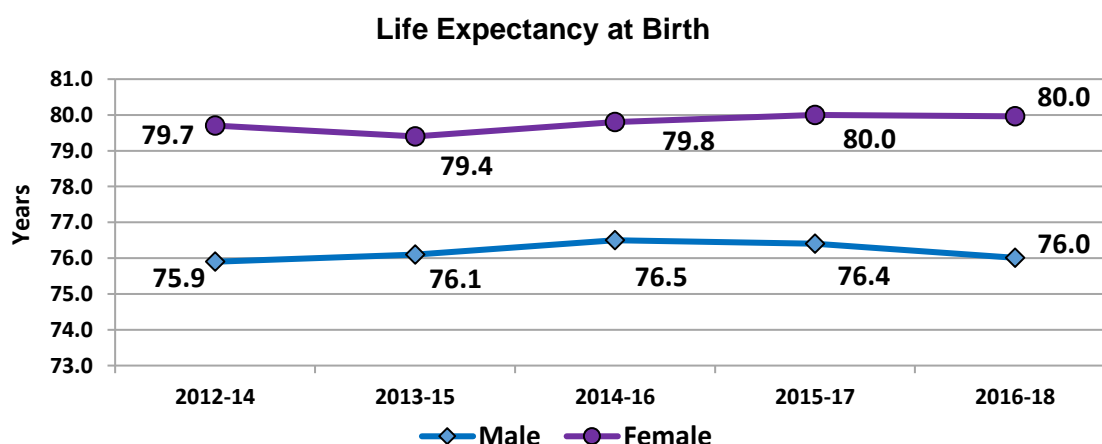
2.4 Dependency Ratio

The dependency ratio is the number of people aged 0-15 and 65+ as a percentage of those aged 16-65. The East Ayrshire figure was **61%** in 2019.

3. Physical Health and Wellbeing



Effectively supporting people with long term conditions and adopting an early intervention approach to prevent health deterioration and mitigate the causes of health inequality, are key to achieving positive wellbeing outcomes and enabling people to live healthier and fulfilling lives. As the older age population and consequently the number of people living with long term conditions increases, it will be important to deliver opportunities for increasing healthy life expectancy to ensure people across the age spectrum enjoy an active and good quality of life.

3.1 Longevity

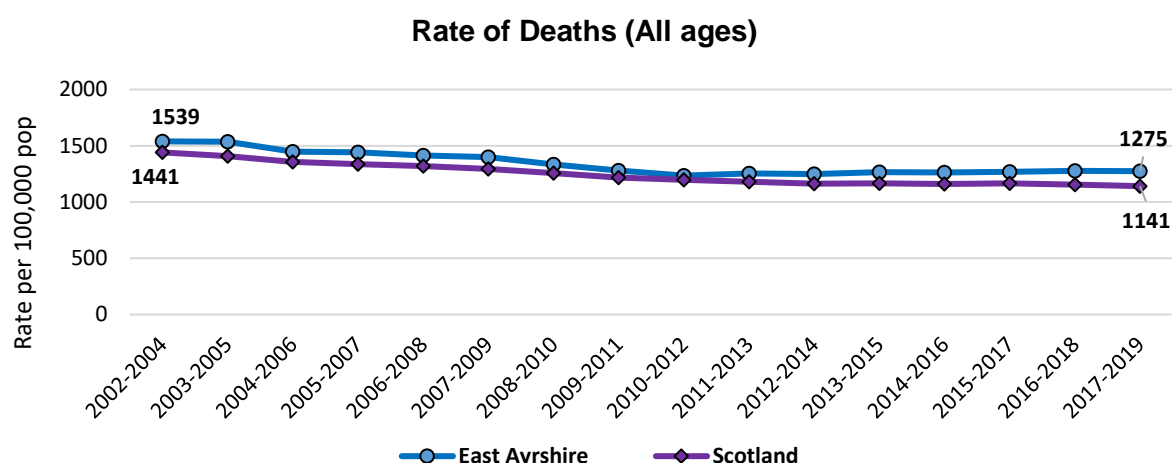


In the latest time period available (2016-2018 / 3 year aggregate), the average life expectancy in East Ayrshire was 76 years for males and 80 years for females.

The long term trend in life expectancy for females has been positive, however average life expectancy in males has decreased by 0.5 years between 2014-16 and 2016-18.

	East Ayrshire	Scotland
	80.0	81.1
	76.0	77.1

Both male and female life expectancy in East Ayrshire is slightly lower than national averages.



The long term trend in the rate of deaths (all ages) per 100,000 population in East Ayrshire has been positive, with a reduction from 1,539 in 2002-2004 to 1,275 in 2017-2019. East Ayrshire rates have remained consistently higher than national levels since 2002-2004.

3.2 Long Term Health Conditions

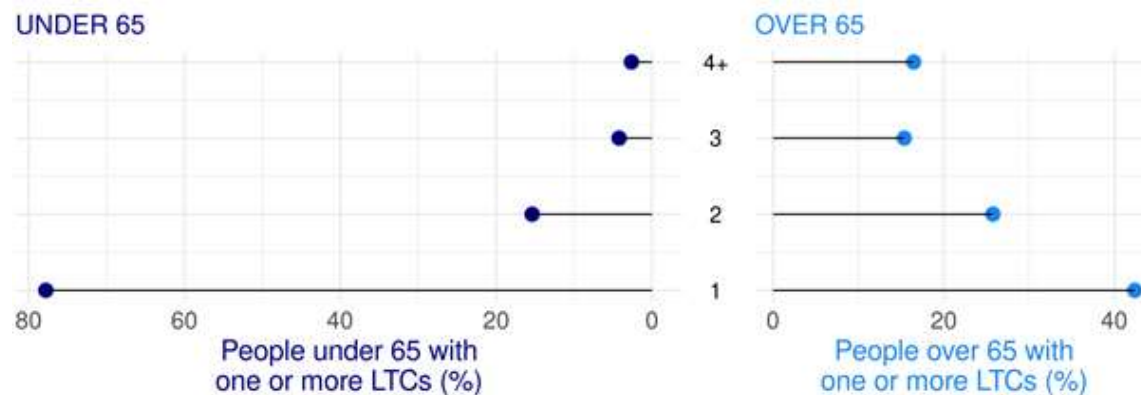
In 2018/19, **26%** of the total East Ayrshire population had at least one physical long-term condition. These include: cardiovascular, neurodegenerative, and respiratory conditions, organ conditions (namely liver disease and renal failure), arthritis, cancer, diabetes, and epilepsy.

The infographic below displays the proportion of East Ayrshire age groups who have at least one long term condition.



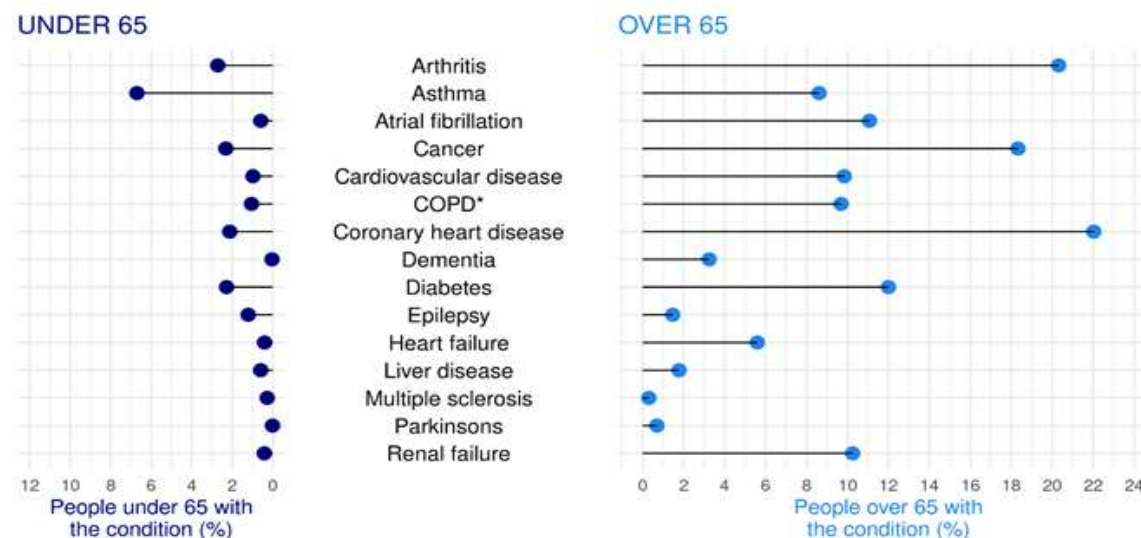
3.3 Multimorbidity

The percentage of people aged under and over 65 living with two or more long term conditions is displayed in the chart below. Of those who have a long term condition in East Ayrshire, **22%** aged under 65 have more than one, compared to **58%** of those aged over 65.



* Note that this chart excludes people who do not have any physical long-term health conditions.

The chart below presents the prevalence of various key long term conditions by age group in East Ayrshire. Asthma, Arthritis, Cancer and Diabetes are the most prevalent conditions in people aged under 65. Coronary Heart Disease, Arthritis, Cancer and Diabetes are the most prevalent conditions in people aged over 65.

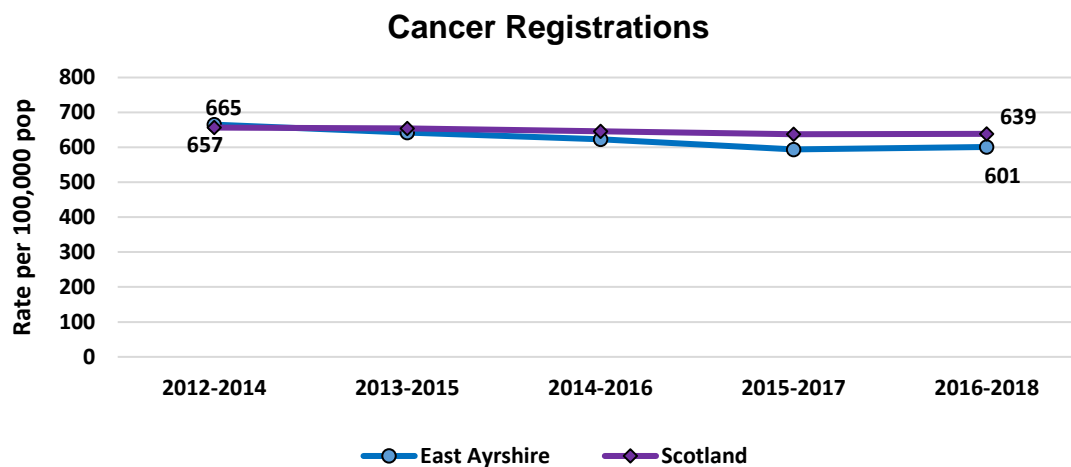


The table below displays the top 5 most prevalent physical long term health conditions across all ages in East Ayrshire compared to Scotland.

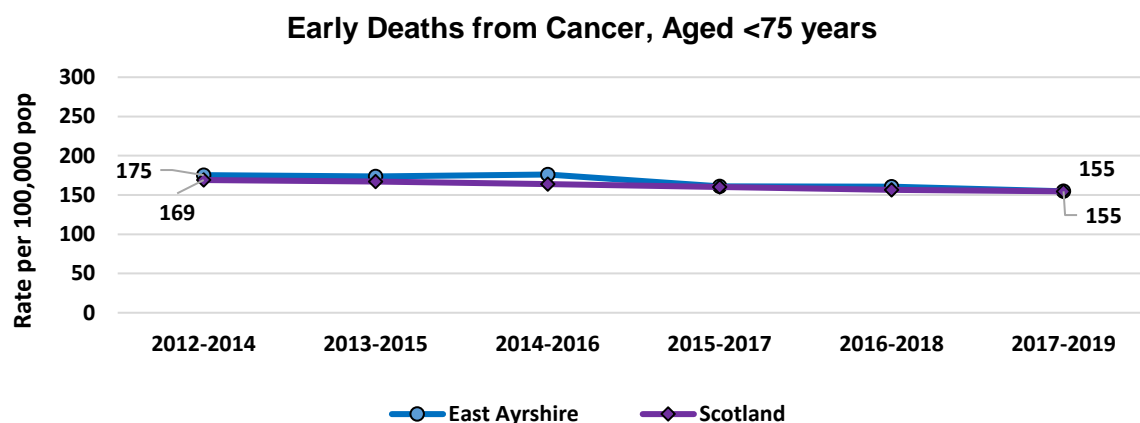
East Ayrshire HSCP		Scotland	
1	Asthma 7.1%	1	Arthritis 5.5%
2	Arthritis 6.3%	2	Cancer 5%
3	Coronary heart disease 6.2%	3	Coronary heart disease 4.8%
4	Cancer 5.6%	4	Asthma 4.5%
5	Diabetes 4.3%	5	Diabetes 3.1%

3.4 Cancer

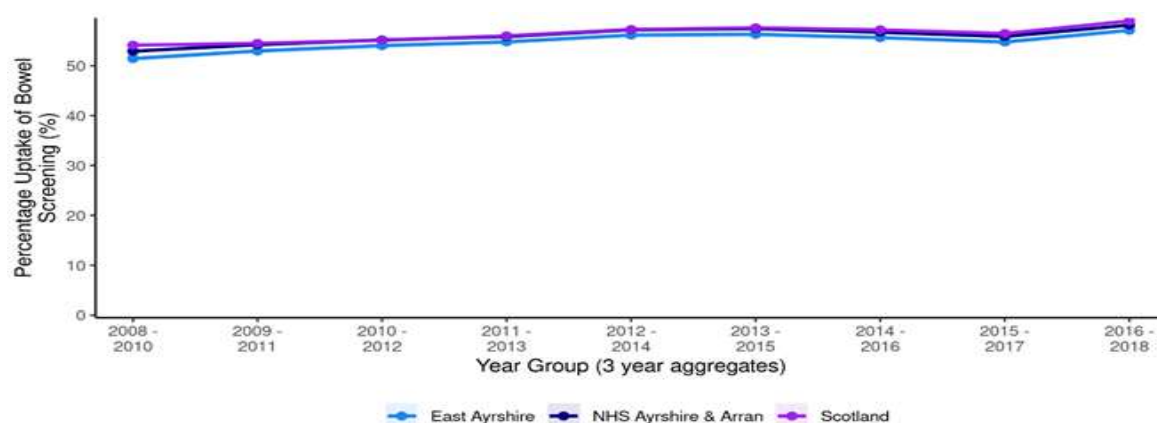
The rate of cancer registrations per 100,000 population in East Ayrshire has decreased notably in recent years, from 665 in 2012-2014 to 601 in 2016-2018. The East Ayrshire rate was also considerably lower than the national average (639) in 2016-2018.



The rate of early deaths from Cancer per 100,000 population in East Ayrshire has also declined in recent years, from 175 in 2012-2014 to 155 in 2017-2019. The East Ayrshire rate has remained fairly consistent with national levels since 2012-2014.



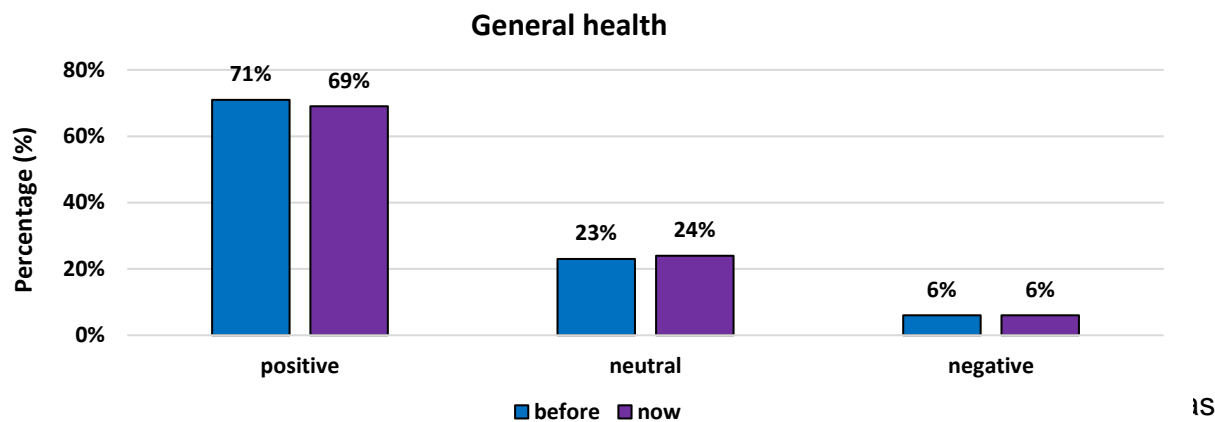
3.5 Bowel Screening Uptake for Eligible Men and Women



Bowel screening uptake in East Ayrshire has generally increased since 2008. The East Ayrshire rate has mirrored and remained slightly lower than NHS Ayrshire & Arran and national trends over this period.

3.6 Engagement Findings

60.9% of people who responded to the East Ayrshire Life Beyond COVID-19 Survey indicated that their physical health and fitness has been impacted by the pandemic, in addition to **20.6%** highlighting that their long-term health conditions have been impacted as a result of COVID-19.



prior to the COVID situation and then how it was during the pandemic. **71%** of people said they were in good general health prior to the crisis, falling slightly to **69%** during the pandemic. **6%** said they were in poor health both prior to and during the crisis.

In terms of how people are feeling, a number of negative themes were identified from responses to the Life Beyond COVID-19 Survey in relation to physical health, including: low fitness, weight gain and decreased mobility. A number of positive themes in relation to feelings towards physical health were also identified, including: increased exercise, healthier diets, weight loss and being less physically tired.

"feel much healthier and as a Type 2 diabetic I feel my blood sugars are back under control"
"learned to care more about my physical health"
"improved health... more time to do fitness"
"eating healthier as eating home cooked meals"
"Sleeping better, less tired"

"Less active"
"less physically fit"
"unhealthy and overweight"
"unfit and sore"
"less mobile than before"

15% of people who responded to the Life Beyond COVID-19 Survey identified various aspects of physical health to be important for future health and wellbeing, with **17%** highlighting physical health related themes to be key for achieving the things that matter most to them. Findings from the Residents Survey indicate that physical health is the top concern theme in the 75+ age group (**27%**), compared to **12%** in the 50-64 and 65-74 age groups and **4%** in the 25-49 age group.

4. Mental Health and Wellbeing

Mental health is important in all stages of life, from childhood to adulthood and in later years. Our mental health influences how we think, act, feel and make choices, and can impact on many aspects of life, including physical wellbeing and social circumstances. A range of factors can lead people at any age to experience mental health problems, including life experiences (such as trauma) and biological determinants.

Key Points

More than 1 in 5 of the population in East Ayrshire are prescribed medication for anxiety, depression or psychosis.



The number of probable suicides in East Ayrshire was significantly higher during 2018 and 2019 than in previous years.



The rate of emergency mental health admissions within East Ayrshire has remained consistently lower than the national level in recent years.

