MINUTES of MEETING of CPP MANAGEMENT COMMITTEE held in the BOARDROOM, AIE OFFICES, KILMORY, LOCHGILPHEAD on WEDNESDAY, 19 MARCH 2008

Present: Superintendent Raymond Park, Strathclyde Police (Chair)
Eileen Wilson, Argyll and Bute Community Planning Partnership Manager
Geoff Calvert, Strathclyde Fire and Rescue
Andrew Campbell, Scottish Natural Heritage
Margaret Fyfe, Argyll and Bute Council
James McLellan, Argyll and Bute Council
Glenn Heritage, Argyll and Bute Volunteer Centre
Roanna Taylor, Argyll and Bute Young Scot/Dialogue Youth
John Davidson, Islay and Jura CVS
Christina West, NHS Highland
Willie Young, Argyll and Bute Council
Ken Abernethy, HIE
David Price, Argyll CVS
Alan Livingstone, Association of Argyll and Bute Community Council

In attendance: Sonya Thomas, Argyll and Bute Council

Apologies: Bill Dundas, Rural Payments and Inspections Scottish Government
Gordon Anderson, Strathclyde Police
Peter Wotherspoon, Jura latE
Muriel Kupris, Argyll and Bute Council
Hughie Donaldson, latE
Brian Barker, Argyll and Bute Council
David Penman, Strathclyde Fire and Rescue
Elaine Garman, NHS Highland

1.   **WELCOME**
Raymond Park welcomed everyone to the meeting, noted apologies intimated and thanked AIE for the use of their Boardroom.

2.   **ACTION POINTS FROM PREVIOUS FULL PARTNERSHIP MEETING HELD ON 14 MARCH 2008 NOT COVERED IN THIS AGENDA (TO FOLLOW)**
Discussion around the FSF
It was agreed to go ahead with the short life working group during the Transition Year (Year 1).

Voluntary Sector Protocol
Continue discussion between different Voluntary Sector organisations. There is confidence that a united response will be achieved.

Action Point: agreed to support the Volunteer of the Year Awards

3. **MATTERS ARISING**
    No matters arising.

4. **MINUTES OF PREVIOUS MANAGEMENT COMMITTEE MEETING HELD ON 6 FEBRUARY 2008**
    The Minutes of the meeting of 28 November 2007 were accepted as an accurate record.

5. **MATTERS ARISING**

    (a) **Citizens Panel - Tender Process**
        Hexagon have been awarded the contract, with excellent references back. This is now an opportunity for the Partnership to work closely with their new contractor. Hexagon will be managed by the Community Planning Partnership and the single point of contact will be Chris Carr, Research Associate, Argyll and Bute Council.

        A discussion followed as to why no local company showed an interest – Hexagon outshone the competition and have shown themselves to be extremely flexible.

        Action Point: Present paper to the next MC meeting outlining the above and invite Hexagon along to the meeting with the opportunity to give a presentation to the CPP (14 May 08 – Oban). Circulate name of Hexagon contact point –

        Eileen Wilson

    (b) **Communities Scotland**
        Defer the Action Point of 6 February.   Alan Livingstone has mentioned their continued involvement is crucial to the development of communities.

6. **SINGLE OUTCOME AGREEMENT AND FAIRER SCOTLAND FUND**
    The submission date is 28 March 2008. An agreement is expected in June.

    Willie Young brought it to everyone's attention that there are several omissions which relate to quality of life - Sports and Amenity, Inward Migration, Youth Work Strategy and Sport/Physical Activity Strategy.

    A discussion followed with all Partners contributing on how we can improve the communication process and fill the gaps. It was outlined that each Partner has a role to play in the SOA, the overall aim is to become more co-ordinated. All Partners are obliged to work and engage with communities and all Partners will benefit from the Citizens Panel surveys and service – which in turn will help to fill the gaps and should improve communication. Partners exchanged views and feelings relating to their organisations at Management Committee meetings, which are then expressed at Full Partnership meetings. There is a good opportunity through the FSF to engage appropriately with local communities, remove boundaries and improve the way services have been delivered, but not forgetting the good work that is actually being done. Eileen Wilson

explained that during this first transition year we should be strong enough to tackle these issues and to connect with our local communities.

Action Points

1. **Willie Young will liaise with Eileen Wilson as to where these points should fit in the SOA and FSF.**

2. **Eileen Wilson and Arlene Cullum, Corporate Funding Officer, Argyll and Bute Council, will develop a more appropriate communication strategy for the Management Committee and Funding Hub.**

7. **INWARD MIGRATION (ENCOMPASSING MIGRANT WORKERS)**
   Action Point – work in progress – item on next Management Committee agenda – Lucinda Gray

8. **SMALL PRACTICE RESEARCH PROJECT**
   This is a two year project working to enage with 4 communities – 2 within Argyll and Bute.

   The project is requesting support from the Community Planning Partnership and is willing to go to and work with other Partner agencies to engage.

   The outcome is a "toolkit" for engagement and working with communities, which will be available to Partners.

   Offers of help from Partners to share information as well as several suggestions of possible links were offered – The Health and Sport link with latE (Hughie Donaldson), perhaps the two organisations can be linked.   The Pier to Pier vehicle, Glenn Heritage will contact Christina West with details. The National Standards of Community Engagement has health at the top of its concerns for sustainable communities.

   Actioin Point – CPP to give the project full support. Their appointed associate will attend a future MC meeting and provide an update.

9. **UPDATE ON THE FUTURE USE OF OLDER PEOPLE SERVICES**
   Noted. Acknowledging the different types of care required in the future.

10. **PARTNERSHIP FEEDBACK**
    Enterprise Company Changes

    As of 31 March 2008 AIE will cease to exist. HIE will be retaining their role in strengthening communities. SE Dunbartonshire are in a parallel situation. Aileen Edwards is no longer the contact, the new contact will be Alison Bennett. Alison.bennett@scotent.co.uk

    Partnership Review

    This is almost complete.

Partnership communications

A positive discussion was held during which concerns were raised covering the need for better two-way communication between all parties, this will have to encompass and acknowledge the various structures/restrictions of the Partners with their needs, requirements, options and decisions.

Currently one opportunity for this is via the Community Planning Partnership – Partnership Feedback on each agenda.

The Partnership is entering an era where the intention is less duplication and more of embracing relationship building and engagement with local communities with the introduction of the Fairer Scotland Fund.

Action Points –

Future agenda item – Communication Strategy

Look at a co-ordinated approach with the Voluntary sector and FSF.

Also see Action Point – agenda item 6.

11. **FUNDING**
    Funding Hub Minutes and Pitch Report of 6 February 2008

    Noted.

    Jura Development Trust

    The Trust has recently secured £40,000 of funding for mooring.

12. **AOCB**
    The Partners were reminded that the Community Learning and Regeneration conference will take place on 31 March – 1 April.

    An enquiry has been received from Rita Campbell, a journalist for the Aberdeenshire Press and Journal to attend a future meeting.

    It was decided to invite Rita to the next full Partnership meeting.

    Action Point – Sonya Thomas to invite Rita Campbell.

13. **DATE OF NEXT MEETING**
    The next meeting will take place on 14 May in Oban Fire Station, Oban.

Argyll and Bute Single Outcome Agreement

An agreement between Argyll and Bute Council and the Scottish Government

Working Draft v9

March 2008

For further information contact:
Brian Barker, Policy and Strategy Manager

Foreword
xxxx

Executive summary
xxxx

Local context

Argyll and Bute is an area of outstanding beauty and varied geography – stretching from Helensburgh in the East to Tiree in the West. The cultural diversity of local communities reflects this geographic diversity.

There are 25 inhabited islands, more than any other local authority area in Scotland. The islands are not well interconnected because links tend to be with the mainland.

The mainland is divided by long sea lochs that cut deep inland and further fragment already remote and sparsely populated areas. This extends road links, with long drive times and very often only one road connects settlements.

Ferries are an essential part of everyday life. 17% of the population live on islands reliant on a ferry. Air links are becoming more prominent as routes open via the new airports at Oban, Coll and Colonsay.

The area is very sparsely populated – an area that is 10% of Scotland houses only 92,000 people. This has an impact on the range of services that are available and increases the cost of delivery. Communities are often very self reliant, but do lack access to many of the services that are often taken for granted.
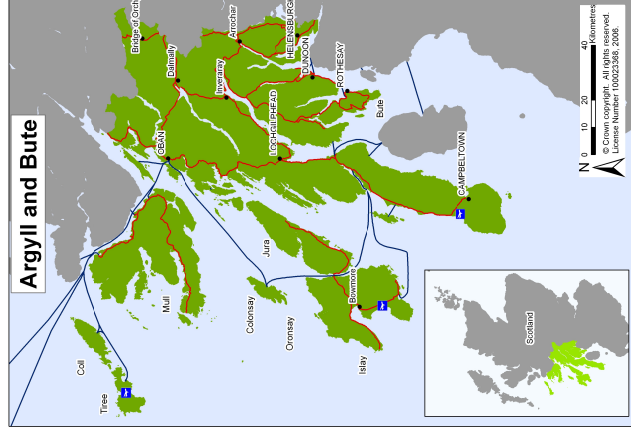
The changing population profile is a significant challenge as younger people leave the area to attend university or seek work. Simultaneously, the older population is on the increase, partly because of higher life expectancy and partly because the area is seen as an attractive retirement destination.

Affordable housing is a significant issue as many properties are sold at inflated prices for second, holiday or retirement homes.

The main employers are public sector, tourism, construction and agriculture/fishing. There are higher than average levels of self employment, with a significant proportion of this in tourism. This means high levels of seasonal employment providing lower than average annual income. The insecure nature of this employment also makes financial commitment difficult.

The fragile economy means that Argyll and Bute is more vulnerable to change in the public sector and to consumer preferences.

XXXX do we highlight fragile economy some more?

The natural environment is among the most unspoiled in the UK with habitats and biodiversity second to none. There are 120 areas designated as Sites of Special Scientific Interest in Argyll and Bute – taking up 10% of our land area.

The marine biodiversity is as rich as that on land with populations of marine species that are of global significance, for example the serpulid reefs of Loch Creran – one of only four sites in Europe.

Leading Rural Area – our shared long term vision

The Council is committed to partnership working and community planning. As the statutory lead agency and as a key stakeholder in the process, the Council facilitated the process for developing a joint vision for Argyll and Bute Community Planning Partnership of *Argyll and Bute: Leading Rural Area.*

Argyll and Bute: Leading Rural Area

Vibrant Communities

- safe supportive communities with positive culture and sense of pride in the area
- well balanced demographically with young people choosing to stay or move to the area
- vibrant local economy that is based on core attributes of the area, flexible and open to new opportunities
- a sense of history with a view to the future
- housing that is appropriate and affordable with local people able to participate in the housing market
- high quality public services and leisure/community facilities that attract people to settle in Argyll and Bute

Outstanding Environment

- high quality environment that is valued, recognised and protected
- the environment is respected as a valued asset that can provide sustainable opportunities for business
- an identity that is recognised and appreciated globally with a range of businesses that use the high quality image
- an area that is accessible, yet retains its remote character

Forward Looking

- communities that are culturally rich with a desire to excel
- proactive communities where local people and organisations look for and create opportunities
- decentralised public sector with more delivery of high quality professional' services from Argyll and Bute
- partnership working across all sectors to coordinate developments, market Argyll and Bute and remove constraints that limit possibilities
- communities that learn and use that knowledge

The challenges we face

There are a range of factors unique to Argyll and Bute or shared with a small number of other areas that create significant challenges for the community planning partners. The local acceptance of these characteristics as a 'normal' part of life tend to underplay or hide the difficulty of living and working in this area. The major challenges for all service providers come from:

- the unique geography of the area
- the changing population
- the fact that people are 'living on the fringe' and can be excluded or experience deprivation that is not acknowledged in conventional measures
- the difficult financial position where the cost of service delivery is higher and options reduced because of the scattered population and lack of economies of scale

Our geography

The diverse geography of Argyll and Bute creates significant challenges. 17.4% of the population live on islands and only one island has a fixed link to the mainland, so 17% of the population need to use ferries or air links to access services. The Council and its partners also need to use these links to provide many services. Some mainland communities are also reliant on ferry links – e.g. the Cowal communities accessing services and work in Glasgow.

Nationally, the focus on islands tends towards Shetland, Orkney and Western Isles because they are 'island councils'. However, 25 of the 95 inhabited islands in Scotland are located in Argyll and Bute – with 16% of the total Scottish island population resident in the area. The inhabitants of these islands often have

poorer access to services because they have to travel to the mainland, whereas the population in the island council areas are largely resident on the main island in that group.

The stark contrast in geography between Argyll and Bute and Scotland is highlighted using the Scottish Government's urban-rural classification (see graph). Scotland is divided into 6,505 data zones, each with a population of 500-1,000 people. Each

Urban-Rural Classification: Scotland and Argyll and Bute
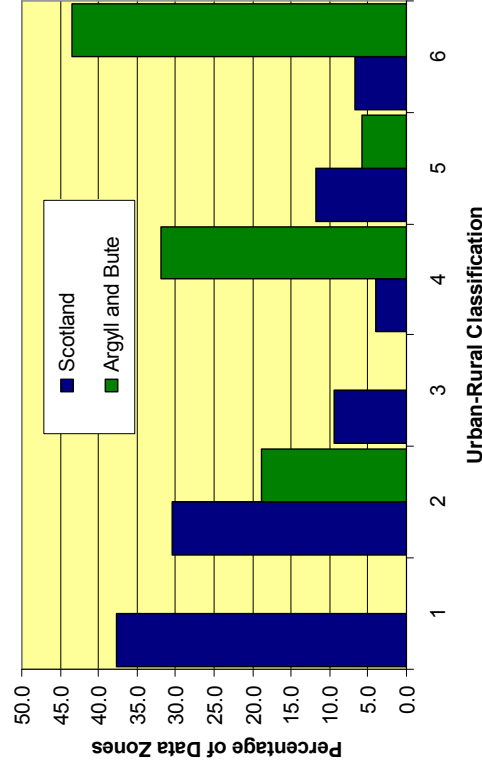
(1) Large Urban Areas Settlements of over 125,000 people; (2) Other Urban Areas Settlements of 10,000 to 125,000 people; (3) Accessible Small Towns Settlements of between 3,000 and 10,000 people and within 30 minutes drive of a settlement of 10,000 or more; (4) Remote Small Towns Settlements of between 3,000 and 10,000 people and with a drive time of over 30 minutes to a settlement of 10,000 or more; (5) Accessible Rural Settlements of less than 3,000 people and within 30 minutes drive of a settlement of 10,000 or more; (6) Remote Rural Settlements of less than 3,000 people and with a drive time of over 30 minutes to a settlement of 10,000 or more

data zone is classified on a scale of 1 to 6 ranging from large urban areas (none in Argyll and Bute) to remote rural (nearly half the data zones in Argyll and Bute). This difference highlights the challenges for any service provider in Argyll and Bute, and also

the need to develop different solutions for this area compared to Scotland as a whole.

Approx 45% of the population lives in settlements of 5000 or more people and at the opposite extreme 1 in 5 people do not live in a settlement (where a settlement is 6 or more households).

All these factors create challenges for service delivery in terms of logistics, recruitment of professional staff and cost. Some developments, such as the service points located on islands, help to ease access to services, but there will always be a premium for the cost of service delivery and often a more limited range of services on offer.