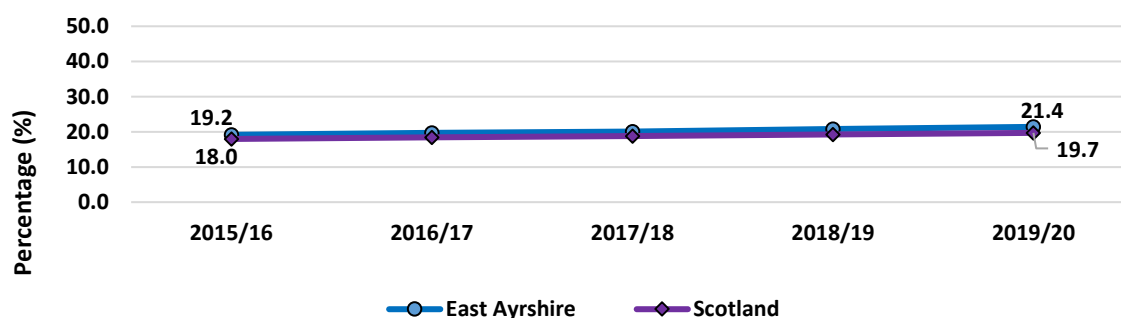


Almost 70% of people who responded to the Life Beyond COVID-19 Survey indicated that their mental health has been impacted by the pandemic.



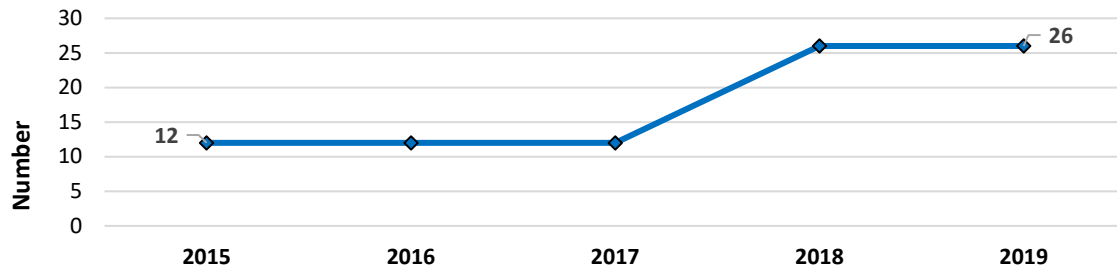
4.1 Population prescribed drugs for anxiety/depression/psychosis

In 2019/20, more than one in five people (**21.4%**) in East Ayrshire were prescribed medication for anxiety, depression, or psychosis (ADP). The trend in East Ayrshire has gradually increased in recent years, in line with national levels.



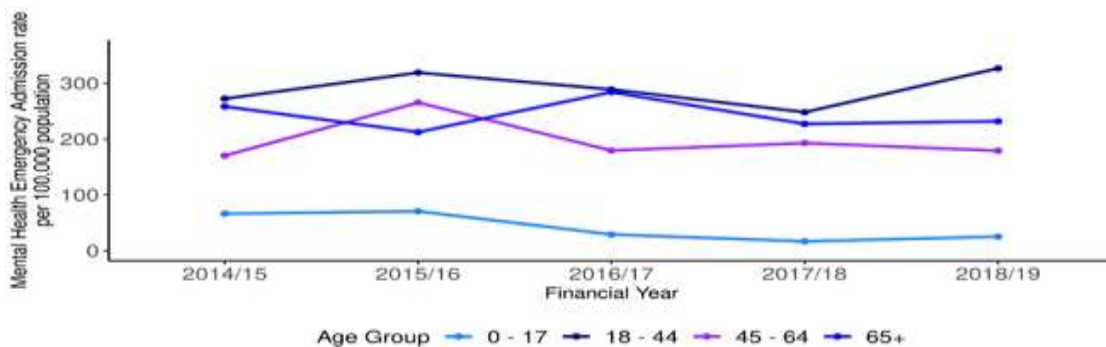
4.2 Probable Suicides

The number of probable suicides in East Ayrshire remained relatively static until 2018 when it increased 117% from the previous year. The rise in numbers was sustained in 2019.

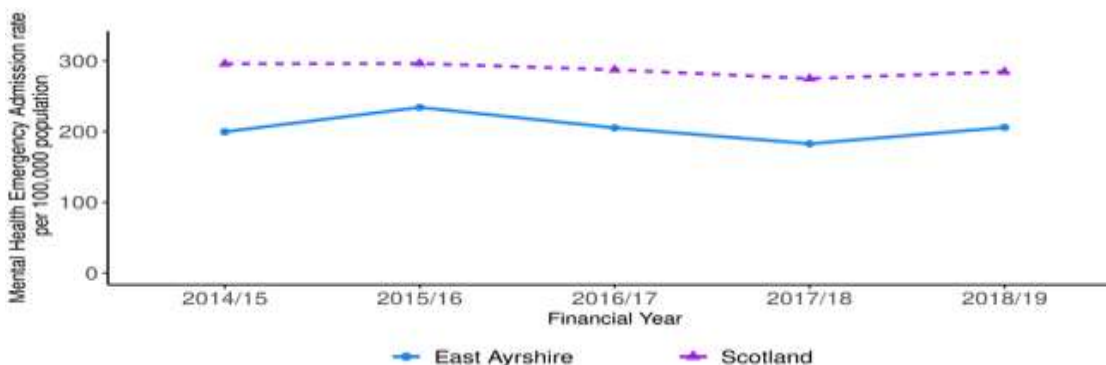


4.3 Hospital Care: Mental Health Specialty

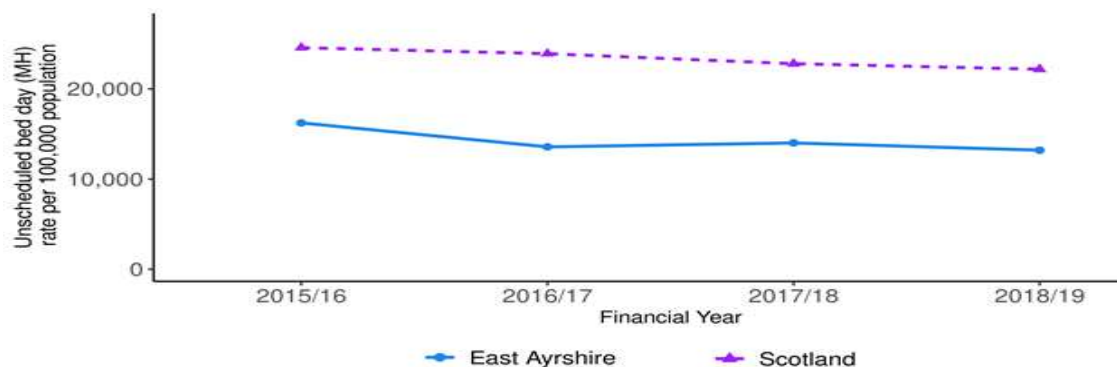
The chart below displays the rate of East Ayrshire emergency mental health hospital admissions per 100,000 population over the last five years by age group. The highest rates have occurred in the 18-44 age group and the lowest rates in the 0-17 age group.



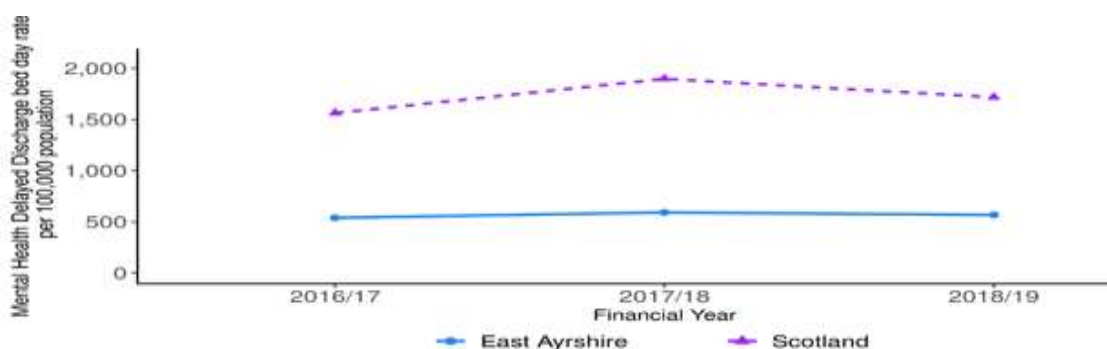
The chart below displays the rates of East Ayrshire emergency mental health admissions per 100,000 population compared to Scotland levels over the last five years. East Ayrshire rates have remained consistently below national levels over this period, with a rate of 206 emergency mental health admissions per 100,000 population in 2018/19.



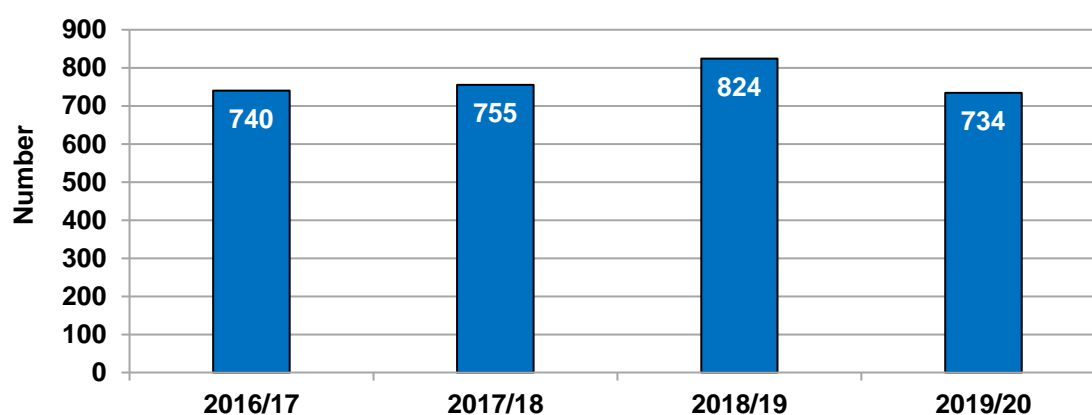
The chart below displays the rates of East Ayrshire mental health unscheduled bed days per 100,000 population compared to Scotland levels over the last four years. East Ayrshire rates have declined and remained significantly below national levels over this period, with a rate of 13,204 unscheduled mental health hospital bed days per 100,000 population in 2018/19.



The chart below displays the rates of East Ayrshire mental health delayed discharge bed days per 100,000 population compared to Scotland levels over the last three years. East Ayrshire rates have remained relatively static and significantly below national levels over this period, with a rate of 568 delayed discharge bed days per 100,000 population in 2018/19.



4.4 Child and Adolescent Mental Health Service (CAMHS) Referrals



The number of East Ayrshire referrals received by the CAMHS has remained relatively static over the last four years, with the exception of a notable increase throughout 2018/19 (824).

4.5 Engagement Findings

69.6% of people who responded to the Life Beyond COVID-19 Survey indicated that their mental health has been impacted by the pandemic, with the Residents Survey also recording a high proportion of people worried about their mental health (**42%**).

A number of negative themes were identified from responses to the Life Beyond COVID-19 Survey in relation to mental health, including feelings of: anxiety, depression, Stress, frustration, boredom and grief:

"feeling worried and psychologically vulnerable"
"depressed...my mood is low"
"stressed within my work role...don't want to take virus back to my family"
"fed up, could scream at the moon"
"Resentful that (so far) 4 months of my life have been taken away"
"I think the coronavirus has affected all aaes of our communities".

Conversely, a number of positive themes in relation to feelings about mental health were also identified from responses, including: feeling good / fine, feeling better than start of COVID 19, feeling optimistic / hopeful for future, positive change to outlook on life and having more time to relax / less pressure:

"I am absolutely fine and enjoy working from home"
"feel less stressed and anxious"
"feel more positive now"
"COVID has taught me to slow down"
"life is more relaxed and easier to cope with"
"learned to care more about my mental health and wellbeing"
"I've had time to consider what my priorities are".

5. Deprivation: SIMD

This section illustrates deprivation circumstances in East Ayrshire through the Scottish Index of Multiple Deprivation (SIMD). The most recent SIMD ranking was carried out in 2020. SIMD ranks all datazones in Scotland by the following topics: Access, Crime, Education, Employment, Health, Housing and Income. Based on these ranks, each datazone is allocated an overall deprivation rank, which is used to separate datazones into Deprivation Quintiles (Quintile 1 being the most deprived and Quintile 5 the least).



Key Points

According to SIMD 2020, East Ayrshire has the 7th highest level of deprivation amongst local authorities.



Almost 1/3 of East Ayrshire's residents (31%) live in areas identified as amongst the most deprived in Scotland (20% nationally).



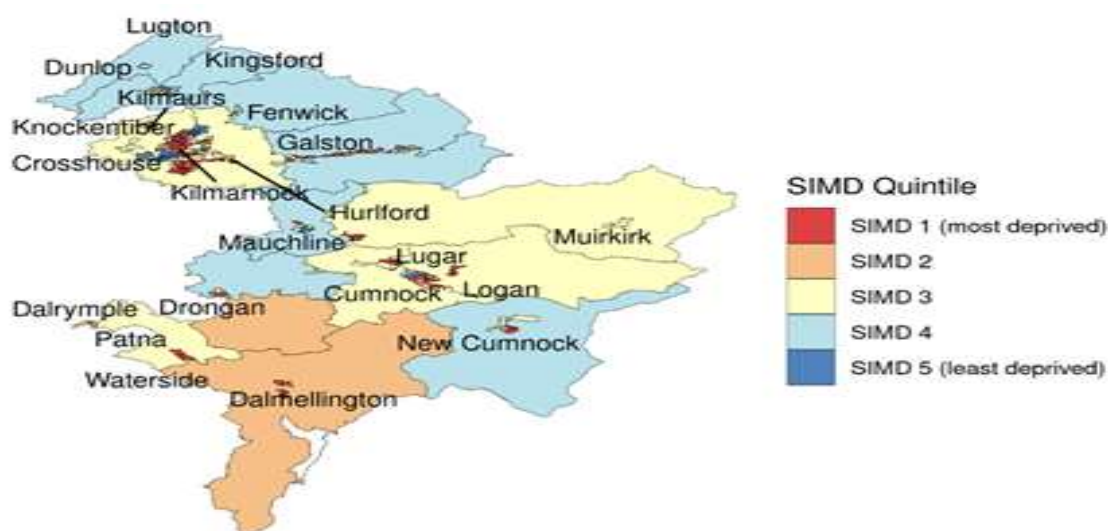
<p>Fewer than 11% of the population within East Ayrshire live in the least deprived areas of Scotland (20% nationally).</p> 	<p>Employment, income and health have the highest levels of deprivation in East Ayrshire, whilst housing has the lowest.</p> 
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In 2020, almost one-third (31%) of the East Ayrshire population lived in the most deprived SIMD Quintile, with 11% residing in the least deprived SIMD Quintile.

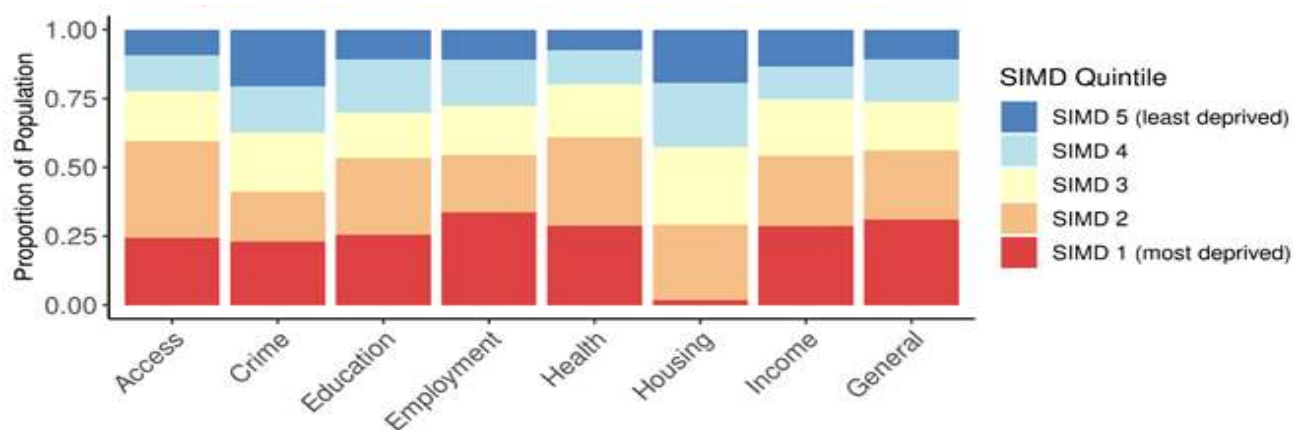
The following table compares the percentage of the East Ayrshire population within SIMD Quintiles 1-5 between 2016 and 2020, along with the variance.

Quintile	% of Pop 2016	% of Pop 2020	Variance
SIMD 1	31.7%	31.1%	-0.6%
SIMD 2	26.4%	25.0%	-1.4%
SIMD 3	17.0%	17.7%	0.8%
SIMD 4	13.4%	15.2%	1.9%
SIMD 5	11.5%	10.9%	-0.6%

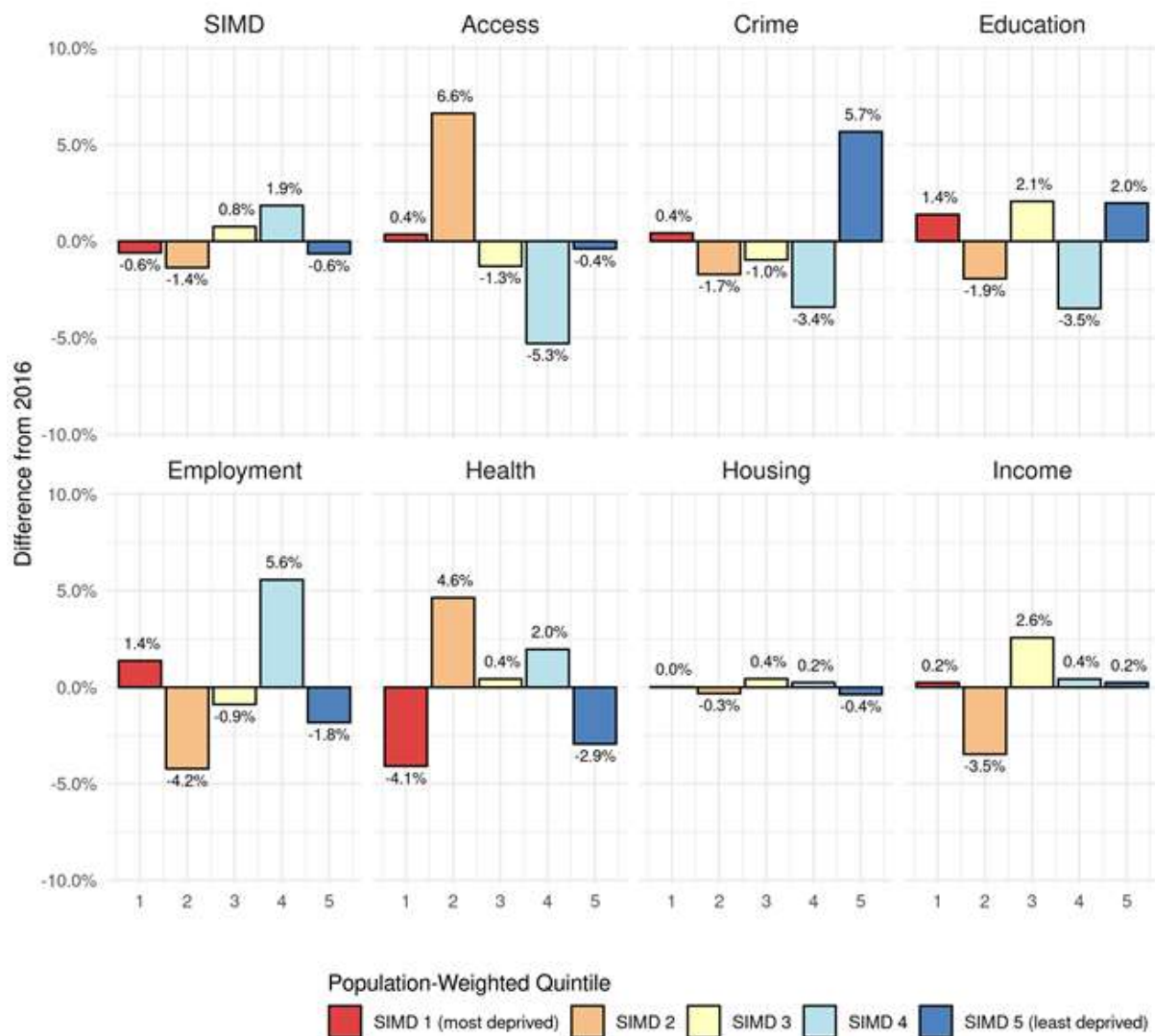
The image below maps out areas in East Ayrshire according to SIMD Quintile:



The chart below displays the proportion of the East Ayrshire population that resides in each 2020 SIMD Quintile by domain.