Changing population

The fragile remote rural areas often act as early warning signs for changes in population that can be expected to affect other areas. Concern about a trend can sometimes influence decisions about whether to stay or move away. The social, higher education and career opportunities in urban areas have attracted younger people away from rural areas for many years. The growing focus on major cities and their economic influence, retirees moving to rural areas, and high ownership of second homes has a damaging effect on rural areas.

Higher priced housing, lack of available property and the general aging of the population act to drive younger people away or discourage movement by them to the area. People moving to the area face major hurdles – in particular the limited career prospects for themselves or their partners and the lack of affordable housing.

Recent in-migration of workers from Europe has had an impact. They bring much-needed skills to the area, but also need to access support services. Future migration trends are unclear, but there is a definite need to encourage more young people and families to move to the area.

The resulting population projections up to 2031 show possible changes that are a concern if the more fragile communities in Argyll and Bute are to survive and thrive. Particular concerns are the large increase in the older population, the significant drop in the younger population and the decrease in working age people. These all have implications for the range of services that need to be delivered and the ability to deliver those services – either to influence the population trends or to adapt to change

Table 1: Projected changes to Argyll and Bute's population (2006-2031)

	2006	2031	Percentage change
Total population	91,390	90,020	-1.5%
0-15 year olds	15,691	13,383	-14.7%
Working age[1]	54,397	49,347	-9.3%
Pensionable age[1]	21,302	27,290	28.1%
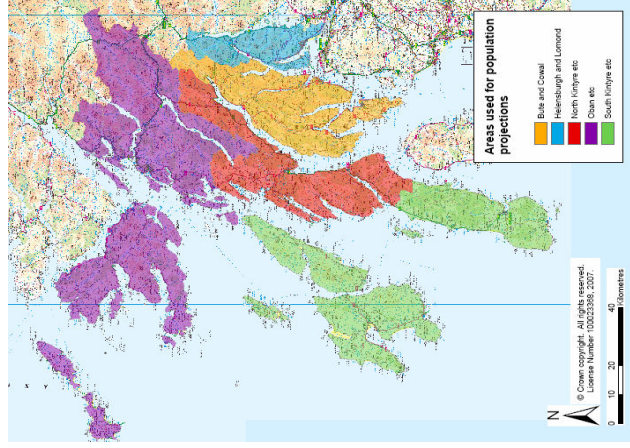
People on the fringe

Life in rural areas often places additional pressures on people that are much less evident in urban areas, for example the much higher dependence on the car, higher fuel costs and the greater distance to access basic services such as hospitals, supermarkets and schools. You can also find very poor people living alongside comparatively rich people – there is much less separation into different neighbourhoods compared to urban areas. Excluded or deprived individuals and households are much less visible in rural areas

The most commonly used measure of deprivation in Scotland is the Scottish Index of Multiple Deprivation (SIMD). This was developed to identify concentrations of deprivation using a variety of factors to describe the circumstances of average individuals in each of the 6,505 data zones across Scotland. Data zones in rural areas can include several communities and in Argyll can include a mix of islands and mainland – an obvious consequence of this is masking of communities that need support by averaging prosperous areas with those that are disadvantaged. This is a significant issue as the SIMD works most effectively where populations are more uniform and least effectively with mixed populations, like Argyll and Bute.

The SIMD 2006 identified ten data zones within Argyll and Bute as being among the 15% most deprived data zones in Scotland. These data zones are located in Campbeltown, Dunoon, Helensburgh, Oban and Rothesay. This illustrates the effectiveness of the SIMD to identify deprivation in urban areas, but does raise concerns for the rural areas of Argyll and Bute.

Argyll and Bute Council, local partners, the other Highland and Island councils and the Scottish government are working together to identify suitable measure to help give a clearer picture of deprivation in rural areas. The Scottish Government is currently undertaking a literature review prior to more detailed work with the other partners. This work was initiated following dialogue with Ministers at the October 2007 Convention of Highlands and Islands.

XXXX link with Jeannie Holles stuff (as pointer to more detail later)

Financial

Tighter financial settlements, ongoing demands for efficiency savings and a wide range of cost and service pressures combine to create a challenging financial outlook for the future.

The Council has successfully contained expenditure within budget and achieved planned efficiency savings over recent years. Future prospects are more challenging and the Council is has a longer term financial strategy to manage these.

The Council continues to face a significant backlog for investment in its assets, including schools, roads, leisure facilities and offices. Rationalisation of assets is essential to reduce ongoing revenue costs, eliminate part of the investment backlog and release funds for investment. A range of strategic capital projects for regeneration will place further pressure on the available capital funding.

Investment in infrastructure is key to creating an attractive, well-connected, modern economy. Action plans have been developed on the basis that funding for infrastructure projects

Asset type	5 Year Investment required	Detail
Schools	£74.9M	Modernise the school estate to create more effective environments for learning and teaching
Roads	£44.3M	Priorities are detailed in the Argyll and Bute Transport Strategy - Roads network: Condition and extent of the trunk network Funding for local authorities to maintain and improve the network Removing barriers to travel: Fast frequent services and inter-island links Road equivalent tariff
Offices and Depots	£4.6M	Public service integration: Joint working Efficiencies and economies of scale Access to services and support for key services
Leisure facilities	£1.4M	New opportunities: Coastal and marine national park Tourism Strengthening existing activity: Rejuvenation of the main towns
Total	£125.2M	

could be sought from sources such as Challenge Funds and the Regional Transport Partnerships (RTP).

Following the recent Scottish Budget settlement and the Concordat signed between the Scottish Government and COSLA, funding will now be provided to councils by means of a block grant. This block grant now includes former sources of funding such as the Public Transport Fund and the capital grants awarded to the RTP.

Given that it is now the responsibility of each local authority to allocate the total financial resources available to it on the basis of local needs and priorities, it will be very difficult to fund major infrastructure projects. In Argyll and Bute there is a need to invest in improving the condition and extent of the trunk network.

The Scottish Government has, and will continue to, engage with the RTP and its constituent authorities during the transition to the new arrangements.

In addition to the assets outlined in the table below, the Council is seeking to attract investment in renewable energy with a view to creating a Kintyre and Islay Regional Power Zone. Investment is also required in agriculture, aquaculture and fishing to provide jobs and career opportunities for young people, and to help address rural deprivation.

Capital investment backlog

Asset type	5 Year Investment required	Detail

Relationship between local context and Scottish Government objectives

The Council has adopted a format for the Corporate Plan that explicitly recognises the links between the Leading Rural Area themes and relates them to the Council's strategic objectives:

- Vibrant communities
- Outstanding environment
- Forward looking

A similar process has been used to demonstrate the links between the Scottish Government's national outcomes and the Council's campaigning priorities:

- Infrastructure
- Developing the economy
- Remote and island communities
- Service delivery challenges

These campaigning priorities will help to address the challenges we face:

- Demography: changing population
- Geography
- Social: people living on the fringe
- Financial

Within this local context, Argyll and Bute Council is contributing to the Scottish Government's objectives. The following section outlines the challenges that are being tackled by Argyll and Bute in relation to the Scottish Government's objectives.

Wealthier and Fairer

Government objective: Enable businesses and people to increase their wealth and more people to share fairly in that wealth.

Argyll and Bute challenges:

Developing Economy:

- main employers are:
- public sector (34.5%)
- tourism (13.8%)
- agriculture/forestry/fishing (6.3%)
- higher than average levels of self employment, particularly in tourism; seasonal employment;
- Argyll and Bute is vulnerable to change in the public sector and to consumer preferences.

(Source: Census and ONS via NOMIS – June 2007)

Recent in-migration of workers from Europe has had an impact, bringing much-needed skills but also increasing demand for support services. Future migration trends are unclear.

Remote and Island Communities:

- higher priced housing prevents first-time buyers getting a foothold on the property ladder; lack of affordable housing and available property can be a barrier to incoming workers.

Infrastructure:

- critical to economic sustainability and access to services. 17% of the population live on islands reliant on a ferry.

1 in 5 people don't live in a settlement - sparsely populated areas have road links with long drive times and very often only one road connects settlements. In recent years, landslides affecting major trunk roads effectively cut off Argyll for days at a time; car crashes can result in road closures lasting several hours.

Smarter

Government objective: Expand opportunities for Scots to succeed from nurture through to life long learning, ensuring higher and more widely shared achievements.

Argyll and Bute challenges:

Service Delivery Challenges:

- sparsely populated area has an impact on the range and cost of services;
- communities are often very self reliant, but do lack access to many of the services that are often taken for granted;
- changing population profile of decreasing younger people and increasing older people

Healthier

Government objective: Help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care.

Argyll and Bute challenges:

Remote and Island Communities:

Population projections up to 2024 show possible large increase in the older population and significant drop in the younger population resulting in a decrease in working age people. The

changing population raises particular challenges for the provision and delivery of healthcare services and elderly care.

Infrastructure:

Island inhabitants in particular often have poorer access to services due to the need to travel to the mainland.

Safer and Stronger

Government objective: Help local communities to flourish, becoming stronger, safer places to live, offering improved opportunities and a better quality of life.

Argyll and Bute challenges:

Remote and Islands Communities:

- urban opportunities attract people away from rural areas and there has been a growing focus on major cities and their economic influence – together this has an adverse impact on rural areas such as Argyll and Bute;
- retirees moving to rural areas increases the elderly population (xx% in Argyll and Bute compared with xx% in Scotland) and high ownership of second homes means fewer people contributing to the community .

Higher dependence on the car, higher fuel costs and the greater distance to basic services such as hospitals, supermarkets and schools. There is much less separation of rich and poor into different neighbourhoods than occurs in urban areas and therefore less visibility of excluded or deprived individuals and households.

Partnership working – the key to successful delivery
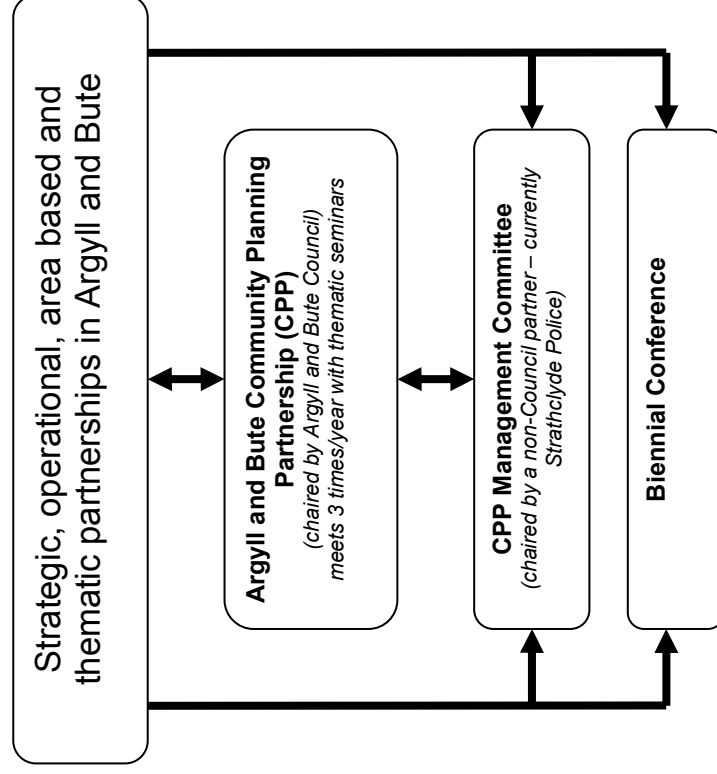
Argyll and Bute Community Planning Partnership

In Argyll and Bute the Community Planning Partnership enables public, private, community and voluntary sector organisations to work together to improve services for the people of Argyll and Bute.

The Community Planning Partnership structure has evolved as partnership working has been increasingly recognised as a valuable way of working, but also to change or remove areas where there is duplication or ineffective working.

No one agency or organisation working in isolation can make a real difference to local quality of life, or achieve what many people want for their communities. Community Planning partners are involved in many partnerships across Argyll and Bute, varying enormously in size and remit and ranging from the formally constituted to more informal time limited groups dealing with specific issues or topics.

In Argyll and Bute the CPP has evolved to be an effective interlinked network of partnerships and as such has developed a web like structure rather than a conventional hierarchy. This structure enables the CPP to be pro-active in addressing issues that affect Argyll and Bute.

The Full partnership only meets three times a year, is chaired by the Council and enables all the partners to come together to gather and disseminate information. The Management Committee which meets every eight weeks is always chaired and hosted by a partner organisation. The Management Committee is where issues can be raised that requires the attention of Community Planning or another existing partnership.

The Community Plan that was developed through consultation and published in June of 2007 incorporated an Action Plan where the outcomes for the Argyll and Bute CPP were set out for the next ten years. As part of the monitoring and reporting of partner and partnership achievements the action plan updated every six months.

Strategic, operational, area based and thematic partnerships in Argyll and Bute

Argyll and Bute Community Planning Partnership (CPP)
(chaired by Argyll and Bute Council)
meets 3 times/year with thematic seminars

CPP Management Committee
(chaired by a non-Council partner – currently Strathclyde Police)

Biennial Conference

Transition to the Fairer Scotland Fund

<mark>XXXX explain how this is happening – will complete this bit after CPP meeting on the 14th March</mark>

<mark>XXXX include contraction from carry forward of BNSF</mark>

Future changes

The Community Plan focus is on long term outcomes, developing the SOA for Argyll and Bute will enable us to build in short and medium term targets.

The Community Planning Biennial Conference to be held early in 2009 will be part of the process of involving all Community Planning partners in the development of Argyll and Bute's Single Outcome Agreement. The CP partners will be able to revise and review the Community Planning long term goals in terms of the short and medium term targets set out in the SOA.

Outcomes and commitments

Argyll and Bute Council welcomes the concordat between the Scottish Government and COSLA and clarity and focus this brings to the strategic planning for the public sector in Scotland.

Our approach

The relationships between national objectives, national indicators/targets, local priorities and actions to deliver services from a multitude of partners creates a complex web of relations that is difficult to explain or visualise.

We have focused attention on linking service delivery actions to the national priorities so that there is a consistent 'golden thread' from Scottish objective to delivery in Argyll and Bute. People delivering services can see how they contribute to national goals.

This agreement has been developed with the aim of representing community planning partner contributions as fully as possible from the outset. The processing of engaging partners in the process of developing the agreement will be refined and strengthened in the coming year – for some partners the process in the first year has been about developing a better understanding rather than contributing in more detail.

Connecting aims to action

The five Scottish Government objectives give a clear sense of direction and a long term goal, but are also expressed in terms that are more general. Linking local strategic objectives from the Council and partners to the five national objectives provides some details, but not sufficient to enable effective mapping of actions to outcomes.

The fifteen national outcomes give a clear feel for what is expected in the medium term and make the mapping process easier. We can start to pick out more detail to help us understand how we can take action, but without getting into the detail that would swamp our strategic overview. We have used the fifteen national outcomes as a common reference point. We have linked them with the Scottish Government objectives and also to our local objectives and service delivery outcomes and outputs.

These links enable us to show how services delivered by public sector partners in Argyll and Bute contribute to achievement of the Scottish Government objectives and help us to highlight where the Scottish Government needs to focus its attention in Argyll and Bute.

The high level detail is reported in this agreement. The full detail is very complex and is recorded in other plans and strategies.