The chart below presents a comparison between East Ayrshire 2016 SIMD figures and 2020 SIMD figures. Negative values on the y axis indicate a decrease in percentage of the population living within a quintile and positive values indicate an increase in percentage of the population living within a quintile.



* Please note that quintiles have been weighted by the Scottish population. Any local changes in SIMD quintile do not necessarily indicate a difference in deprivation, but rather a difference in deprivation in comparison to the rest of Scotland.

6. Economic Status and Deprivation

Research has long demonstrated a link between socio-economic circumstances and health inequality, with evidence associating higher levels of risk behaviour and poorer health outcomes in populations which experience economic deprivation.

Key Points

15% of the population within East Ayrshire are income deprived.



Almost 1/4 of children (23%) within East Ayrshire live in economically deprived households.



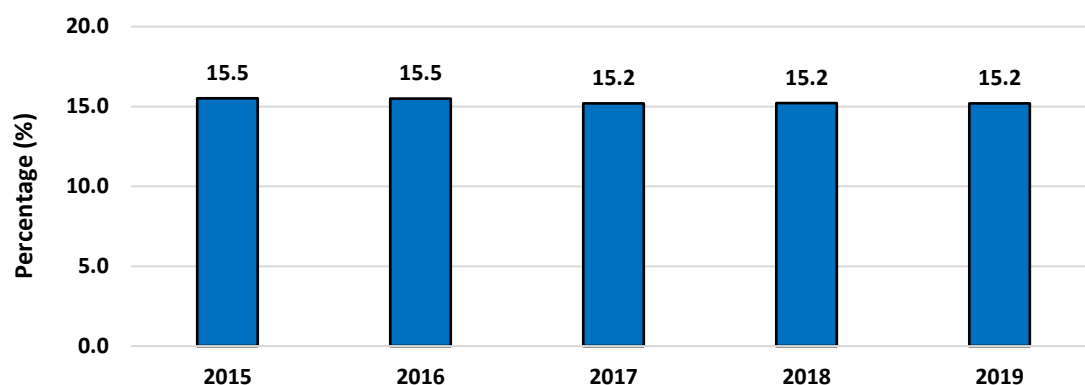
29% of households responding to the Life Beyond COVID-19 survey reported they had been impacted financially by the pandemic.



66% of respondents to the East Ayrshire Residents Survey revealed they were currently managing financially, 72% were managing before the pandemic.

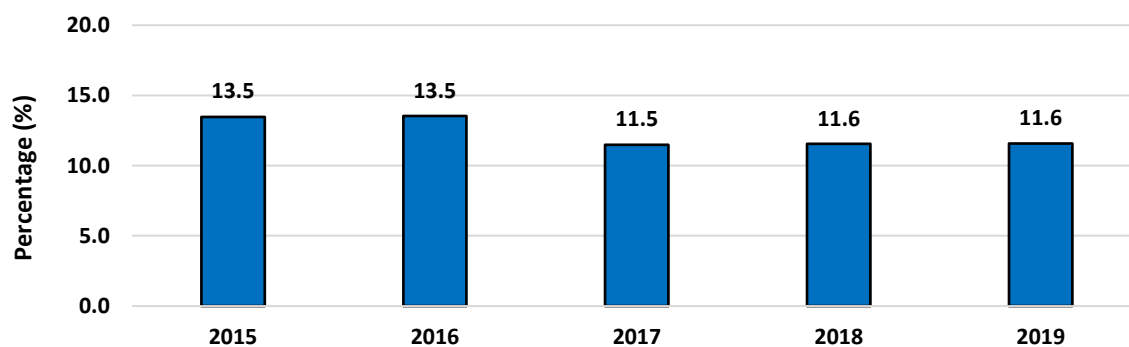


6.1 Percentage of Population Income Deprived



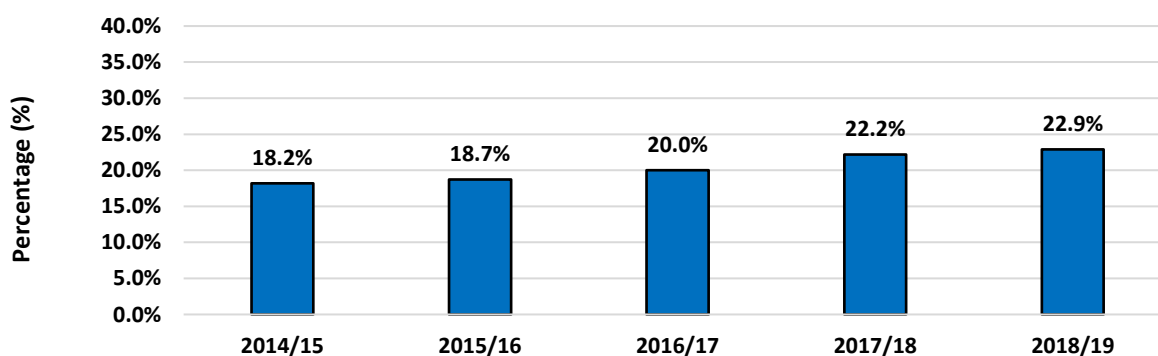
The percentage of the total East Ayrshire population who are income deprived has decreased slightly in recent years, from 15.5% to 15.2% in 2019. It is acknowledged that the 2020 figure is likely to be higher due to the COVID-19 pandemic.

6.2 Percentage of Working Age Population Employment Deprived



The percentage of the working age population in East Ayrshire who are employment deprived has decreased from 13.5% in 2015 to 11.6% in 2019. It is acknowledged that the 2020 figure is likely to be higher due to the COVID-19 pandemic.

6.3 Percentage of Children in Households Below 60% Median (Before Housing Costs)

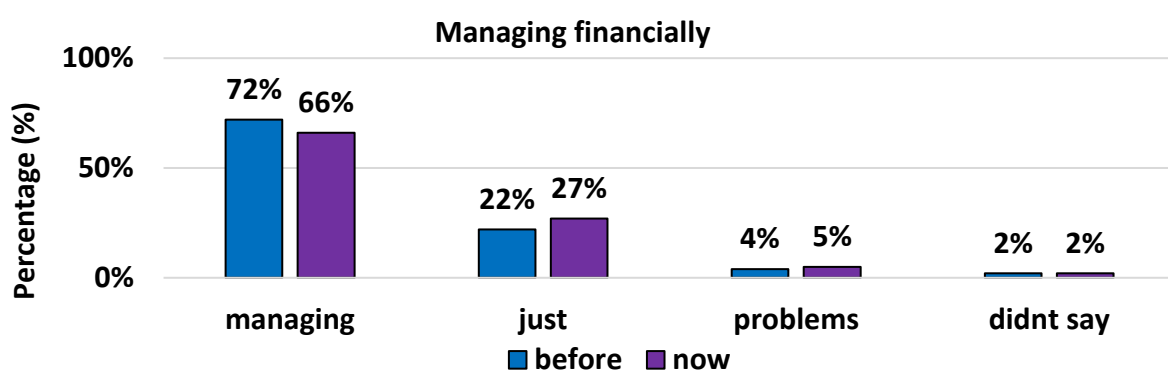


The Percentage of East Ayrshire children who live in economically deprived households (below 60% median / before housing costs), has steadily increased since 2014/15, to almost one in four (22.9%) in 2018/19.

6.4 Engagement Findings

Feedback from the Wellbeing Community Conversation indicates that COVID-19 has impacted considerably on personal finances and employment circumstances in East Ayrshire. Results from the Life Beyond COVID-19 Survey reveal that the household finances of 28.8% of respondents has been affected by the pandemic.

Similarly, findings from the East Ayrshire Residents Survey also indicate a negative impact on economic status, with 30% of respondents highlighting the affect on household finances to be a main concern. 72% of people said they were managing financially before the crisis, compared with 66% saying they were managing now.



44% of those working prior to the pandemic said that their work had been affected, which comprised 40% of employed people and 81% of self employed people.

Qualitative feedback from the Wellbeing Community Conversation elaborates on the statistics presented above in terms of financial and employment concerns. Feedback captured from the Life Beyond COVID-19 Survey in relation to economic status was largely negative, with key concerns including: furlough, prospect of redundancy and future employment uncertainty.

"furloughed by my work... I feel I've been deserted"
"waiting to hear if I am being made redundant"
"terrified about future work or lack of potential job"
"been furloughed and now facing redundancy"
"Struggling to find employment"

Comments made in relation to household finances were also predominantly negative and linked to employment status, with key themes including: loss of income / redundancy, paying bills and anxiety about future employment. However, it was highlighted that social restrictions have resulted in reduced financial commitments.

"Desperately worried about having no job, huge debts accumulated and not being able to pay my bills"

"worried about my business and money"

"husband just been made redundant...added worry and loss of income"

"anxious about money and work as I have had no word about my job"

"financially better off as working from home and less outgoings"

Various financial and employment themes were highlighted to be key for influencing future health and wellbeing and for achieving the things that matter most to people:

"I felt left in the dark about my job to my health conditions which meant I was shielded"

"hopefully getting a job as our finances have been really tight due to Covid which has the potential to seriously effect my mental health"

"stability and wanting not to be in severe financial crisis!"

"having financial stability and feeling safe at work"

"being employed, not worrying about money and mortgage and bills"

"Price of every day living going up - I feel under more and more pressure financially. Any support around cost of living would be helpful"

7. Risk Behaviour

Harmful behaviours such as excessive alcohol consumption, smoking and drug use can have a negative impact on physical and mental wellbeing, with such behaviours being strongly associated with various debilitating and fatal health conditions. Research has demonstrated a link between socio-economic circumstances and the likelihood of experiencing health inequality as a result of harmful lifestyle choices.

Key Points

The rates of alcohol-related hospital admissions and alcohol-related deaths in East Ayrshire have declined in recent years and remain below national levels.



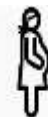
The rates of drug-related hospital admissions and drug related deaths in East Ayrshire have increased significantly over the last few years and are notably higher than national figures.



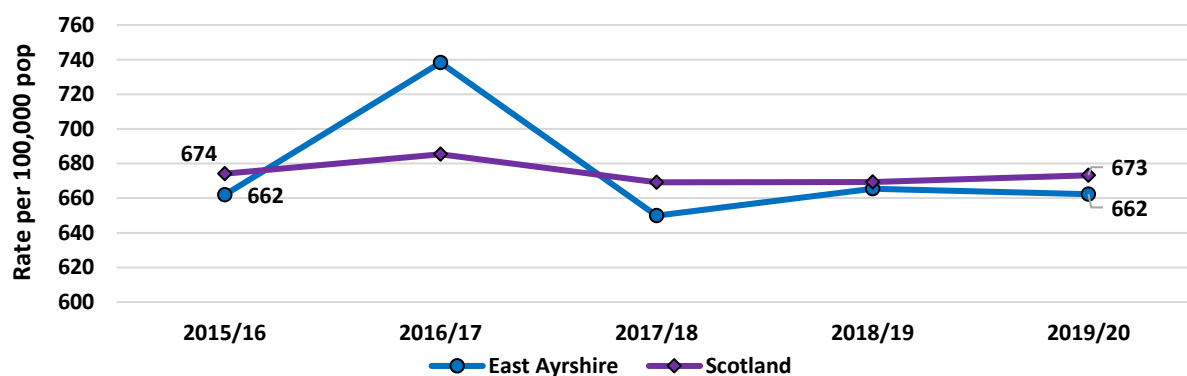
15.8% of mothers in East Ayrshire smoked during pregnancy in 2019/20, a 3.3% reduction from the figure 2 years ago.



The rate of maternities with drug use in East Ayrshire has risen consistently in recent years and remains higher than the national figure.

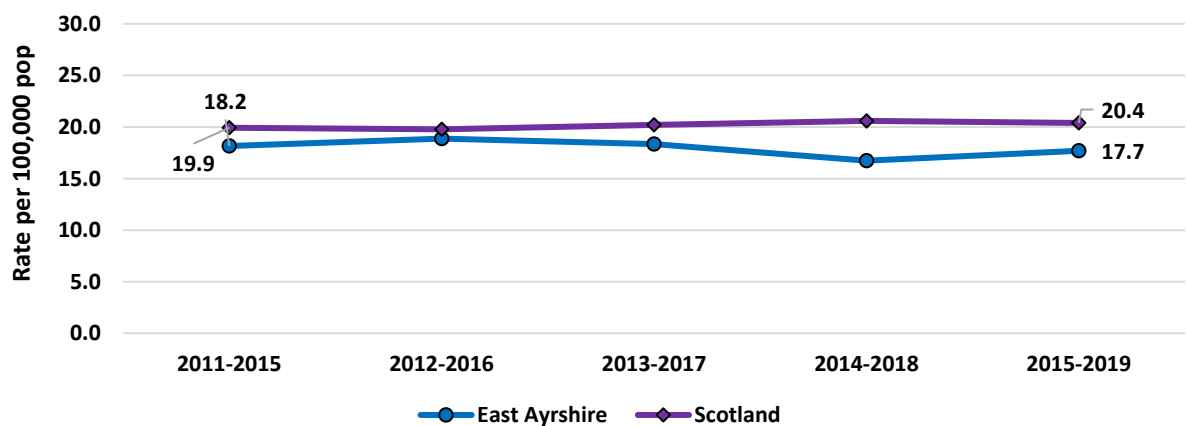


7.1 Alcohol-related Hospital Admissions



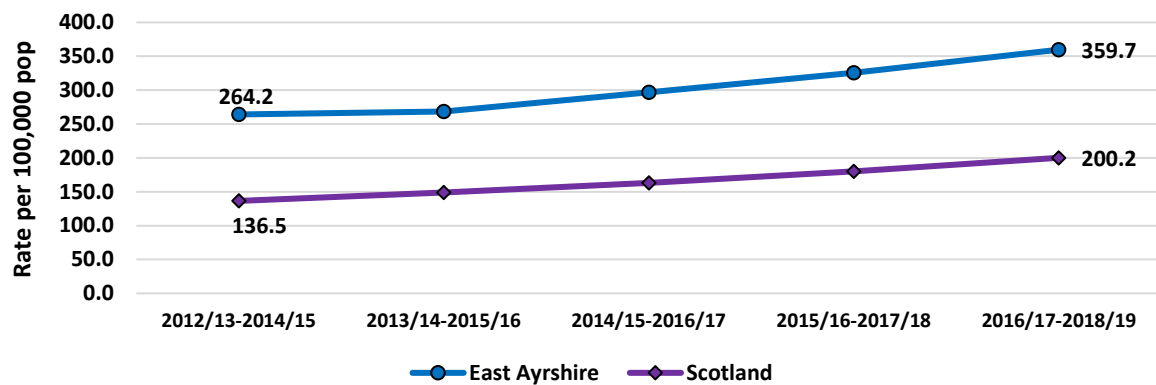
The rate of East Ayrshire alcohol-related hospital admissions has generally declined over the last 4 years and has remained below national levels since 2017/18.

7.2 Alcohol-specific Deaths



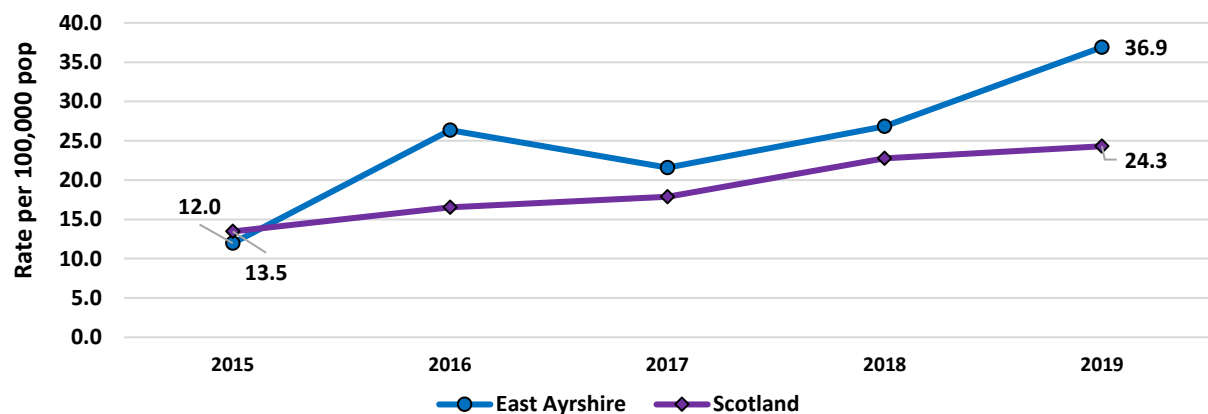
The rate of East Ayrshire alcohol-specific deaths has declined in recent years and has remained below national levels.