==XXXX diagram to show the links???==

Argyll and Bute Community Planning Vision and Themes		Argyll and Bute Council Strategic Objectives
	Outstanding Environment	Promoting our cultural, social and natural heritage and protecting our unique area
Leading Rural Area	Vibrant Communities	Affecting demographic change, caring for vulnerable people and lifelong learning
		Creating an attractive, well connected, modern economy
	Forward Looking	Improving, innovative, proactive and successful

Where the Council Strategic Objectives are:
- Environment
- Social Change
- Economy
- Organisational Development

XXXX how does this work for other CPP partners? – do we change for 2009?

Scottish Government objectives	
Wealthier and Fairer	Enable businesses and people to increase their wealth and more people to share fairly in that wealth
Smarter	Expand opportunities for Scots to succeed from nurture through to life long learning, ensuring higher and more widely shared achievements
Healthier	Help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care
Safer and Stronger	Help local communities to flourish, becoming stronger, safer places to live, offering improved opportunities and a better quality of life
Greener	Improve Scotland's natural and built environment and the sustainable use and enjoyment of it

| Scottish Government					National outcomes	Argyll and Bute			
Wealthier and Fairer	Smarter	Healthier	Safer and Stronger	Greener		OE – Environment	VC – Social Change	VC – Economy	FL – Organisational Development
✓	✓				1. We live in a Scotland that is the most attractive place for doing business in Europe.	✓	✓	✓	
✓	✓		✓		2. We realise our full economic potential with more and better employment opportunities for our people.	✓	✓	✓	✓
✓	✓				3. We are better educated, more skilled and more successful, renowned for our research and innovation.	✓	✓	✓	✓
	✓	✓	✓		4. Our young people are successful learners, confident individuals, effective contributors and responsible citizens.	✓	✓		✓
	✓	✓	✓		5. Our children have the best start in life and are ready to succeed.		✓		
		✓	✓	✓	6. We live longer, healthier lives.		✓		
✓	✓	✓	✓		7. We have tackled the significant inequalities in Scottish society.		✓	✓	
✓		✓	✓		8. We have improved the life chances for children, young people and families at risk.	✓	✓		
✓		✓	✓		9. We live our lives safe from crime, disorder and danger.		✓		
		✓	✓	✓	10. We live in well-designed, sustainable places where we are able to access the amenities and services we need.	✓	✓	✓	✓
			✓		11. We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.	✓		✓	✓
			✓	✓	12. We value and enjoy our built and natural environment and protect it and enhance it for future generations.	✓	✓	✓	
✓			✓	✓	13. We take pride in a strong, fair and inclusive national identity.	✓	✓	✓	
✓				✓	14. We reduce the local and global environmental impact of our consumption and production.	✓	✓	✓	
✓	✓	✓	✓		15. Our public services are high quality, continually improving, efficient and responsive to local people's needs.	✓	✓	✓	✓

Our agreed outcomes

Each national outcome has been developed into a form that 'tells a story' for that outcome in the context of Argyll and Bute. They draw on the nationally agreed template, but with some modifications to improve the flow of information and to maintain the strategic focus of this agreement.

Each outcome is structured as follows:

- a statement of the national outcome
- a local ranking with a brief summary to explain the significance for Argyll and Bute
- key local outcomes and targets with detail of the CPP lead partner – these are the actions that local partners will deliver
- detail of topic areas where there is need for Scottish Government support
- each outcome is referenced so that there is an easy path to follow for further detail in plans owned by partners and partnerships
- references for the relevant national indicators and targets
- a named political lead from Argyll and Bute Council
- a named strategic management lead drawn from directors/senior managers across the community planning partnership

The local ranking system is a simple mechanism to flag up attention on the outcomes where we believe that there is greatest need for Scottish Government involvement. The outcomes are ranked using a system of exclamation marks as detailed below:

!!!	The most important where the future success of Argyll and Bute is critically dependent on support from the Scottish Government **(5 outcomes are in this category)**
!!	This is important and requires some support from the Scottish Government, but there are significant local actions where CPP partners will make a difference **(6 outcomes are in this category)**
!	We are doing well on this outcome and the required actions are managed effectively by the local partners. Scottish Government support should continue at similar levels **(4 outcomes are in this category)**

Outcome references are detailed with prefixes as follows:

- SD – strategic delivery from Argyll and Bute Council corporate plan
- C – campaigning topics from Argyll and Bute Council corporate plan
- H, E, A and T – the different elements of the national HEAT targets for the NHS

Further details are available in the appendix of reference materials where summary tables show the links between the outcomes delivered by partners and the National Outcomes for each partner organisation.

National Outcome 1 – We live in a Scotland that is the most attractive place for doing business in Europe.

!!! We need more investment in Argyll and Bute – especially from the private sector to reduce dependence on the public sector. The Scottish Government is an essential partner.

Key local outcomes, indicators and targets		CPP lead partner	Target
SD3	Development of an indicative forestry strategy to facilitate better design and management of forestry operations to bring environmental, commercial and employment benefits to Argyll and Bute.	ABC	October 2008
SD7c	Development of a long term vision to 2030 for the release of land around Helensburgh and Cardross to help sustain and grow those communities	ABC	April 2009
SD8a	Improvements to key sections of the roads network (With STAG appraisals on strategic schemes)	ABC	2008-2014
SD9	Development and delivery of agreed regeneration plans for each of the waterfront towns in Argyll and Bute.	ABC	June 2008
SD10a	Creation of a high quality image/brand to attract investment and people to the area.	ABC	2008
Campaigning topics – the areas where we need Scottish Government support			
C1a	Condition and extent of the trunk network		
C4b	Tourism		
C5c	Northern Ireland links		
C7b	Jobs/careers		
National indicators and targets			
1, 2, 3, 6 and 41			

Political Lead: Cllr Robert Macintyre, Robert.Macintyre@argyll-bute.gov.uk

Strategic Management Lead: George Harper, Director, Argyll and Bute Council, George.Harper@argyll-bute.gov.uk

National Outcome 2 – We realise our full economic potential with more and better employment opportunities for our people.

Sustainable economic growth is essential to the future of Argyll and Bute's communities, especially those in more remote or fragile areas. Without this growth young people will continue to leave the area and communities continue the trend towards older population profile and decline.

Key local outcomes, indicators and targets		CPP lead partner	Target
SD1a	Development of an energy strategy for Argyll and Bute to enable strategic management of renewable energy developments to maximise the contribution to national needs without compromising sensitive areas.	ABC	November 2008
SD3	Development of an indicative forestry strategy to facilitate better design and management of forestry operations to bring environmental, commercial and employment benefits to Argyll and Bute.	ABC	October 2008
SD5c	The Council will implement a proactive recruitment strategy to attract and support the development of high calibre candidates to posts at all levels in education.	ABC	August 2009
SD7a	Promote housing development to meet local needs through the Local Housing Strategy.	ABC	December 2009
SD7c	Development of a long term vision to 2030 for the release of land around Helensburgh and Cardross to help sustain and grow those communities	ABC	April 2009
SD8a	Improvements to key sections of the roads network (With STAG appraisals on strategic schemes)	ABC	2008-2014
SD8b	Improved facilities for public transport – including ferries	ABC	2010-2014
SD9	Development and delivery of agreed regeneration plans for each of the waterfront towns in Argyll and Bute.	ABC	June 2008
SD10b	Work with local producers to promote Argyll and Bute as an area that produces high quality food.	ABC	2008
SD11	Establishment of a corporate business change and improvement team to improve the experience of service users and improve the reputation of Argyll and Bute Council	ABC	June 2008
SD13a	Analysis of Council services and dialogue with partners locally on integration as part of the Shared Services Diagnostic Project.	ABC	June 2008
SD13b	Working with partners nationally on shared services to improve efficiency and employment prospects in Argyll and Bute.	ABC	Ongoing

SD14	Developing dialogue in rural areas on the means to boost the social economy as an important contributor to local service delivery	ABC	March 2008 and ongoing
Campaigning topics – the areas where we need Scottish Government support			
C1a	Condition and extent of the trunk network		
C1b	Funding to maintain and improve the rural road network		
C2a	Creation of a Kintyre and Islay Regional Power Zone		
C2b	Enhanced grid capacity to enable growth for commercial and community benefit from renewables		
C3a	Rejuvenation of the main towns		
C3b	Agriculture, forestry, aquaculture and fishing		
C4a	Coastal and Marine National Park		
C4b	Tourism		
C5a	Fast frequent services and inter-island links		
C5b	Road Equivalent Tariff		
C5c	Northern Ireland links		
C7b	Jobs/careers		
C9	Supersparsity - Cost of service delivery		
National indicators and targets			
1, 2, 3, 5, 6, 7, 10, 13, 15, 27, 38 and 40			

Political Lead: Cllr Duncan MacIntyre, Duncan.MacIntyre@argyll-bute.gov.uk

Strategic Management Lead: George Harper, Director, Argyll and Bute Council, George.Harper@argyll-bute.gov.uk

National Outcome 3 – We are better educated, more skilled and more successful, renowned for our research and innovation.

Education performance is very good, but there is a need for support to translate that into local innovation and business growth. If this does not occur the well educated young people of Argyll and Bute will continue to leave and the difficulty of attracting inward migrants will continue. There has been local action to address the need for vocational skills, e.g. in construction, but more support would be useful.

	Key local outcomes, indicators and targets	CPP lead partner	Target
SD2	Introduction of modern waste management techniques to reduce waste going to landfill and improve recycling	ABC	March 2010
SD3	Development of an indicative forestry strategy to facilitate better design and management of forestry operations to bring environmental, commercial and employment benefits to Argyll and Bute.	ABC	October 2008
SD5b	Schools will be challenged and supported to ensure that, in HMIE inspection reports and following School Reviews evaluations will continue to improve.	ABC	June 2010 Minimum level Good and 75% will be Very Good
SD10b	Work local producers to promote Argyll and Bute as an area that produces high quality food.	ABC	2008
SD11	Establishment of a corporate business change and improvement team to improve the experience of service users and improve the reputation of Argyll and Bute Council	ABC	June 2008
SD12	Introduction of Pyramid performance management system and subsequent action focused on culture change	ABC	May 2009
SD13a	Analysis of Council services and dialogue with partners locally on integration as part of the Shared Services Diagnostic Project.	ABC	June 2008
SD14	Developing dialogue in rural areas on the means to boost the social economy as an important contributor to local service delivery	ABC	March 2008 and ongoing
Campaigning topics – the areas where we need Scottish Government support			
C2a	Creation of a Kintyre and Islay Regional Power Zone		

C3b	Agriculture, forestry, aquaculture and fishing
C4c	Shared services
C5a	Fast frequent services and inter-island links
C7c	Vocational education
National indicators and targets	
1, 2, 3, 5, 6, 7, 30, 32, 38, 41 and 43	

Political Lead: Cllr Isobel Strong, Isobel.Strong@argyll-bute.gov.uk
XXXX TO BE CONFIRMED
Strategic Management Lead: XXXXX HIE – name to be identified – or George Harper??

National Outcome 4 – Our young people are successful learners, confident individuals, effective contributors and responsible citizens.

The education and personal development of young people in Argyll and Bute is something where we excel. The issue is that these young people leave the area to pursue their education and career opportunities.

Key local outcomes, indicators and targets		CPP lead partner	Target
SD1b	Agreement of strategic concordats with renewable energy companies to deliver community benefits.	ABC	November 2008
SD4	Promoting the culture and heritage of Argyll and Bute under the Homecoming 2009 banner to raise the profile of Argyll and Bute and encourage more people to visit the area.	ABC	December 2009
SD5a	Investment in the school estate to improve, renew or dispose of facilities to create more effective environments for learning and teaching. (Refers to agreement of investment strategy.)	ABC	June 2008
SD5b	Schools will be challenged and supported to ensure that, in HMIE inspection reports and following School Reviews evaluations will continue to improve.	ABC	June 2010 Minimum level Good and 75% will be Very Good
SD14	Developing dialogue in rural areas on the means to boost the social economy as an important contributor to local service delivery	ABC	March 2008 and ongoing
Campaigning topics – the areas where we need Scottish Government support			
C3a	Rejuvenation of the main towns		
C7c	Vocational education		
C9	Supersparsity - Cost of service delivery		
National indicators and targets			
5, 6, 7, 8 and 12			

Political Lead: Cllr Isobel Strong, Isobel.Strong@argyll-bute.gov.uk

Strategic Management Lead: Douglas Hendry, Director, Argyll and Bute Council, Douglas.Hendry@argyll-bute.gov.uk

National Outcome 5 – Our children have the best start in life and are ready to succeed.

This is an area where Argyll and Bute does very well already.

Key local outcomes, indicators and targets		CPP lead partner	Target
SD5a	Investment in the school estate to improve, renew or dispose of facilities to create more effective environments for learning and teaching. (Refers to agreement of investment strategy.)	ABC	June 2008
SD5b	Schools will be challenged and supported to ensure that, in HMIE inspection reports and following School Reviews evaluations will continue to improve.	ABC	June 2010 Minimum level Good and 75% will be Very Good
SD6	Significantly improve the performance of social work through implementation of the improvement plan following the internal review and SWIA inspection.	ABC	December 2008
SD7b	Eradication of homelessness by 2012. Interim target of assessing 80% of all Homeless applications as priority need by 2009.	ABC	2012
H2	80% of all three to five year old children to be registered with an NHS dentist by 2010/2011.	ABCHP	XXXX
H3	Achieve agreed completion rates for child healthy weight intervention programme by 2010/2011.	ABCHP	XXXX
H7	Increase the proportion of new-born children exclusively breastfed at 6-8 weeks from 26.6% in 2006/2007 to 33.3% in 2010/2011.	ABCHP	XXXX
Campaigning topics – the areas where we need Scottish Government support			
C5a	Fast frequent services and inter-island links		
C7a	Housing		
National indicators and targets			
7, 8, 9, 10, 11, 12, 14, 16 and 44			

Political Lead: Cllr Isobel Strong, Isobel.Strong@argyll-bute.gov.uk

Strategic Management Lead: Douglas Hendry, Director, Argyll and Bute Council, Douglas.Hendry@argyll-bute.gov.uk

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National Outcome 6 – We live longer, healthier lives.

There are some significant challenges in this area, but in general the health of the population in Argyll and Bute is better than most areas of Scotland.