7.3 Drug-related hospital admissions



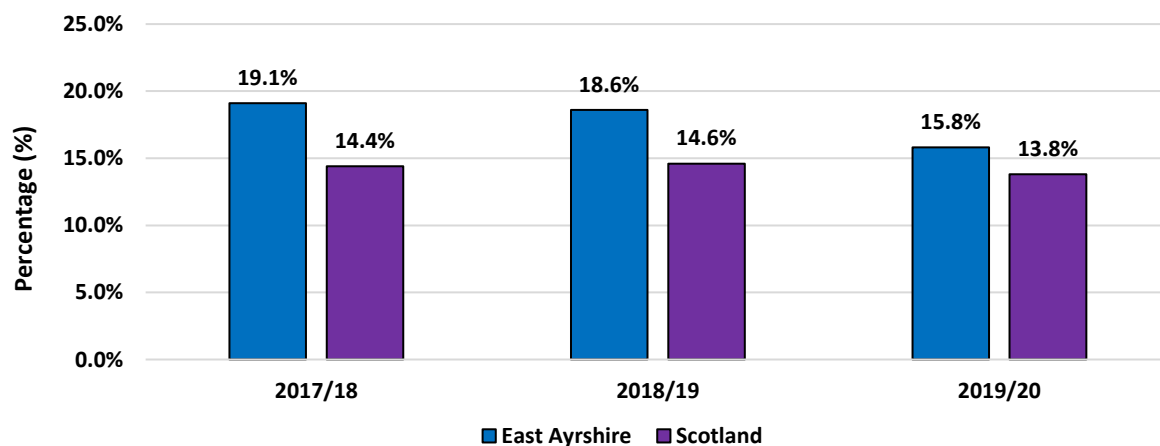
The rate of East Ayrshire drug-related hospital admissions has steadily increased in recent years and has remained significantly higher than national levels.

7.4 Drug-related Deaths



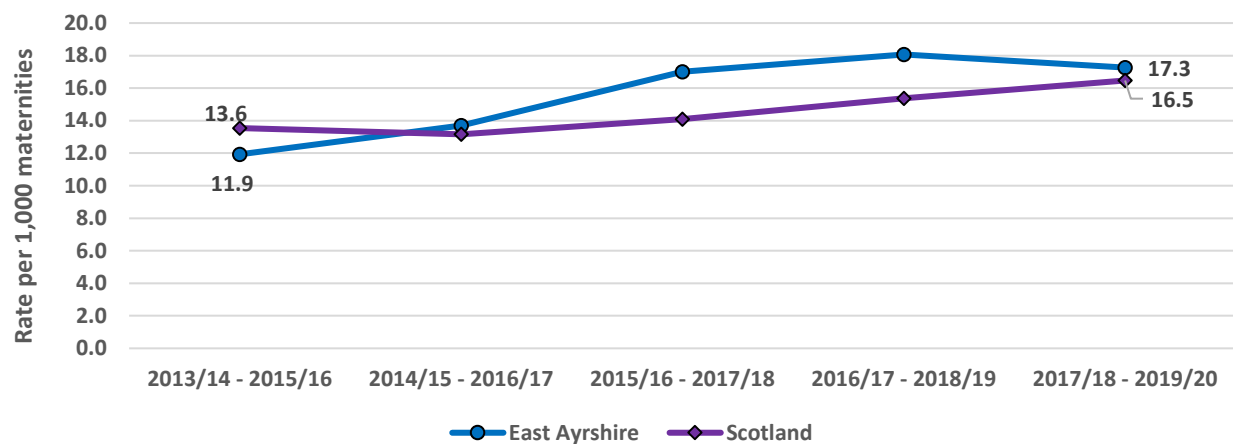
The rate of East Ayrshire drug-related deaths has increased significantly in recent years and has remained above national levels, with the gap widening during 2019.

7.5 Smoking During Pregnancy



The percentage of mothers who smoked during pregnancy in East Ayrshire has steadily declined over the last three years, from 19.1% in 2017/18 to 15.8% in 2019/20. The gap between East Ayrshire and the national level is also closing.

7.6 Drug Use during pregnancy



The rate of maternities with drug use in East Ayrshire has risen steadily in recent years and remains above the national figure.

8. Children and Young People

Early years is an important stage in life which sets the foundation for adulthood, with evidence suggesting that a child's experiences in early years can have a significant impact on their health and life chances as children and adults. It is therefore imperative that children and young people are given the best possible start in life to nurture their development and health to promote positive outcomes.

Key Points

60% of Primary 1 children in East Ayrshire have no obvious tooth decay, a fall of more than 10% from 4 years ago. The gap with the national figure is widening.



18% of babies in East Ayrshire are exclusively breastfed at 6-8 weeks, significantly lower than the national figure of 31%.



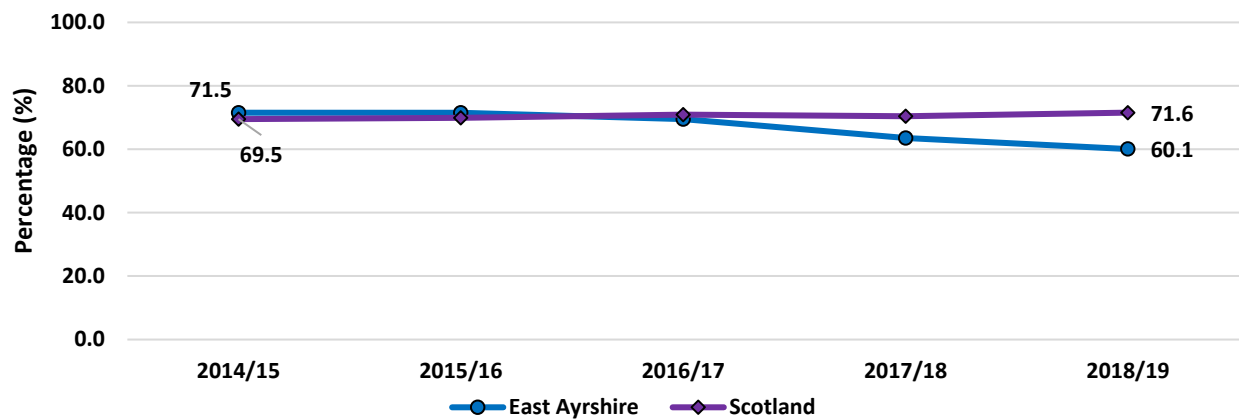
347 children in East Ayrshire were Looked After and Accommodated during 2019/20, 11% less than the figure 3 years ago.



There were 216 Child Protection Registrations in East Ayrshire during 2019/20, a notable increase (38%) on the figure 5 years ago.

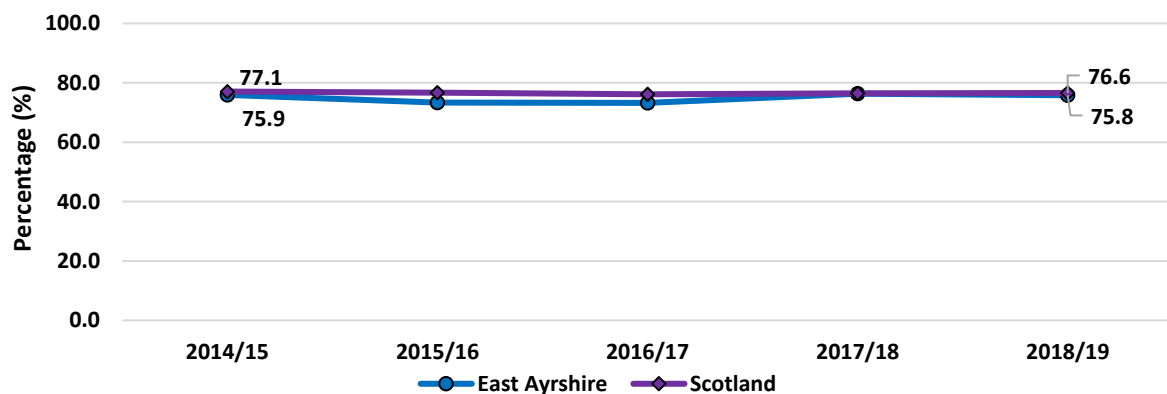


8.1 Child Dental Health in Primary 1



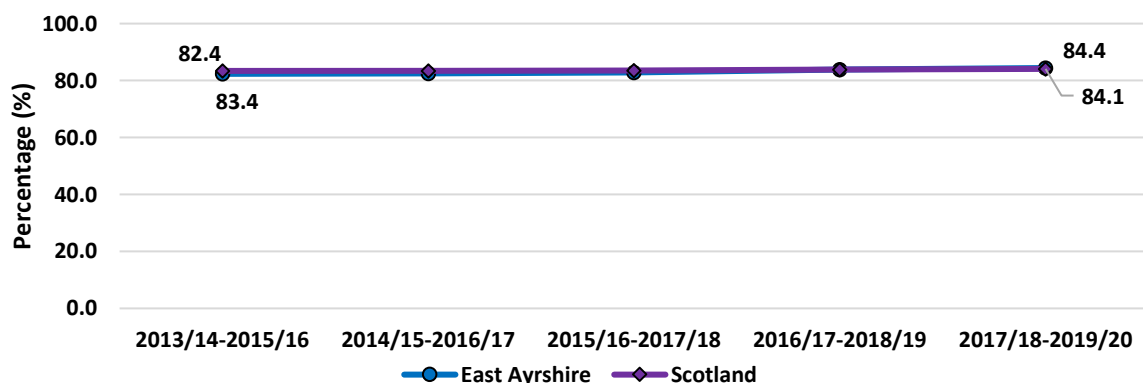
The percentage of Primary 1 children in East Ayrshire with no obvious tooth decay experience has declined considerably in recent years, from 71.5% in 2015/16 to 60.1% in 2018/19. The gap between East Ayrshire and the national level widened in 2018/19.

8.2 Child Healthy Weight in Primary 1



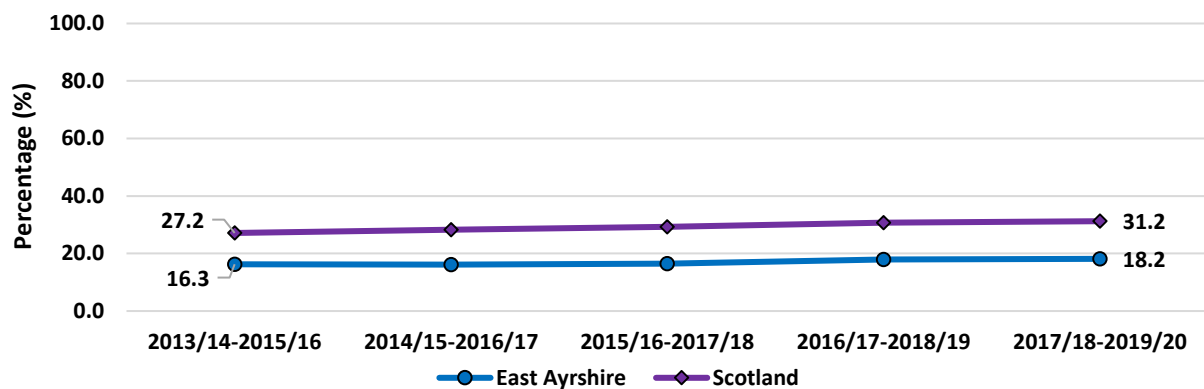
The percentage of Primary 1 children in East Ayrshire with a healthy weight has remained relatively static and in line with national levels since 2014/15.

8.3 Healthy Birthweight



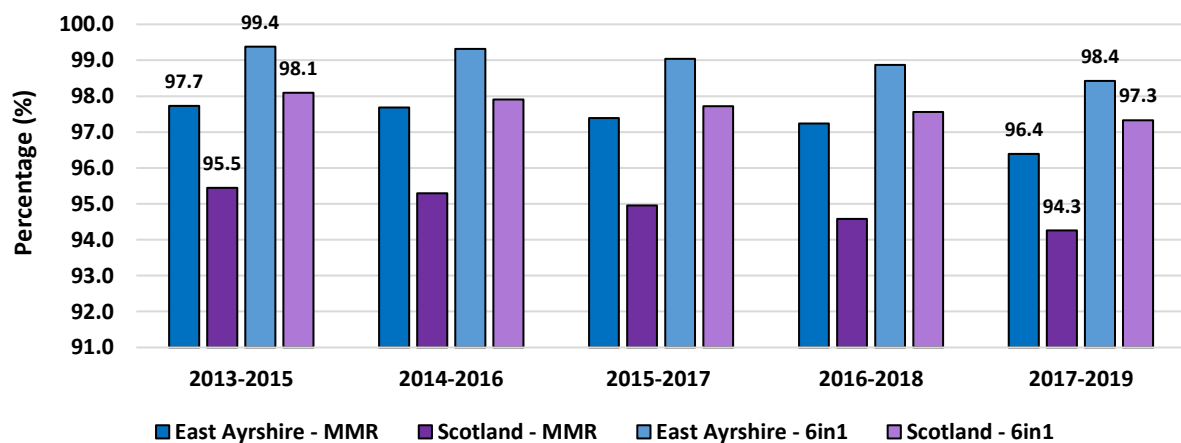
The percentage of babies born in East Ayrshire with a healthy birthweight has increased slightly in recent years and has remained consistent with national levels over this period.

8.4 Breastfeeding



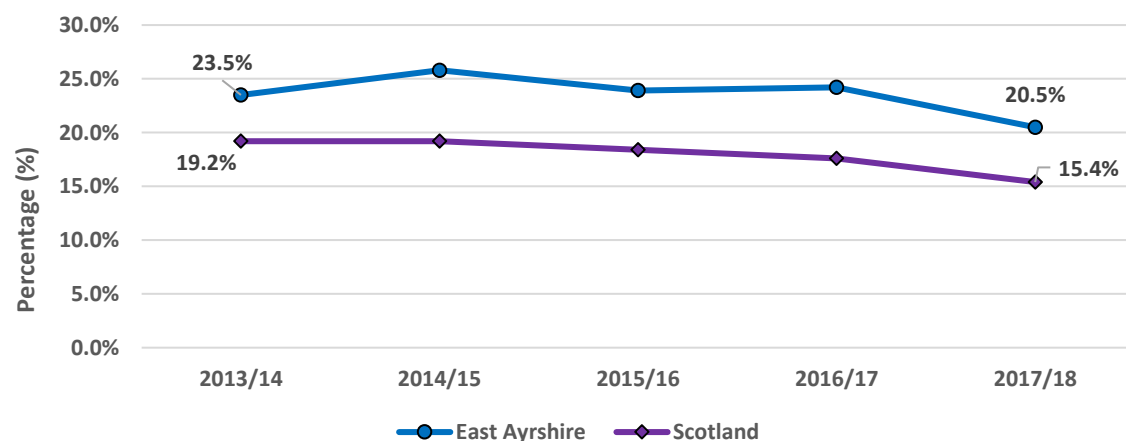
The percentage of babies exclusively breastfed at 6-8 weeks in East Ayrshire has increased slightly in recent years, but has remained significantly lower than national levels over this period.

8.5 Immunisation Uptake at 24 months (MMR and 6 in 1)



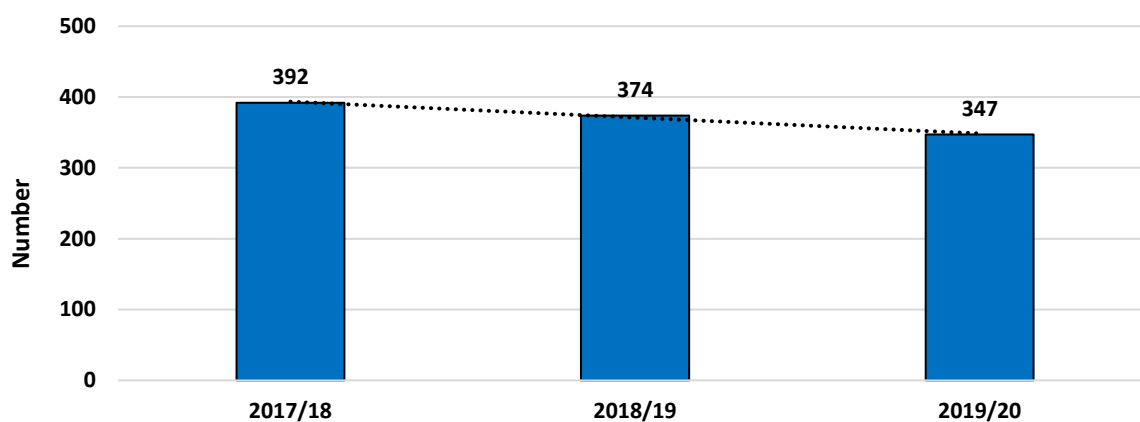
MMR and 6 in 1 immunisation uptake at 24 months in East Ayrshire has remained high and above national levels since 2013-2015.

8.6 Child developmental concerns at 27-30 months



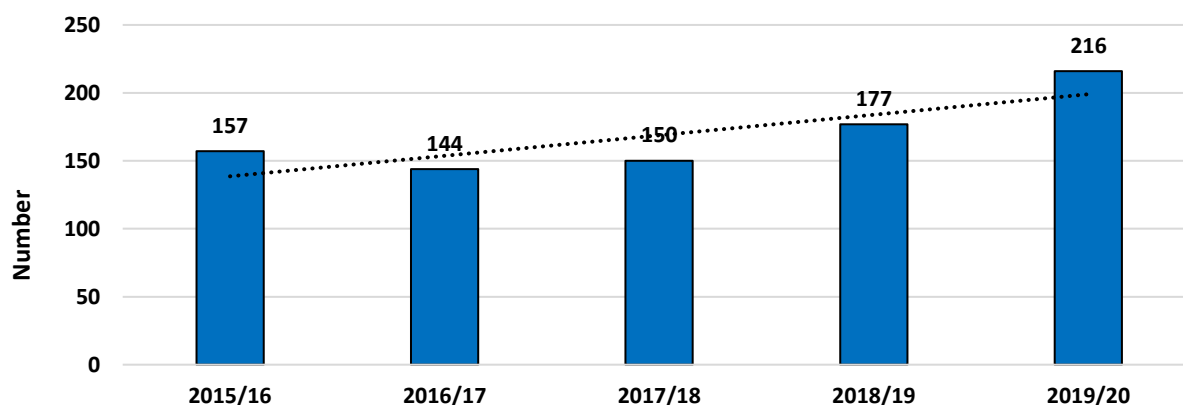
The percentage of children in East Ayrshire with a concern in any domain during the 27-30 month assessment has fluctuated in recent years and remained consistently higher than national levels.

8.7 Looked After and Accommodated Children



The number of Looked After and Accommodated Children (as at 31st March) in East Ayrshire has steadily declined over the last three years, from 392 in 2017/18 to 347 in 2019/20, marking an overall reduction of 11.5% over this period.

8.8 Child Protection Registration



The number of Child Protection Registrations per year in East Ayrshire has increased notably over the last five years, from 157 in 2015/16 to 216 in 2019/20, marking an overall increase of 37.6% over this period.

9. Hospital Care

Hospitals provide a wide range of specialist care and treatment for patients on a planned or unplanned basis. Acute services available are diverse and include: consultation with specialist clinicians; emergency treatment; routine, complex and life-saving surgery; diagnostic procedures; close observation and short-term care of patients with concerning symptoms. Another key element of many acute hospitals includes the treatment of patients who have a health problem that requires urgent attention, many of whom will be treated within an Accident and Emergency department and will not require a hospital admission.