Key local outcomes, indicators and targets	CPP lead partner	Target
SD6 Significantly improve the performance of social work through implementation of the improvement plan following the internal review and SWIA inspection.	ABC	December 2008
SD7b Eradication of homelessness by 2012. Interim target of assessing 80% of all Homeless applications as priority need by 2009.	ABC	2012
H1 Reduce mortality from Coronary Heart Disease among the under 75s in deprived areas.	ABCHP	XXXX
H2 80% of all three to five year old children to be registered with an NHS dentist by 2010/2011.	ABCHP	XXXX
H3 Achieve agreed completion rates for child healthy weight intervention programme by 2010/2011.	ABCHP	XXXX
H4 Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by 2010/2011.	ABCHP	XXXX
H5 Reduce 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.	ABCHP	XXXX
H6 Through smoking cessation services, support 8% of your Board's smoking population in successfully quitting (at one month post quit) over the period 2008/2009 – 2010/2011.	ABCHP	XXXX
H7 Increase the proportion of new-born children exclusively breastfed at 6-8 weeks from 26.6% in 2006/2007 to 33.3% in 2010/2011.	ABCHP	XXXX
A1 Ensure that anyone contacting their GP surgery has guaranteed access to a GP, nurse or other health care professional within 48 hours.	ABCHP	XXXX
A2 The maximum wait from urgent referral to treatment for all cancers is two months.	ABCHP	XXXX
A4 As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 15 weeks from GP referral to a first outpatient appointment from 31 March 2009.	ABCHP	XXXX
A5 As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 15 weeks for inpatient or day case treatment from 31 March 2009.	ABCHP	XXXX

A6	As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 6 weeks for one of the 8 key diagnostic tests from 31 March 2009.	ABCHP	XXXX
T1	By 2008/2009, we will reduce the proportion of older people (aged 65+) who are admitted as an emergency inpatient 2 or more times in a single year by 20% compared with 2004/2005 and reduce, by 10%, emergency inpatient bed days for people aged 65 and over by 2008.	ABCHP	XXXX
T3	Reduce the annual rate of increase of defined daily dose per capita of anti-depressants to zero by 2009/2010, and put in place the required support framework to achieve a 10% reduction in future years.	ABCHP	XXXX
T4	Reduce the number of readmissions (within one year for those that have had a psychiatric hospital admission of over 7 days by 10% by the end of December 2009).	ABCHP	XXXX
T5	To reduce all staphylococcus aureus bacteraemia (including MRSA) by 30% by 2010.	ABCHP	XXXX
T6	To achieve agreed reductions in the rates of hospital admissions and bed days of patients with primary diagnosis of COPD, Asthma, Diabetes or CHD, from 2006/2007 to 2010/2011.	ABCHP	XXXX
T8	Increase the level of older people with complex care needs receiving care at home.	ABCHP	XXXX
T9	Each NHS Board will achieve agreed improvements in the early diagnosis and management of patients with a dementia by March 2011.	ABCHP	XXXX
Campaigning topics – the areas where we need Scottish Government support			
C7a	Housing		
C10a	Rural deprivation		
C10b	Excluded groups		
National indicators and targets			
10, 11, 14, 15, 16, 17, 18, 19, 20, 21, 26, 29, 36, 37 and 44			

Political Lead: Cllr Donald McIntosh, Donald.McIntosh@argyll-bute.gov.uk

XXXX TO BE CONFIRMED

Strategic Management Lead: Derek Leslie, General Manager, Argyll and Bute CHP, derek.leslie@nhs.net

National Outcome 7 – We have tackled the significant inequalities in Scottish society.

We have issues of dispersed rural deprivation and small concentrations in the urban centres, but nothing like the major conurbations.

Key local outcomes, indicators and targets		CPP lead partner	Target
SD5b	Schools will be challenged and supported to ensure that, in HMIE inspection reports and following School Reviews evaluations will continue to improve.	ABC	June 2010 Minimum level Good and 75% will be Very Good
SD6	Significantly improve the performance of social work through implementation of the improvement plan following the internal review and SWIA inspection.	ABC	December 2008
SD7b	Eradication of homelessness by 2012. Interim target of assessing 80% of all Homeless applications as priority need by 2009.	ABC	2012
SD8b	Improved facilities for public transport – including ferries	ABC	2010-2014
H1	Reduce mortality from Coronary Heart Disease among the under 75s in deprived areas.	ABCHP	XXXX
H2	80% of all three to five year old children to be registered with an NHS dentist by 2010/2011.	ABCHP	XXXX
H3	Achieve agreed completion rates for child healthy weight intervention programme by 2010/2011.	ABCHP	XXXX
H4	Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by 2010/2011.	ABCHP	XXXX
H6	Through smoking cessation services, support 8% of your Board's smoking population in successfully quitting (at one month post quit) over the period 2008/2009 – 2010/2011.	ABCHP	XXXX
H7	Increase the proportion of new-born children exclusively breastfed at 6-8 weeks from 26.6% in 2006/2007 to 33.3% in 2010/2011.	ABCHP	XXXX
A1	Ensure that anyone contacting their GP surgery has guaranteed access to a GP, nurse or other health care professional within 48 hours.	ABCHP	XXXX
A2	The maximum wait from urgent referral to treatment for all cancers is two months.	ABCHP	XXXX
T6	To achieve agreed reductions in the rates of hospital admissions and bed days of patients with primary diagnosis of COPD, Asthma, Diabetes or CHD, from 2006/2007 to 2010/2011.	ABCHP	XXXX

Campaigning topics – the areas where we need Scottish Government support	
C5a	Fast frequent services and inter-island links
C7a	Housing
C9	Supersparsity - Cost of service delivery
C10a	Rural deprivation
C10b	Excluded groups
National indicators and targets	
7, 8, 9, 10, 11, 12, 14, 15, 16, 21, 22, 28, 30, 31, 37 and 44	

Political Lead: Cllr George Freeman, George.Freeman@argyll-bute.gov.uk

Strategic Management Lead: Douglas Hendry, Director, Argyll and Bute Council, Douglas.Hendry@argyll-bute.gov.uk

National Outcome 8 – We have improved the life chances for children, young people and families at risk.

		CPP lead partner	Target
!!	Deprivation and poverty are not the main issues in Argyll and Bute. There are some challenges that need Scottish Government support – especially where we have to deliver services in remote and rural communities.		

Key local outcomes, indicators and targets

		CPP lead partner	Target
SD5b	Schools will be challenged and supported to ensure that, in HMIE inspection reports and following School Reviews evaluations will continue to improve.	ABC	June 2010 Minimum level Good and 75% will be Very Good
SD6	Significantly improve the performance of social work through implementation of the improvement plan following the internal review and SWIA inspection.	ABC	December 2008
SD7b	Eradication of homelessness by 2012. Interim target of assessing 80% of all Homeless applications as priority need by 2009.	ABC	2012
H4	Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by 2010/2011.	ABCHP	XXXX
H7	Increase the proportion of new-born children exclusively breastfed at 6-8 weeks from 26.6% in 2006/2007 to 33.3% in 2010/2011.	ABCHP	XXXX

Campaigning topics – the areas where we need Scottish Government support

C7a	Housing
C7b	Jobs/careers
C10a	Rural deprivation
C10b	Excluded groups

National indicators and targets

2, 7, 8, 9, 10, 12, 16, 17, 18, 22, 29, 30, 37, 43 and 44

Political Lead: Cllr Donald McIntosh, Donald.McIntosh@argyll-bute.gov.uk

Strategic Management Lead: Douglas Hendry, Director, Argyll and Bute Council, Douglas.Hendry@argyll-bute.gov.uk

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National Outcome 9 – We live our lives safe from crime, disorder and danger.

		CPP lead partner	Target
🙂	Argyll and Bute is a safe place to live. There are relatively minor problems in some of the urban centres, usually related to alcohol.		
Key local outcomes, indicators and targets		ABC	December 2008
SD6	Significantly improve the performance of social work through implementation of the improvement plan following the internal review and SWIA inspection.	ABC	December 2008
H4	Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by 2010/2011.	ABCHP	XXXX
T4	Reduce the number of readmissions (within one year for those that have had a psychiatric hospital admission of over 7 days by 10% by the end of December 2009).	ABCHP	XXXX
T5	To reduce all staphylococcus aureus bacteraemia (including MRSA) by 30% by 2010.	ABCHP	XXXX
Campaigning topics – the areas where we need Scottish Government support			
C3a	Rejuvenation of the main towns		
C10b	Excluded groups		
National indicators and targets			
	9, 10, 16, 18, 23, 24, 25, 28, 29, 31 and 43		

Political Lead: Cllr George Freeman, George.Freeman@argyll-bute.gov.uk
XXXX TO BE CONFIRMED
Strategic Management Lead: Raymond Park, Superintendent, Strathclyde Police, Raymond.Park@strathclyde.pnn.police.uk

National Outcome 10 – We live in well-designed, sustainable places where we are able to access the amenities and services we need.