Key Points

The rate of emergency admissions per 100k population in East Ayrshire has been significantly below national levels throughout the last 5 years.



The delayed discharge bed day rate per 100k population in East Ayrshire has remained substantially lower than the national rate and the rate for NHS Ayrshire and Arran during the last 3 years.



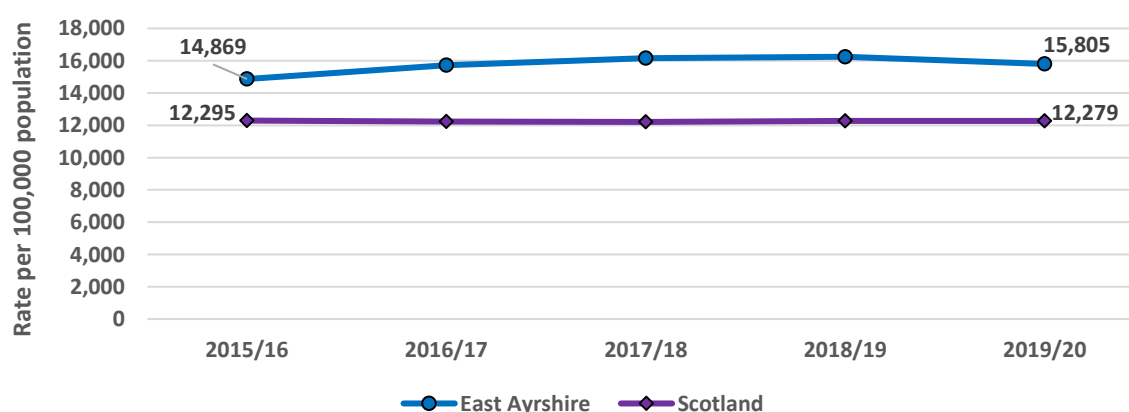
Whilst the rate of emergency readmissions (per 1,000 admissions) within 28 days in East Ayrshire has remained similar to the rate for NHS Ayrshire and Arran during the previous 3 years, it has remained notably higher than the national rate.



The percentage of people within East Ayrshire spending their last 6 months of life in a community setting has been rising and has remained above national levels over the last 5 years.

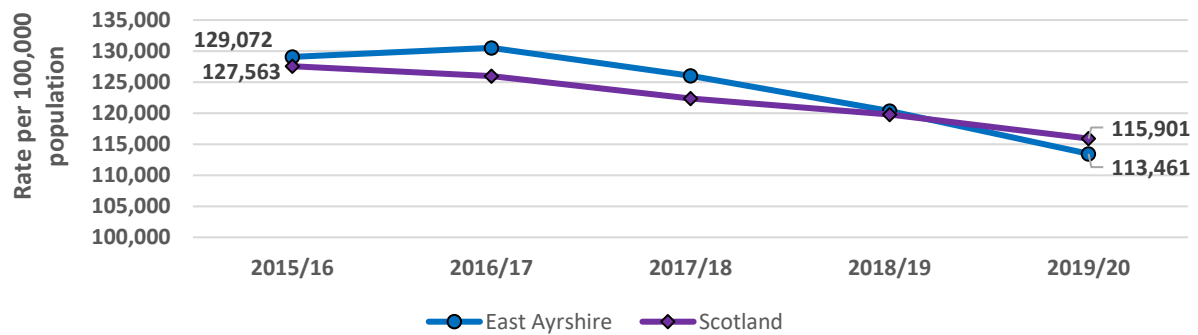


9.1 Emergency Admissions



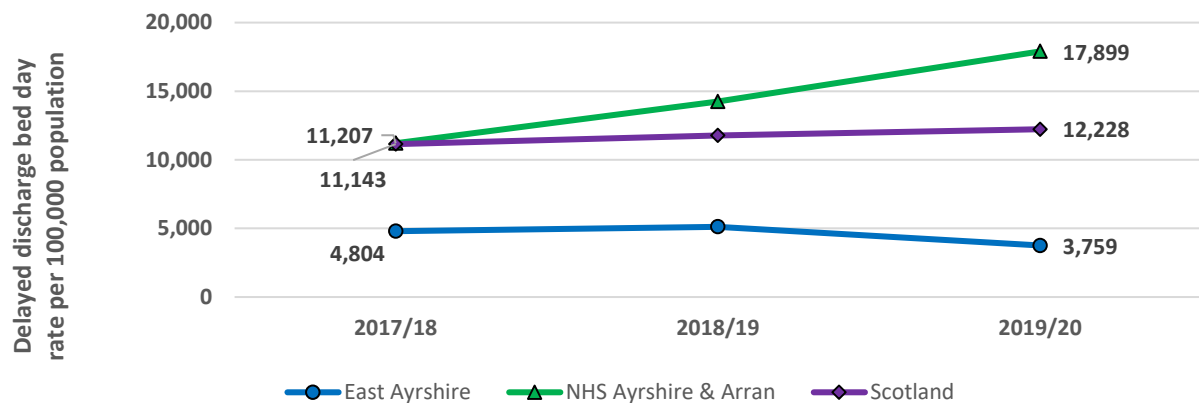
The rate of East Ayrshire emergency admissions per 100,000 population increased slightly in recent years and has remained notably higher than national levels over this period.

9.2 Unscheduled Bed Days



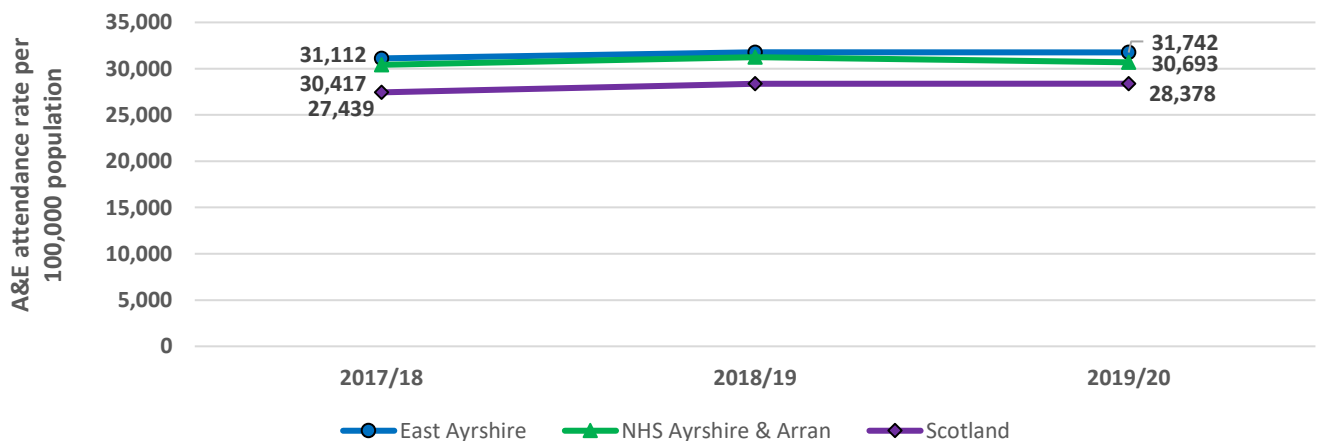
The rate of East Ayrshire unscheduled bed days per 100,000 population has steadily declined over the last three years, falling below national levels in 2019/20.

9.3 Delayed Discharges by Area



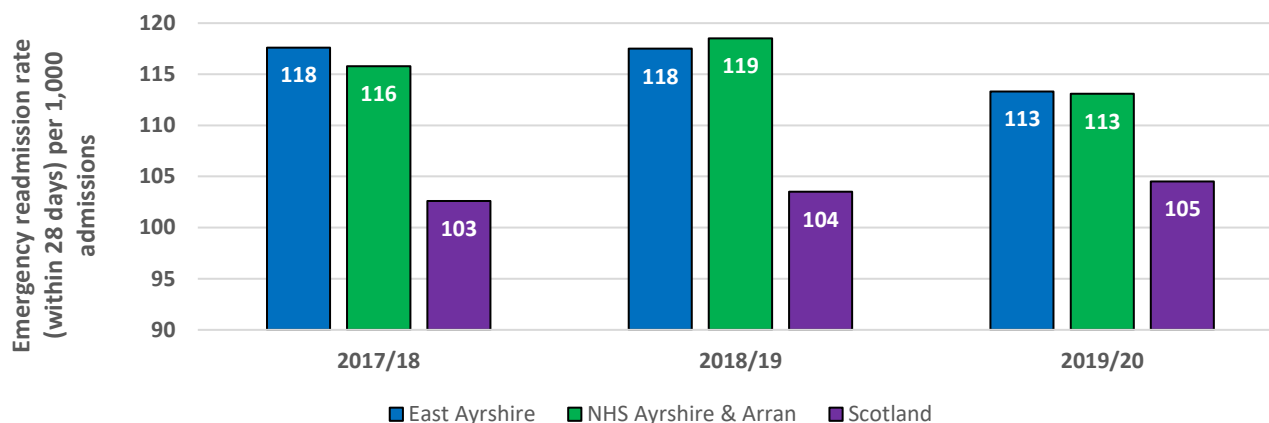
The rate of East Ayrshire delayed discharges per 100,000 population has decreased by 22% over the last three years whilst the rate within NHS Ayrshire and Arran has dramatically increased and national levels have increased slightly. The rate within East Ayrshire has been significantly lower than the levels across Ayrshire and nationally during the period.

9.4 A&E Attendances by Area



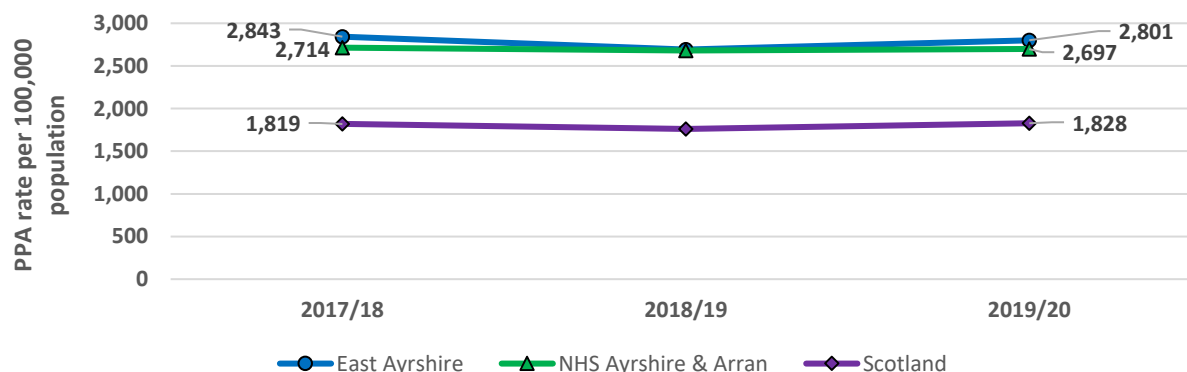
The rate of East Ayrshire A&E attendances per 100,000 population has remained fairly stable over the last 3 years. The rate within East Ayrshire has been slightly higher than the rate across NHS Ayrshire and Arran and noticeably higher than national levels throughout the period.

9.5 Emergency Readmissions (28 days) by Area



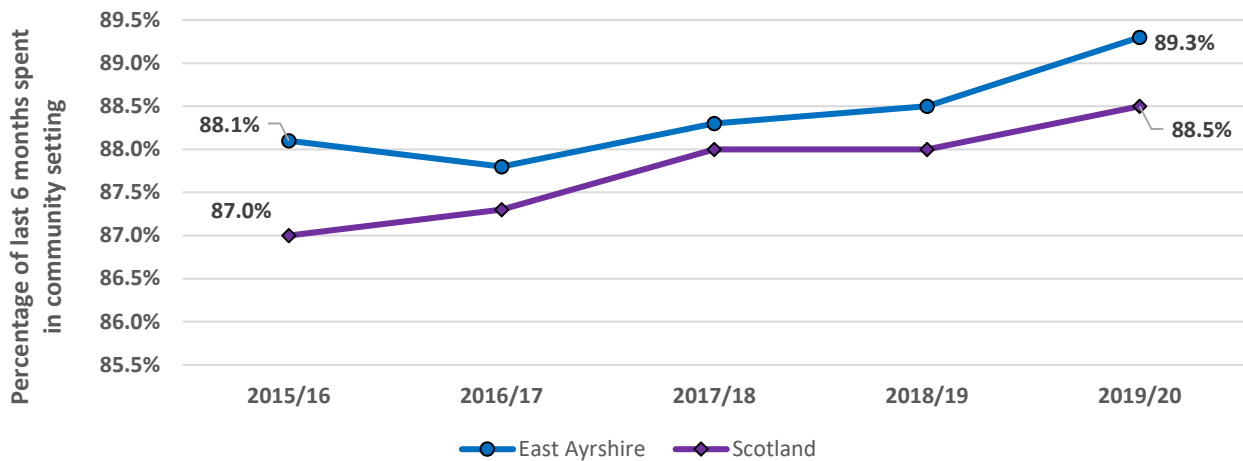
The rate of East Ayrshire emergency readmissions (within 28 days) per 1,000 admissions fell by 4% between 2018/19 and 2019/20. The East Ayrshire rate has remained broadly similar to the rate for NHS Ayrshire and Arran over the period however it has been notably higher than national levels.

9.6 Potentially Preventable Emergency Admissions by Area



The rate of East Ayrshire potentially preventable admissions per 100,000 population has fluctuated insignificantly over the last 3 years. The East Ayrshire rate has remained similar to the NHS Ayrshire & Arran rate but significantly higher than national levels over the last 3 years.

9.7 Percentage of Last 6 months of Life Spent in a Community Setting



The percentage of last 6 months of life spent in a community setting in East Ayrshire has increased steadily over the last 5 years, with the East Ayrshire figure being higher than the national level throughout the period. This indicates that more people in East Ayrshire are spending less time in a hospital setting during the end of life stage, reflecting a more person-centred experience.

10. Need for Services

Demand for health and social care services provides an indication of population health and wellbeing. Long term activity trends and projections are useful for informing improvement work and for planning future service provision to effectively meet the needs of the population.

Key Points

Between 2017/18 and 2019/20, the number of GP consultations in Ayrshire and Arran has increased by 5.1%.



By 2030/31, the number of East Ayrshire emergency admissions (18+) is predicted to be 4.9% higher than the level at 2020/21.



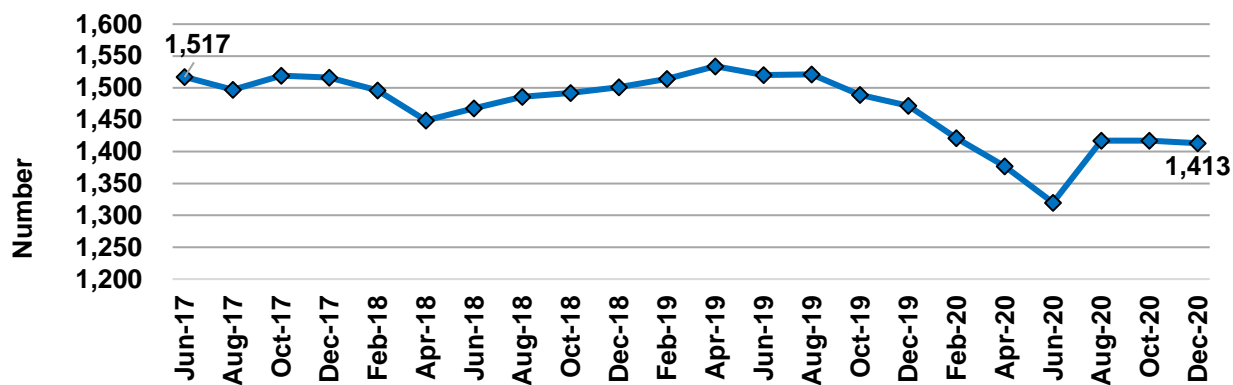
The number of Geriatric Long Stay unscheduled bed days is anticipated to rise by 16.4% between 2020/21 and 2030/31.



The prevalence of 12 of the 15 most common health conditions in East Ayrshire is projected to rise over the next decade with the biggest increases expected in the rate of dementia (17.3%) and Parkinson's Disease (17%).

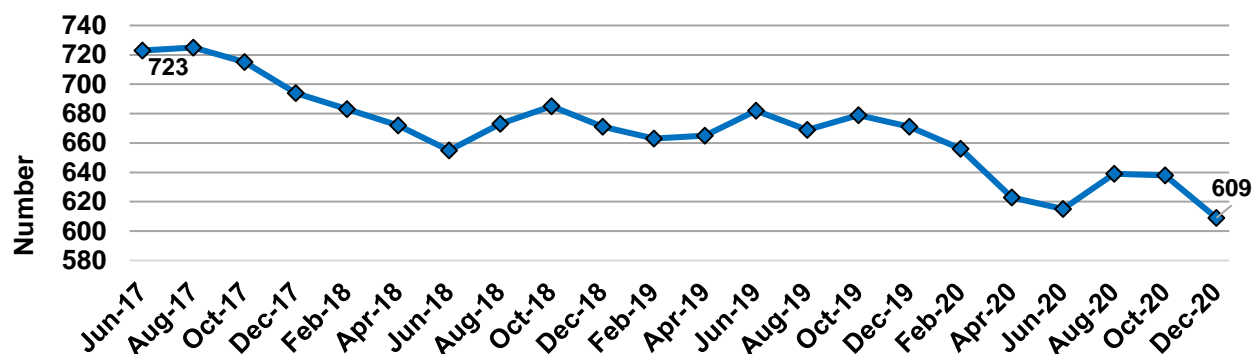


10.1 People Aged 65+ Receiving Care at Home



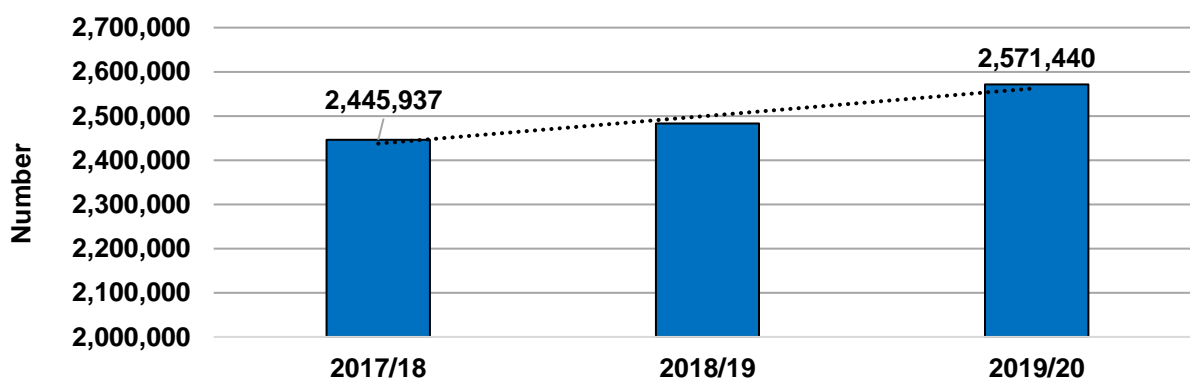
The number of people aged 65+ in East Ayrshire who receive care at home has fluctuated in recent years, with an overall reduction of 6.9% between June 2017 and December 2020.

10.2 People Aged 65+ in Care Homes



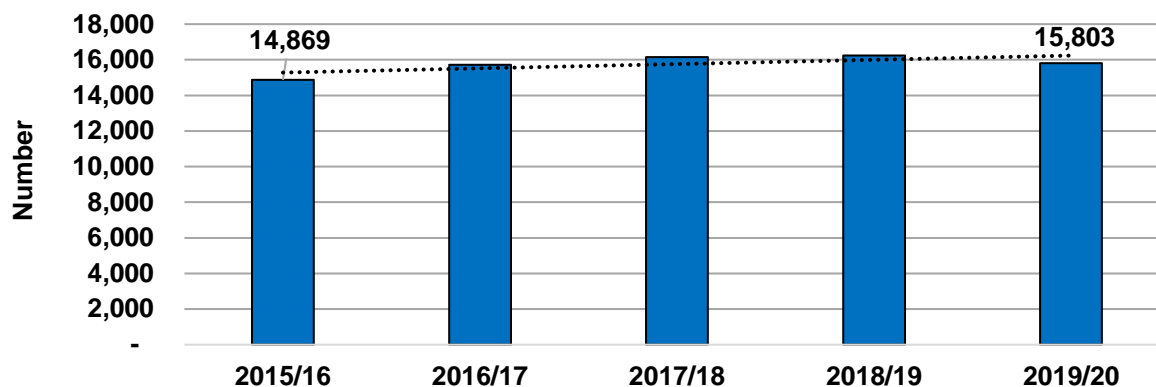
The number of people aged 65+ in East Ayrshire who reside in a care home has declined by 15.8% between June 2017 and December 2020.

10.3 GP Consultations



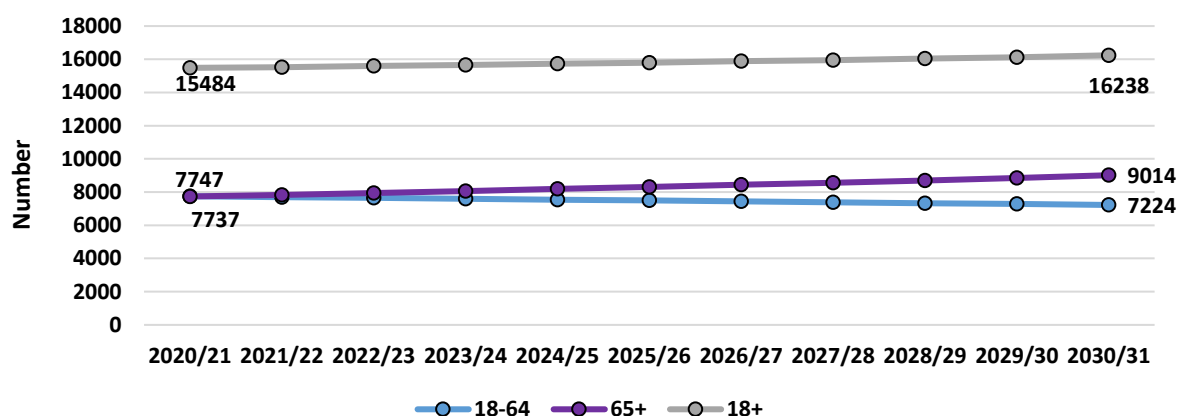
The number of GP consultations in Ayrshire and Arran has increased by 5.1% between 2017/18 and 2019/20.

10.4 Emergency Admissions



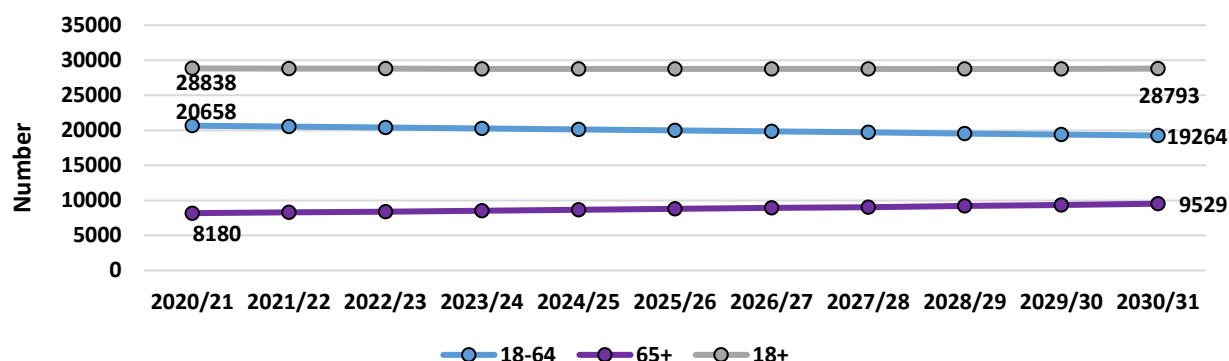
The number of East Ayrshire emergency admissions has increased by 6.3% between 2015/16 and 2019/20.

10.5 Emergency Admission Activity Projections by Age Group



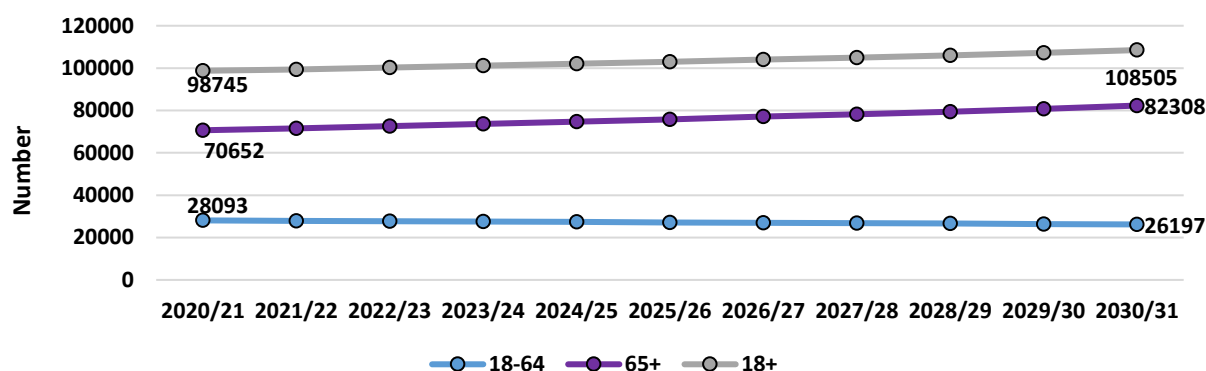
The number of East Ayrshire emergency admissions (18+) is projected to increase by 4.9% between 2020/21 and 2030/31. * 2020/21 and 2021/22 figures represent 'normal' years and do not take the impact of COVID-19 into consideration.

10.6 Emergency Department Attendance Activity Projections by Age Group



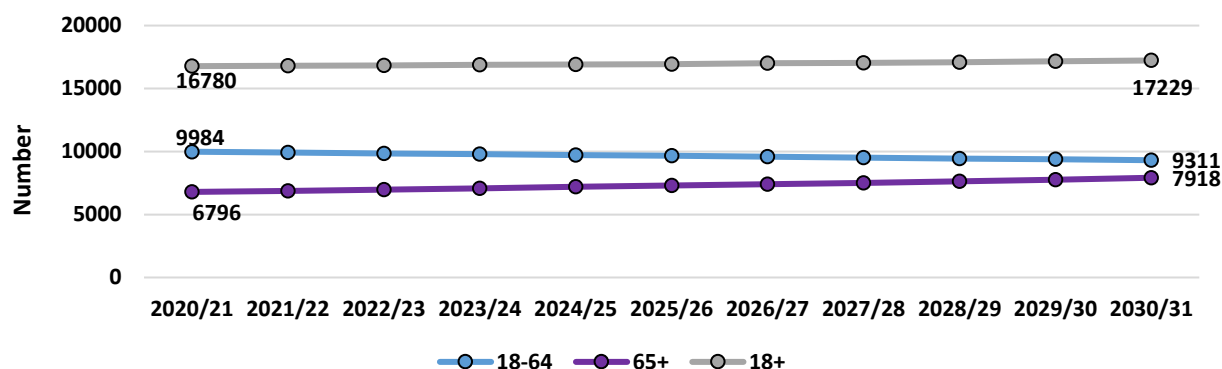
The number of East Ayrshire Emergency Department attendances (18+) is projected to remain relatively static between 2020/21 and 2030/31. * 2020/21 and 2021/22 figures represent 'normal' years and do not take the impact of COVID-19 into consideration.

10.7 Acute Unscheduled Bed Day Activity Projections by Age Group



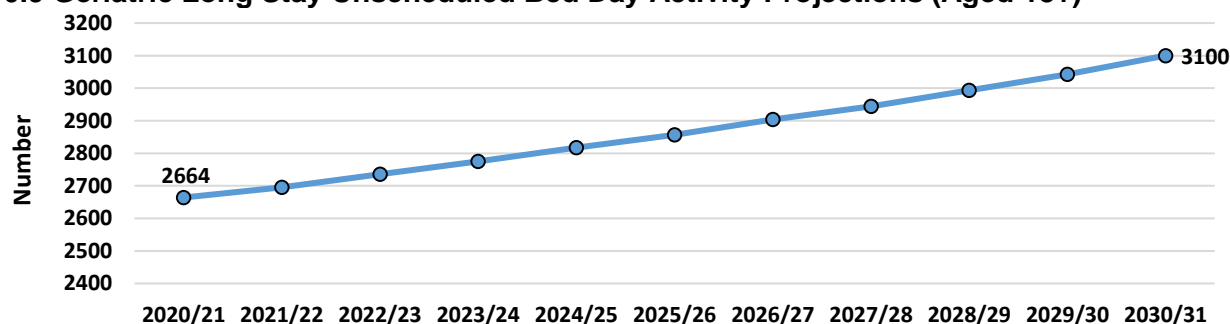
The number of East Ayrshire acute unscheduled bed days (18+) is projected to increase by 9.9% between 2020/21 and 2030/31. * 2020/21 and 2021/22 figures represent 'normal' years and do not take the impact of COVID-19 into consideration.

10.8 Mental Health Unscheduled Bed Day Activity Projections by Age Group



The number of East Ayrshire mental health unscheduled bed days (18+) is projected to increase by 2.7% between 2020/21 and 2030/31. * 2020/21 and 2021/22 figures represent 'normal' years and do not take the impact of COVID-19 into consideration.

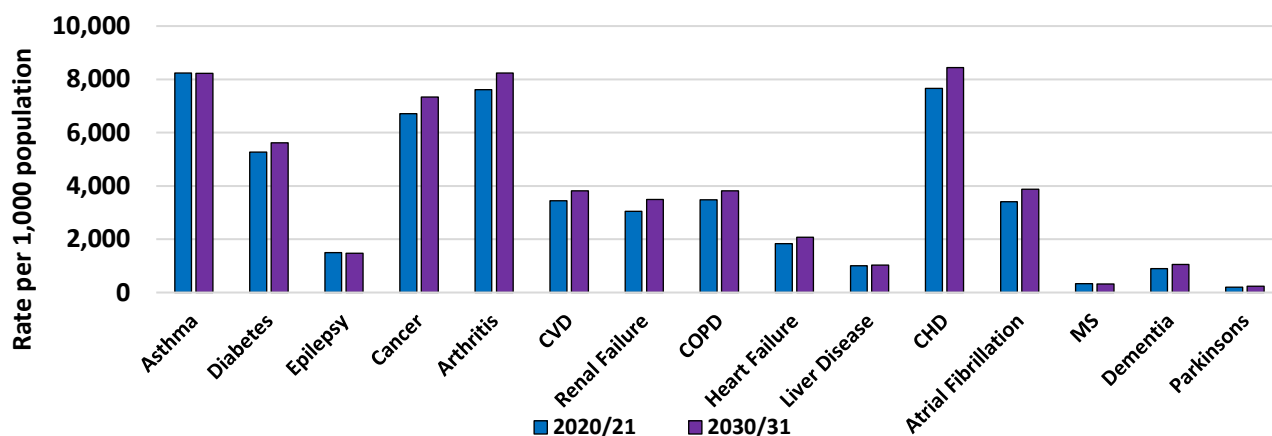
10.9 Geriatric Long Stay Unscheduled Bed Day Activity Projections (Aged 18+)



The number of East Ayrshire geriatric long stay unscheduled bed days is projected to increase by 16.4% between 2020/21 and 2030/31. * 2020/21 and 2021/22 figures represent 'normal' years and do not take the impact of COVID-19 into consideration.

10.10 Long-term Health Condition Prevalence Projections: 2020/21 – 2030/31

The chart and table below set out projected changes in East Ayrshire prevalence rates over the next decade in relation to numerous health conditions. Increasing or decreasing disease prevalence will influence future demand for services.



	2020/21	2030/31	% Change
Asthma	8,241	8,222	-0.2%
Diabetes	5,274	5,613	6.4%
Epilepsy	1,497	1,477	-1.3%
Cancer	6,707	7,338	9.4%
Arthritis	7,611	8,242	8.3%
CVD	3,448	3,818	10.7%
Renal Failure	3,044	3,498	14.9%
COPD	3,481	3,822	9.8%
Heart Failure	1,840	2,070	12.5%
Liver Disease	1,006	1,028	2.2%
CHD	7,658	8,440	10.2%
Atrial Fibrillation	3,405	3,878	13.9%
MS	336	321	-4.5%
Dementia	897	1,052	17.3%
Parkinson's Disease	200	234	17.0%

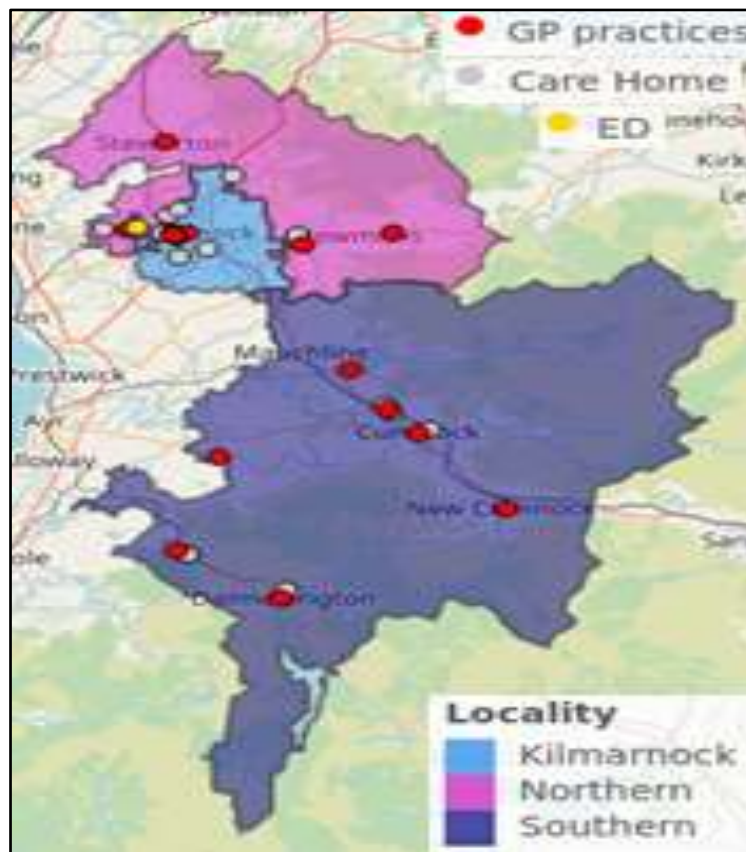
* Figures presented above are rates per 1,000 population.

The prevalence of most health conditions above are projected to increase over the next decade, with rates of: Dementia (17.3%), Parkinson's Disease (17%), Renal Failure (14.9%), Atrial Fibrillation (13.9%) and Heart Failure (12.5%) projected to increase significantly over this period.

11. Health, Care and Support Service Experience

Health, care and support services are crucial to preserving wellbeing, maximising people's independence and quality of life, and for enabling people to actively participate in the community. Service experience is an important measure of quality and reflects the extent to which services are delivered in an effective and person-centred way. Studies have demonstrated that a better experience of care generally results in improved health and wellbeing outcomes for people.

The image below maps out the GP Practices, Care Homes and Emergency Departments by Locality in East Ayrshire.



11.1 2020 Health and Care Experience Survey

The 2020 Scottish Health and Care Experience Survey (HCES) asked people (prior to the pandemic) about their experiences of health and care services delivered in local areas. Results from the biennial survey reflect various aspects of service delivery and are useful for identifying specific areas for improvement. There were 3,127 East Ayrshire responses with a 27% response rate and mixed results across the survey themes.

The table below sets out East Ayrshire results against our benchmarking 'Family Group' (developed by the Scottish Improvement Service) and national figures in relation to a number of key themes within the 2020 survey.

	East Ayrshire	Benchmarking Family Group Average	Scotland
Care, Support and Help with Everyday Living			
I was aware of the help, care and support options available to me	61%	63%	62%
I had a say in how my help, care or support was provided	64%	64%	63%
People took account of the things that mattered to me	72%	71%	69%
I was treated with compassion and understanding	75%	76%	76%
I felt safe	72%	74%	73%
I was supported to live as independently as possible	70%	71%	70%
My health, support and care services seemed to be well coordinated	65%	65%	62%

The help, care or support improved or maintained my quality of life	69%	68%	67%
Overall, how would you rate your help, care or support services?	66%	70%	69%
Caring Responsibilities			
I have a good balance between caring and other things in my life	62%	64%	64%
I have a say in services provided for the person(s) I look after	45%	46%	45%
Local services are well coordinated for the person(s) I look after	39%	39%	38%
I feel supported to continue caring	36%	36%	34%
The GP Practice			
Overall, how would you rate the care provided by your GP practice?	70%	77%	79%

East Ayrshire results across the various topics are generally comparable with national and family group levels. Our areas of positive performance include: taking account of the things that matter (72%), improving / maintaining quality of life (69%) and co-ordination of support and care services (65%). Our areas for improvement include: overall rating of care provided by GP practices (70%), overall rating of help, care or support services (66%) and awareness of help, care and support options available (61%).

11.2 Engagement Findings

The Life Beyond COVID-19 Survey asked people to rate any health and care service they had used during COVID-19 in relation to five topics: ease of access, waiting times, quality of service, treating you as a person, results you got. Participants were asked to rate these as 'better than before COVID19', 'same as before COVID19' or 'worse than before COVID19'. A matrix summary of the responses to the question is presented below:

	Better than before COVID19	Same as before COVID19	Worse than before COVID19
Ease of access	16.1%	37.6%	46.2%
Waiting time	22.3%	39.1%	38.6%
Quality of service	12.6%	53.3%	34.1%
Treating you as a person	13.3%	60%	26.7%
Result you got	11.1%	53.8%	35.1%
Total	15.2%	48.6%	36.2%

- A low percentage (15%) of answers denoted a positive experience with services. Criteria relating to the quality of service, treatment as an individual, and the end result received the lowest number of positive responses.
- Over 1/3 of responses (36%) indicated a negative experience of services throughout the pandemic. The highest number of negative responses were attributed to ease of access of service, waiting time and the quality of service provided.
- Almost half of respondents noted that they had had a similar or same experience with services, compared to before the outbreak of Covid-19. Responses that noted highest observation of similar service provision were directed towards quality of

service, the end-product of using a service, and the personal feeling that survey respondents were being “treated as people”.

Participants were also asked to describe any experience they had with services during COVID-19 by including narrative in the comments section. Of the 145 participants who left comment, 17 responses included answers such as “I have not needed to use any of these services”, “N/A”, “I haven’t tried to contact anyone”, and were discounted. The 128 remaining responses stated a use of a service and/or an analysable description of their service experience. It is important to note that some respondents stated use of more than one service and therefore their response may have been counted numerous times. It is also important to consider the reliability of the findings presented as the number of respondents who gave narrative about their service experience is relatively low and may not be truly reflective of general public belief or experience.

Findings relating to six service areas highlighted are presented below.

	Most Common Responses					
	Hospitals	Health Centres	Nursing	GP Practice	Pharmacy	Allied Health Professionals
Ease of access	Worse than before COVID19	Same as before COVID19	Same as before COVID19	Same as before COVID19	Worse than before COVID19	Undetermined
Waiting times	Worse than before COVID19	Worse than before COVID19	Better than before COVID19	Undetermined	Undetermined	Better than before COVID19
Quality of service	Same as before COVID19	Same as before COVID19	Same as before COVID19	Same as before COVID19	Same as before COVID19	Same as before COVID19
Treatment you got as person	Same as before COVID19	Undetermined	Undetermined	Same as before COVID19	Same as before COVID19	Same as before COVID19
Results you got	Same as before COVID19	Same as before COVID19	Undetermined	Same as before COVID19	Same as before COVID19	Undetermined
Positive comments	<i>"have been to hospital for treatment and there was no waiting time, I was taken straight away"</i>	<i>"has been outstanding"</i>	<i>"I had my 6 month assessment with my nurse via phone call. This would usually have taken at least 4 hours [this time better]"; "very quick and excellent service".</i>	<i>"I liked not sitting in a busy waiting room at GPs. The process to obtain an appointment and attend was much better than before COVID19"</i> <i>"very efficient"</i>	<i>"it's been a lot easier getting my wife's medication a lot quicker"</i> <i>"pharmacy service - Great service, called every week to chat about medication. Very friendly"</i>	<i>"NHS audiology...hearing aid batteries sent through post...instead of having to go to Crosshouse....involving 2 buses"</i>
Negative comments	<i>"wait time for scans at hospital are appalling"; "the health and wellbeing of my chronic conditions wasn't taken into consideration in hospital"</i>	<i>"people were speaking through an intercom and they forgot to switch it off, they were speaking about me...5 people in the room heard... it was embarrassing"</i>	No negative comments received.	<i>"Local GPs are a disgrace, no duty of care given whatsoever"</i> <i>"trying to get repeat medication has been difficult and this is due to the treatment and attitude of GP receptions"</i>	<i>"prescriptions are always missing or wrong!"</i> <i>"prescriptions have taken longer/items missing/unavailable"</i> <i>"receptionists not too pleased when you took up their precious time"</i>	<i>"Referred to physio who were not allowed to physically see me and gave me just a 10 minute phone consultation"</i> <i>"my yearly check-up has been cancelled at diabetic clinic - now have not been seen in a year and a half"</i>

* Findings reflecting other services are available if required.

The Life Beyond COVID-19 Survey asked people 'What would help you achieve the things that matter to you?'. A range of feedback relating to support from specific service areas was collected:

Financial Support / Inclusion

"Money problems"
"Financial help and support"
"Help with finances"
"... I feel under more and more pressure financially. Any support around cost of living would be helpful"
"In general, more financial inclusion officers. It helps you feel less overwhelmed. Covid has big impacts on finances"

Mental Health / Recovery

"Counselling, psychiatric help and possibly medication that works"
"Treat my depression"
"Linking in with addiction services and asking for help more"
"Access to exercise classes or activities for people with mental health problems"
"Getting to see mental health nurse in person"
"Quit Your Way when I am ready"
"Start back face-to-face counselling, telephone support isn't quite as effective"

Primary Care

"Better GP facilities. GP contact was negligible in over 16 plus weeks"
"Appointments back to normal"
"Phone or video appointments (which would be far better under normal circumstances), home visits for health monitoring, and prescription delivery as standard"
"NHS and GP'S say we are open but that is not the reality"
"Just making it easier to get appointments"
"Access to GP services, uninterrupted screening services and results"
"Regular check-ups at clinics"
"Video consultations would be better than telephone calls where possible. I struggle physically to get to appointments. Still need certain tests, could this be via GP or nurse out to house rather than hospital?"
"Easier access for doctors. I had to wait a long time for check up after pacemaker fitted due to Covid, which caused a lot of anxiety"

Social Care Services

"More care for my husband during the day so I can rest for a little while and for daycare to open again"
"Resumption of day care services so I can meet people like me and my generation"
"Caring support restarting and respite restarting"
"Social workers did their jobs instead of abandoning vulnerable people in a crisis"
"Better support services and after care for victims of domestic abuse"
"Adult day centres could reopen 5 days a week and give my son the services he requires"

General Support

"Support from others / access to support"

"Co-operation and help from council with my disabilities"

"Online resources - information & advice - I do access as much as I can"

"Peer support groups"

"More services being available face to face"

"Being more aware of what is on offer locally and what I can do to support others.

Motivating myself and having the confidence to be part of local groups"

"For those making contact with vulnerable people not to assume they are disabled or elderly, I found conversations quite patronising when contacted as a shielding individual"

"We registered for hub care and never heard back....we felt so let down...many services said they would help but never helped"

AHP Services

"Better support for those living with diabetes. Effective nutritional advice, tailored for those living with diabetes"

"Better communication from diabetes nurse"

"Physiotherapy"

12. Caring Responsibilities

A carer is someone who provides some form of support to family members or friends who would otherwise not manage without this help. This role could include caring for someone who is ill, frail, disabled or has mental health or substance misuse problems. Carers can provide assistance with a wide range of activities including: household tasks, personal care and social / emotional support. Carers exist across the age spectrum and come from all cultures and socio-economic backgrounds. The extent and remit of caring roles will differ from one carer to the next depending on circumstances and the needs of the person being cared for.

Key Points

Within East Ayrshire, 43% of carers have one or more long term health condition.



1,332 young carers were registered with the East Ayrshire Carer's Centre in March 2020.



Almost 1/3 of carers in East Ayrshire regularly provide more than 50 hours of care per week.



Nearly 1/4 of those responding to the East Ayrshire Life Beyond COVID-19 Survey provide unpaid/family care and 98% of those individuals indicated that their caring responsibilities have been impacted by the pandemic.



12.1 Carers in East Ayrshire

Total number of carers	12,620
% male	40.9%
% female	59.1%

Carers in East Ayrshire are most likely to be aged between 50 and 64, with this age group accounting for over a third (35%) of the total carer cohort. Individuals aged between 35 and 49 also comprise a significant proportion (29%) of the carer population. One in five carers are aged 65 or over and young carers aged under 16 account for two percent of the carer population in East Ayrshire. 1,332 young carers were registered with the East Ayrshire Carers Centre in March 2020 (903 in March 2019).

The majority of carers in East Ayrshire (51%) provide between 1 and 19 hours of unpaid care per week. However, 30% of carers regularly provide 50 or more hours of care per week which could indicate that almost a third of the carer cohort in East Ayrshire are at a higher risk of experiencing fatigue and stress as a result of exertion. Of these individuals who provide 50 or more hours of care, 66% were aged 50 or over

and 57% were female, rendering the older aged female carer group to be at particular risk of circumstances which can hinder wellbeing.

Scotland's Census, 2011.

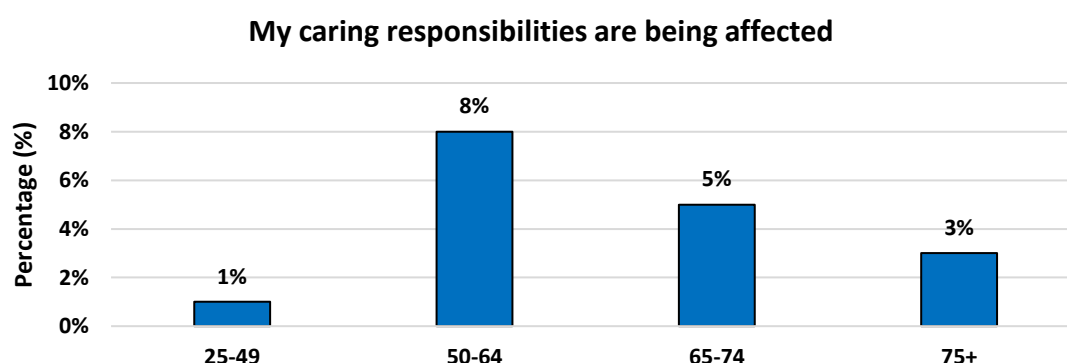
12.2 Experience of East Ayrshire Carers

	East Ayrshire	Benchmarking Family Group Average	Scotland
Caring Responsibilities			
I have a good balance between caring and other things in my life	62%	64%	64%
I have a say in services provided for the person(s) I look after	45%	46%	45%
Local services are well coordinated for the person(s) I look after	39%	39%	38%
I feel supported to continue caring	36%	36%	34%

Findings from the 2020 Scottish Health and Care Experience Survey in relation to various aspects of caring responsibilities, are generally comparable with our benchmarking family group and national levels in terms of positive responses.

12.3 Challenges Faced by Our Carers

- **42.9%** of carers (all ages) have one or more long term health conditions
- **3,762** carers aged 50 or over have one or more long term health conditions
- **52.1%** of carers (aged 16+) are in employment (excluding full time education)
- **23.5%** of people who responded to the East Ayrshire Life Beyond COVID-19 Survey provide unpaid / family care and **98.3%** of these individuals indicated that their caring responsibilities has been impacted by the pandemic.



- Findings from the East Ayrshire Residents Survey identified the affect on caring responsibilities to be a top concern for **8%** of the 50-64 age group and for **5%** of people aged 65-74.

- Comments made in response to the Life Beyond COVID-19 Survey relating to providing unpaid care for family members were varied, with people sharing experiences of a lack of local authority support / respite, while circumstances had gave others more time to provide care.

"respite for my daughter which in turn allows me respite but SDS budgets are constantly being squeezed to the point where I have to sacrifice day support to 'save up' for any respite"

"Still not got usual supports for daughter and this impacts my ability to work"

"If the adult day centres could reopen 5 days a week and give my son the services he requires"

"Caring support restarting and respite restarting"

"More care for my husband during the day so I can rest...and for daycare to open again"

"more time for caring responsibilities, more time to care for my mother who is 80".

- Feedback relating to providing childcare during the pandemic was also mixed, with some people highlighting the difficulty of working from home and giving children attention, whereas others stated that the situation had provided more time and flexibly for childcare.

"Continue to feel guilty regarding working from home daily and not giving 3 kids attention during"

"struggling with juggling working from home and caring for a pre-school child"

"I have found working and caring for my child difficult at times as I cannot give my full attention"

"working from home has eliminated the constant rush in the mornings for school and work"

"more time with my children"

"More flexible working/childcare and time with family outdoors".

13. Communities

East Ayrshire is a safe place to live where crimes of public disorder and violence have continued to reduce. We want to maintain this downward trend and ensure that people feel safe within their own homes and local communities. A range of factors in the community can influence inequality, such as housing and crime.

Key Points

The East Ayrshire rate of crime per 1,000 population has reduced over the last 5 years and remains comparable with national levels.



The East Ayrshire rate of domestic abuse incidents per 10,000 population has been gradually rising in line with national levels since 2016/17.



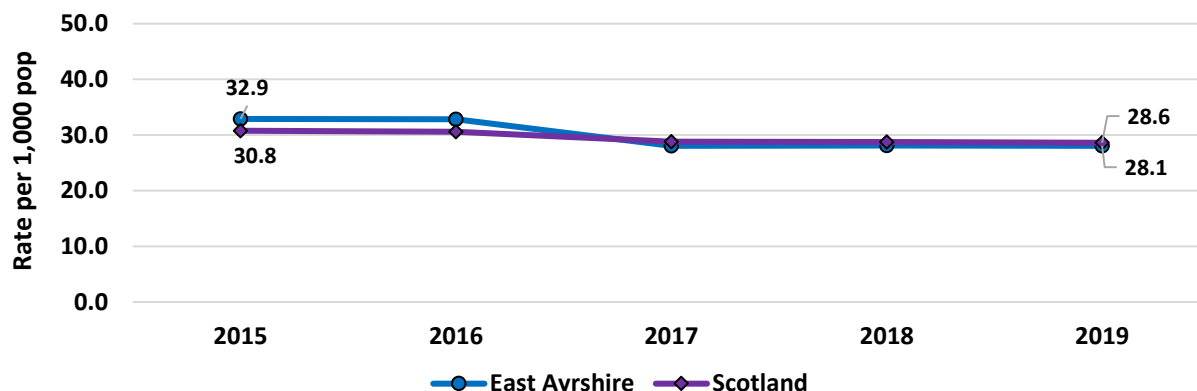
The East Ayrshire rate of Road Traffic Accident casualties per 100,000 population has remained fairly steady but consistently higher than national levels since 2013-15.



96% of East Ayrshire dwellings were occupied during 2019 and 69% of houses were within Council Tax Bands A-C.

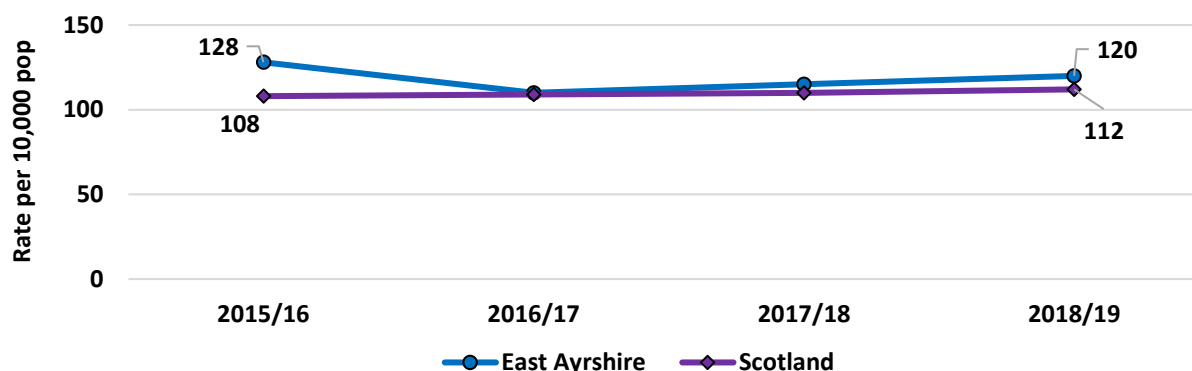


13.1 Crime Rate



The East Ayrshire rate of crime per 1,000 population has reduced over the last five years from 32.9 in 2015 to 28.1 in 2019. The East Ayrshire crime rate has been fairly comparable with national levels over this period.

13.2 Domestic Abuse Incidents Reported to the Police



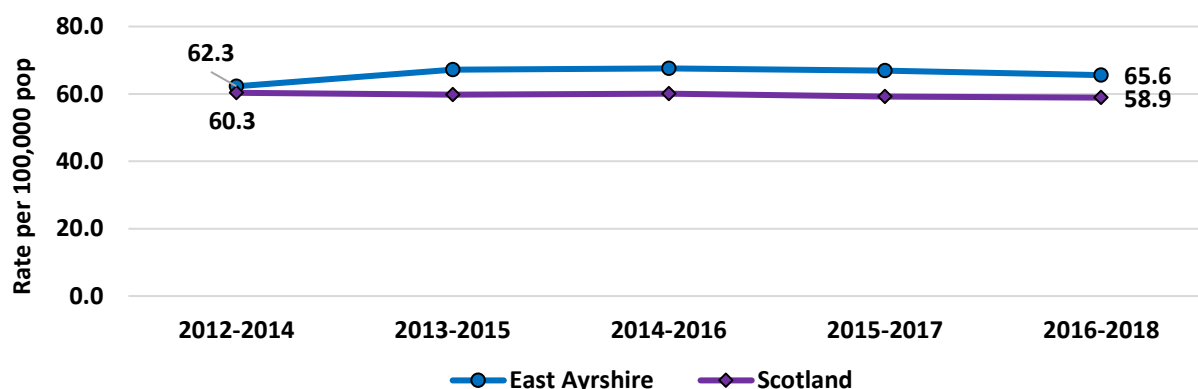
The East Ayrshire rate of domestic abuse incidents per 10,000 population declined between 2015/16 and 2016/17, thereafter steadily increasing. The East Ayrshire rate has remained consistent with national levels since 2016/17

13.3 Scottish Fire and Rescue Operational Activity in East Ayrshire

	2015/16	2016/17	2017/18	2018/19	2019/20
Total incidents attended	2,272	2,330	2,203	2,340	2,191
Primary Fires (i.e buildings & vehicles)	236	255	178	217	204
Secondary Fires (i.e derelict buildings & refuse)	616	640	591	586	474
Fire Fatalities	0	3	1	0	1
All Fire Casualties	20	24	25	21	15

Acts of violence	3	3	1	3	0
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13.4 Road Traffic Accident Casualties



The East Ayrshire rate of road traffic accident (RTA) casualties per 100,000 population has increased in recent years from 62.3 in 2012-2014 to 65.6 in 2016-2018. The East Ayrshire RTA casualty rate has remained consistently higher than national levels since 2013-2015.

13.5 Housing

13.5.1 East Ayrshire Dwellings by Type

Year	Total Dwellings	Occupied Dwellings	Vacant Dwellings	Single Occupant Tax Discount	Council Tax Exempt Dwellings	Second Homes
2014	57,329	55,389	1,803	22,035	484	133
2015	57,655	55,640	1,890	22,337	544	123
2016	57,876	55,802	1,945	21,931	565	129
2017	58,165	55,927	2,096	22,101	548	141
2018	58,454	56,187	2,136	22,178	597	124
2019	58,626	56,473	2,021	22,489	628	132

13.5.2 East Ayrshire Households by Council Tax Band in 2019

Tax Band	A	B	C	D	E	F	G	H
% of households	44%	16%	9.30%	12%	11%	6.00%	1.70%	0.08%

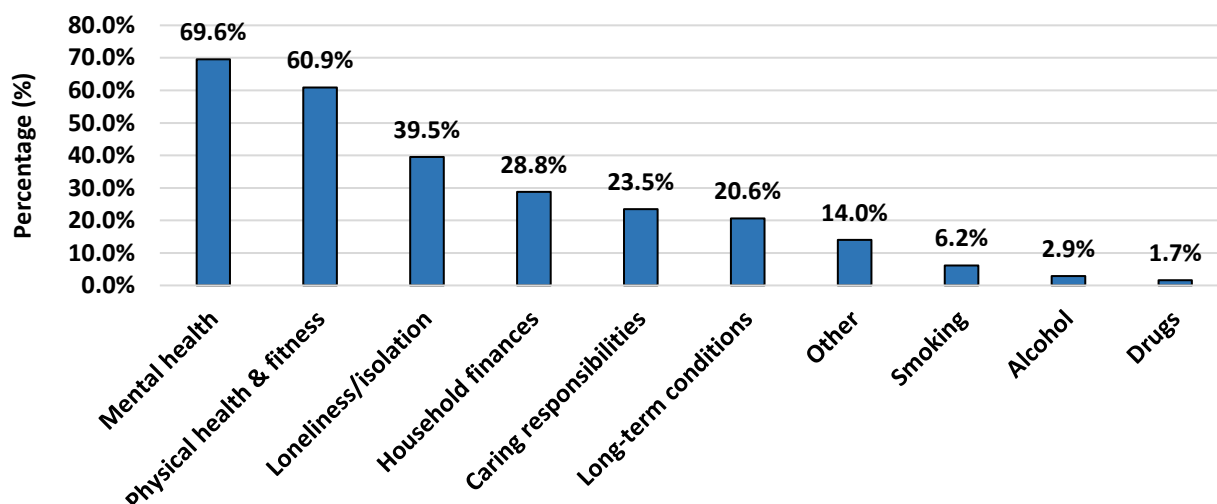
In 2019:

- **58,626** dwellings, of which: **96%** were occupied and **0.2%** were second homes;
- **38%** of dwellers received a single occupant council tax discount, and **1.1%** were exempt from council tax entirely;
- **69%** of houses were within council tax bands A to C, and **7.8%** were in bands F to H.

14. COVID-19

The first COVID-19 case in Scotland was confirmed on 1st March 2020, with social distancing measures being established nationally on 23rd March 2020. The pandemic has had a significant impact on many aspects of life, with disruption to key relationships, daily routines and personal loss having a profound effect on mental health across all age groups. The wellbeing of our population was at the heart of East Ayrshire's response to the pandemic, with a focus on providing essential services to those most in need.

14.1 Engagement: Elements of Health and Wellbeing Most Impacted by Covid-19



Findings from the East Ayrshire Life Beyond COVID-19 Survey suggest that people's mental health (69.6%) and physical health (60.9%) were impacted the most by the pandemic. Other themes including: social isolation and loneliness (39.5%), household finances (28.8%), caring responsibilities (23.5%) and long-term health conditions (20.6%), were also found to be key areas of health and wellbeing which were affected by the COVID-19 pandemic. Similar findings were also observed from responses to the 2020 East Ayrshire Residents Survey in terms of key areas of concern identified by people in East Ayrshire throughout the pandemic.

The word cloud below highlights a number of common themes raised by people in East Ayrshire in relation to their experience throughout the COVID-19 pandemic:



14.2 COVID-19: Community Vulnerability Mapping

The Scottish Public Health Observatory (ScotPho) developed a web-based resource to identify areas which are at greater risk from the impact of the virus to support nation-wide and local responses to the COVID-19 pandemic.

The [mapping tool](#) utilises a vulnerability measure which is based on social, clinical and demographic factors which relate to COVID-19 or to socio-economic circumstances which have been found to influence the impact of the virus. Routinely available indicators from the ScotPHO Health and Wellbeing Profiles have been selected to inform the Community Vulnerability Measure, which is then used to score and rank individual areas accordingly.

14.2.1 East Ayrshire Summary

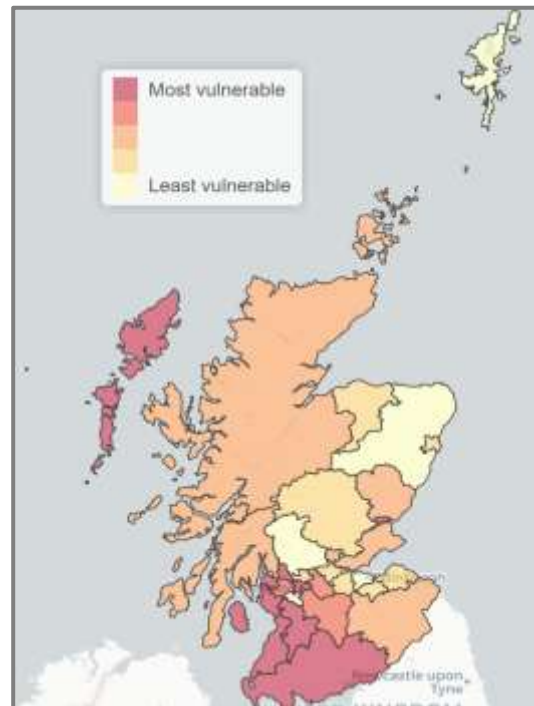
The COVID-19 Community Vulnerability tool has highlighted a number of key findings from an East Ayrshire perspective in relation to the potential impact of the virus at a local level:

- The tool indicates that East Ayrshire has the fourth highest level of vulnerability of all 32 local authorities in Scotland;
- More than one-third of intermediate zones (11) in East Ayrshire are aligned to the most vulnerable quintile and are considered to be at the highest risk from the impact of the virus;
- Almost one-third of East Ayrshire data zones (51) are categorised in the most vulnerable quintile and considered to be at the highest risk from the impact of the virus;
- The highest concentration of East Ayrshire intermediate zones considered in the most vulnerable quintile are located in the Kilmarnock and Southern localities, with the highest ranking local areas identified as: Doon Valley South, New Cumnock, Shortlees and Bonnyton & Town Centre;
- The highest concentration of East Ayrshire data zones in the most vulnerable quintile are located in the Kilmarnock and Southern localities, with the highest ranking local areas identified as: Bonnyton and Town Centre – 02, Altonhill South, Longpark and Hillhead – 07, Doon Valley North – 04 and New Cumnock – 02.

14.2.2 Local Authority Comparison

Council areas are the highest geographic level within the tool and all 32 local authorities in Scotland have been scored, ranked and aligned to quintiles in accordance with their calculated level of vulnerability. The image on the right displays each local authority area mapped by heat scale according to vulnerability quintile.

East Ayrshire has been aligned to combined vulnerability quintile 1, and is therefore considered to be highly vulnerable to the impact of COVID-19. In comparison to all other local authorities, East Ayrshire has the fourth highest Combined Vulnerability Score in Scotland, behind only North Ayrshire, South Ayrshire and Inverclyde. It should be noted that all three Ayrshire local authority areas have combined vulnerability quintile 1 and are all considered highly vulnerable to the impact of COVID-19.



The table below displays all local authorities in combined vulnerability quintile 1 by combined vulnerability score and rank.

Area Name	Combined Vulnerability Score	Combined Vulnerability rank	Unweighted Quintile: Combined Vulnerability	Weighted Quintile: Combined Vulnerability
North Ayrshire	1.70	32	1	1
South Ayrshire	1.48	31	1	1
Inverclyde	1.47	30	1	1
East Ayrshire	1.45	29	1	1
Dundee City	1.32	28	1	1
West Dunbartonshire	1.29	27	1	1
Na h-Eileanan Siar	1.16	26	1	1

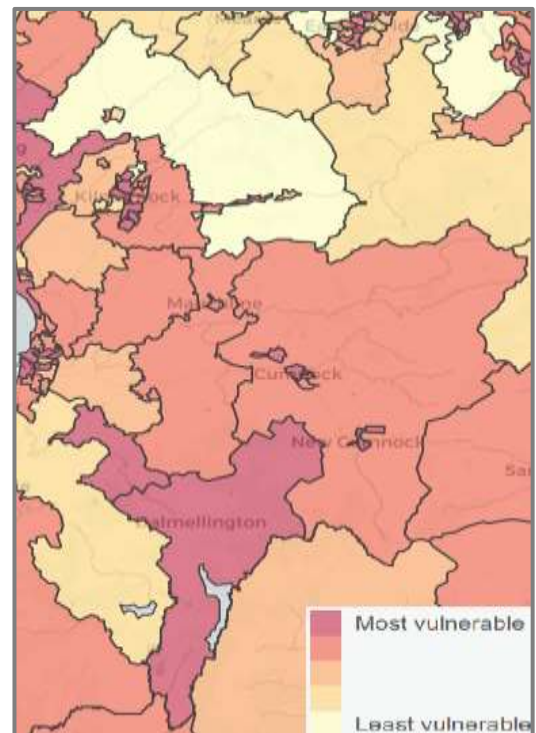
The areas identified in quintile 1 share a number of demographic and socio-economic characteristics, with the majority of these authorities having been aligned to the same Local Government Benchmarking Framework (LGBF) 'Family Group'.

14.2.3 East Ayrshire Intermediate Zones

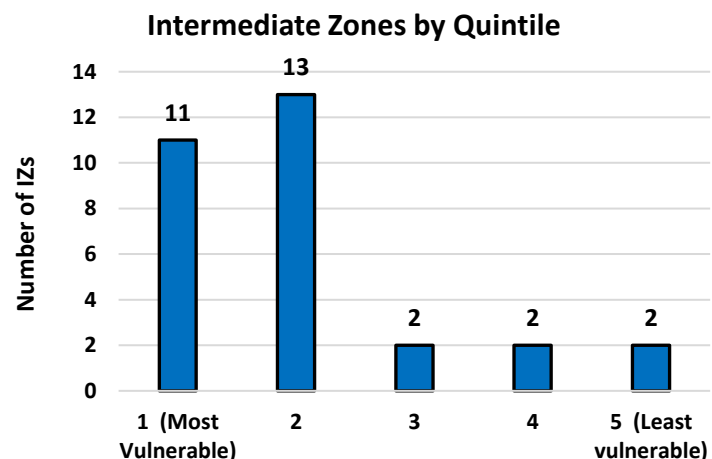
East Ayrshire comprises 30 intermediate zones, which have been scored, ranked and allocated to a quintile according to their calculated level of vulnerability. The image on the right displays each intermediate zone in East Ayrshire mapped by heat scale according to vulnerability quintile.

Intermediate zones at a higher risk of the virus are widely distributed across East Ayrshire, however the highest levels of vulnerability are concentrated in the South of the authority (particularly in the Doon Valley) and within Kilmarnock.

There are 1,279 Intermediate Zones across Scotland and several intermediate zones in East Ayrshire are ranked within the top 80 most vulnerable areas in the country in relation to the impact of COVID-19 at this geographic level. These areas include: Doon Valley South (ranked 1,256), New Cumnock (ranked 1,229), Shortlees (ranked 1,212) and Bonnyton & Town Centre (ranked 1,202).



More than one-third of intermediate zones (11) in East Ayrshire are categorised in the most vulnerable quintile, which equates to a population of 40,725. A further 13 intermediate zones are allocated to quintile 2, reflecting a total number of 50,782 people. Overall, 75% of the East Ayrshire population reside in intermediate zones which have been identified as areas of higher vulnerability (quintiles 1 and 2).



The table below displays the number of intermediate zones aligned to each vulnerability quintile by locality. The Kilmarnock and Southern localities comprise the highest proportions of intermediate zones in the most vulnerable quintile.

Locality	No. of Int Zones	Quintile				
		1 (Most Vulnerable)	2	3	4	5 (Least vulnerable)
Northern	7	1	3	1	1	1
Kilmarnock	13	6	4	1	1	1
Southern	10	4	6	0	0	0
Total	30	11	13	2	2	2

14.2.4 East Ayrshire Data Zones

Data zones are the lowest geographic tier within the mapping tool and are a sub-level of intermediate zones. Information at this level provides a more focused view of the impact of COVID-19 on smaller populations which can facilitate the identification of the most vulnerable local communities.

East Ayrshire comprises 163 data zones, which along with intermediate zones, have been scored, ranked and allocated to a quintile according to their calculated level of vulnerability. The image on the right displays each data zone in East Ayrshire mapped by heat scale according to vulnerability quintile.

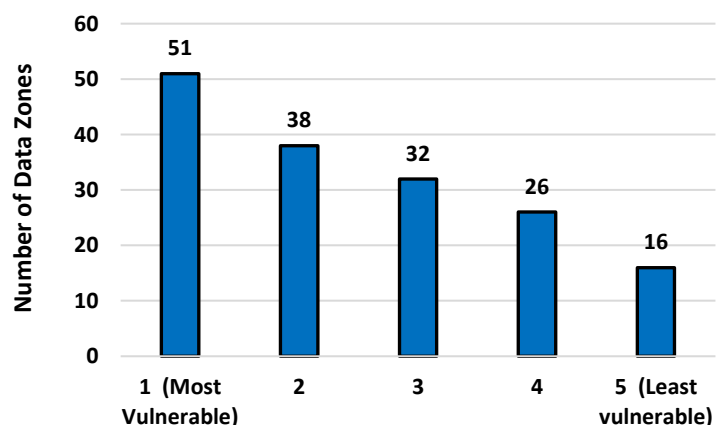
Data zones at a higher risk of COVID-19 are widely spread across East Ayrshire, however the highest levels of vulnerability are concentrated in the Kilmarnock area and in the South of the authority.



There are 6,976 data zones across Scotland and numerous data zones in East Ayrshire are ranked within the top 100 most vulnerable areas in the country in relation to the impact of COVID-19 at this geographic level. These areas include: Bonnyton and Town Centre – 02 (ranked 6,964), Altonhill South, Longpark and Hillhead – 07 (ranked 6,957), Doon Valley North – 04 (ranked 6,904) and New Cumnock – 02 (ranked 6,895).

Almost one-third of East Ayrshire data zones (51) are aligned to the most vulnerable quintile, which equates to a population of 37,262. A further 38 data zones are allocated to quintile 2, accounting for 28,035 people. Overall, 54% of the East Ayrshire population reside in data zones which have been identified as areas of higher vulnerability (quintiles 1 and 2).

Data Zones by Quintile



The table below displays the number of data zones aligned to each vulnerability quintile by locality. The Kilmarnock and Southern localities comprise the highest proportions of data zones in the most vulnerable quintile.

Locality	No. of Data Zones	Quintile				
		1 (Most Vulnerable)	2	3	4	5 (Least vulnerable)
Northern	33	5	10	5	8	5
Kilmarnock	75	24	16	17	8	10
Southern	55	22	12	10	10	1
Total	163	51	38	32	26	16

14.3 Shielding Experience

During the pandemic, there were almost 5,400 people shielding in East Ayrshire, with 1,300 of whom known to our health and social care services.

14.3.1 National Shielding Survey – East Ayrshire Level Analysis: Has shielding had a negative impact on your life (or the life of the person you care for)?

Your quality of life	No.	%
Not at all	53	19%
Slightly negative	81	29%
Moderately negative	85	30%
Very negative	64	23%
Total	282	

Your employment	No.	%
Not at all	52	47%
Slightly negative	24	22%
Moderately negative	13	12%
Very negative	21	19%
Total	110	

Your mental health	No.	%
Not at all	71	26%
Slightly negative	91	33%
Moderately negative	58	21%
Very negative	52	19%
Total	272	

Your education	No.	%
Not at all	51	80%
Slightly negative	7	10%
Moderately negative	1	2%
Very negative	5	8%
Total	63	

The condition(s) for which you are shielding	No.	%
Not at all	160	60%
Slightly negative	56	21%
Moderately negative	37	14%
Very negative	15	6%
Total	269	

Your financial situation	No.	%
Not at all	120	59%
Slightly negative	35	17%
Moderately negative	22	11%
Very negative	26	13%
Total	203	

The quality of care you receive	No.	%
Not at all	158	68%
Slightly negative	45	19%
Moderately negative	19	8%
Very negative	10	4%
Total	231	

Your eating habits	No.	%
Not at all	96	38%
Slightly negative	72	28%
Moderately negative	47	18%
Very negative	40	16%
Total	255	

Your relationship with your partner	No.	%
Not at all	119	62%
Slightly negative	44	23%
Moderately negative	20	10%
Very negative	9	5%
Total	192	

How much physical activity you do	No.	%
Not at all	48	18%
Slightly negative	47	18%
Moderately negative	86	32%
Very negative	85	32%
Total	267	

Your relationship with your children	No.	%
Not at all	101	54%
Slightly negative	41	22%
Moderately negative	25	13%
Very negative	21	11%
Total	187	

Your alcohol consumption	No.	%
Not at all	96	60%
Slightly negative	32	20%
Moderately negative	16	10%
Very negative	16	10%
Total	160	

Your relationship with other family and friends	No.	%
Not applicable	17	9%
Slightly negative	83	44%
Moderately negative	44	23%
Very negative	45	24%
Total	190	

Your use of tobacco	No.	%
Not at all	60	81%
Slightly negative	7	9%
Moderately negative	2	2%
Very negative	5	7%
Total	74	

14.3.2 East Ayrshire Wellbeing Community Conversation: Shielding Responses

The Life Beyond COVID-19 Survey also captured feedback from individuals who were shielding in East Ayrshire, with **4.7%** of the cohort expressing feelings in relation to their experience of shielding. Numerous themes were identified with both positive and negative connotations.

Concern / Anxiety about the future

“wary of venturing out after 3 months of shielding”
“nervous about going out after shielding”
“despite current easing of social restrictions and shielding advice...I simply cannot afford to expose myself to any risk”

Feeling isolated / Frustration regarding social restrictions

“Limited choices due to shielding”
“I feel alone as I am being kept in shielding due to [my] conditions and shielding help is being withdrawn!”
“I have not been out of my house since getting out of hospital... the isolation is definitely having a negative impact”
“Relieved things are returning to normal somewhat. Frustrated a little as I am shielding and do not know when I will be able to see my family”
“I am shielding alone and unable to see my family”

Impact on mental / Physical health

“My partner was shielding...No let up, with little bright light in sight. How do I feel now? Exhausted. Physically and mentally. With no escape door available”
“my partner was shielding and this caused demand and stress”
“Quit smoking... because of shielding and COVID19 for health reasons. Active in garden”

Positive about shielding ending

"I feel better now that shielding has eased and I am able to get out and about more"

"Glad shielding is ending"

"Looking forward to shielding ending and getting out and about"

"Feeling good as shielding coming to an end. Been able to return to shopping independently"

Impact on work

"Frustrated about waiting to get back to work. Looking forward to shielding ending"

"Job security for future - I felt left in the dark about my job to my health conditions which meant I was shielded"

Support during Shielding

"The support I been offered/received as a person requiring to shield has been fantastic, better than I ever anticipated"

"To feel that my health matters to professionals and the onus isn't on me to chase up doctors or consultants for help. For those making contact with vulnerable people not to assume they are disabled or elderly, I found conversations quite patronising when contacted as a shielding individual"

"Ease of access and waiting times worse than before COVID19 because of shielding"

"prescriptions being delivered and food messages being delivered has been good"

"[although] I had nothing to compare to, help delivered was good at the time"