This is a high priority because of the need for significant investment in: the main towns of Argyll and Bute; transportation infrastructure; and improved provision of services to remote and fragile communities

	Key local outcomes, indicators and targets	CPP lead partner	Target
SD1b	Agreement of strategic concordats with renewable energy companies to deliver community benefits.	ABC	November 2008
SD2	Introduction of modern waste management techniques to reduce waste going to landfill and improve recycling	ABC	March 2010
SD5b	Schools will be challenged and supported to ensure that, in HMIE inspection reports and following School Reviews evaluations will continue to improve.	ABC	June 2010 Minimum level Good and 75% will be Very Good
SD7a	Promote housing development to meet local needs through the Local Housing Strategy.	ABC	December 2009
SD7b	Eradication of homelessness by 2012. Interim target of assessing 80% of all Homeless applications as priority need by 2009.	ABC	2012
SD7c	Development of a long term vision to 2030 for the release of land around Helensburgh and Cardross to help sustain and grow those communities	ABC	April 2009
SD8a	Improvements to key sections of the roads network (With STAG appraisals on strategic schemes)	ABC	2008-2014
SD8b	Improved facilities for public transport – including ferries	ABC	2010-2014
SD9	Development and delivery of agreed regeneration plans for each of the waterfront towns in Argyll and Bute.	ABC	June 2008
SD11	Establishment of a corporate business change and improvement team to improve the experience of service users and improve the reputation of Argyll and Bute Council	ABC	June 2008

Code	Description	Owner	Date
SD12	Introduction of Pyramid performance management system and subsequent action focused on culture change	ABC	May 2009
SD13a	Analysis of Council services and dialogue with partners locally on integration as part of the Shared Services Diagnostic Project.	ABC	June 2008
SD14	Developing dialogue in rural areas on the means to boost the social economy as an important contributor to local service delivery	ABC	March 2008 and ongoing
H5	Reduce 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.	ABCHP	XXXX
A1	Ensure that anyone contacting their GP surgery has guaranteed access to a GP, nurse or other health care professional within 48 hours.	ABCHP	XXXX
A3	To respond to 75% of Category A calls within 8 minutes from April 2009 onwards across mainland Scotland.	ABCHP	XXXX
A5	As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 15 weeks for inpatient or day case treatment from 31 March 2009.	ABCHP	XXXX
A6	As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 6 weeks for one of the 8 key diagnostic tests from 31 March 2009.	ABCHP	XXXX
T3	Reduce the annual rate of increase of defined daily dose per capita of anti-depressants to zero by 2009/2010, and put in place the required support framework to achieve a 10% reduction in future years.	ABCHP	XXXX
T8	Increase the level of older people with complex care needs receiving care at home.	ABCHP	XXXX
Campaigning topics – the areas where we need Scottish Government support			
C1a	Condition and extent of the trunk network		
C1b	Funding to maintain and improve the rural road network		
C2b	Enhanced grid capacity to enable growth for commercial and community benefit from renewables		
C3a	Rejuvenation of the main towns		
C5a	Fast frequent services and inter-island links		
C5b	Road Equivalent Tariff		
C6	Access to services and support for key/iconic services		
C7a	Housing		
C7b	Jobs/careers		

C7c	Vocational education
C8a	Joint working
C9	Supersparsity - Cost of service delivery
C10a	Rural deprivation
C10b	Excluded groups
National indicators and targets	
4, 6, 13, 19, 20, 21, 22, 26, 27, 28, 32, 34, 36, 37, 42, 43, 44 and 45	

Political Lead: Cllr Len Scoullar, Len.Scoullar@argyll-bute.gov.uk

Strategic Management Lead: George Harper, Director, Argyll and Bute Council, George.Harper@argyll-bute.gov.uk

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

	Out-migration of young people and in migration of older people is gradually weakening our traditionally strong communities. Investment to promote in-migration by young people is essential to the long term sustainable future of Argyll and Bute's communities.		
Key local outcomes, indicators and targets		**CPP lead partner**	**Target**
SD1b	Agreement of strategic concordats with renewable energy companies to deliver community benefits.	ABC	November 2008
SD7c	Development of a long term vision to 2030 for the release of land around Helensburgh and Cardross to help sustain and grow those communities	ABC	April 2009
SD8a	Improvements to key sections of the roads network (With STAG appraisals on strategic schemes)	ABC	2008-2014
SD9	Development and delivery of agreed regeneration plans for each of the waterfront towns in Argyll and Bute.	ABC	June 2008
SD10a	Creation of a high quality image/brand to attract investment and people to the area.	ABC	2008
SD11	Establishment of a corporate business change and improvement team to improve the experience of service users and improve the reputation of Argyll and Bute Council	ABC	June 2008
SD14	Developing dialogue in rural areas on the means to boost the social economy as an important contributor to local service delivery	ABC	March 2008 and ongoing
T3	Reduce the annual rate of increase of defined daily dose per capita of anti-depressants to zero by 2009/2010, and put in place the required support framework to achieve a 10% reduction in future years.	ABCHP	XXXX
T8	Increase the level of older people with complex care needs receiving care at home.	ABCHP	XXXX
Campaigning topics – the areas where we need Scottish Government support			
C2b	Enhanced grid capacity to enable growth for commercial and community benefit from renewables		
C3a	Rejuvenation of the main towns		
C5a	Fast frequent services and inter-island links		
C6	Access to services and support for key/iconic services		
C10a	Rural deprivation		
C10b	Excluded groups		
National indicators and targets			

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7, 10, 13, 15, 18, 20, 21, 22, 23, 24, 26, 28, 29, 31, 32, 33, 34, 35, 36, 39 and 41

Political Lead: Cllr George Freeman, George.Freeman@argyll-bute.gov.uk
XXXX TO BE CONFIRMED
Strategic Management Lead: Raymond Park, Superintendent, Strathclyde Police, Raymond.Park@strathclyde.pnn.police.uk

National Outcome 12 – We value and enjoy our built and natural environment and protect it and enhance it for future generations.

!:

This is a !:, but reflects a mixed picture. There is a significant need for investment in the main towns of Argyll and Bute (!!!) to improve the fabric and infrastructure to make them more attractive places to live, work and visit. The natural environment is generally well regarded and protected (!) with some help required to promote the area sensitively to encourage visits from 'high value' tourists – i.e. promoting Argyll and Bute as a quality destination

Key local outcomes, indicators and targets	CPP lead partner	Target
SD1a	Development of an energy strategy for Argyll and Bute to enable strategic management of renewable energy developments to maximise the contribution to national needs without compromising sensitive areas.	ABC	November 2008
SD1b	Agreement of strategic concordats with renewable energy companies to deliver community benefits.	ABC	November 2008
SD2	Introduction of modern waste management techniques to reduce waste going to landfill and improve recycling	ABC	March 2010
SD3	Development of an indicative forestry strategy to facilitate better design and management of forestry operations to bring environmental, commercial and employment benefits to Argyll and Bute.	ABC	October 2008
SD4	Promoting the culture and heritage of Argyll and Bute under the Homecoming 2009 banner to raise the profile of Argyll and Bute and encourage more people to visit the area.	ABC	December 2009
SD7a	Promote housing development to meet local needs through the Local Housing Strategy.	ABC	December 2009
SD7c	Development of a long term vision to 2030 for the release of land around Helensburgh and Cardross to help sustain and grow those communities	ABC	April 2009
SD9	Development and delivery of agreed regeneration plans for each of the waterfront towns in Argyll and Bute.	ABC	June 2008
SD10a	Creation of a high quality image/brand to attract investment and people to the area.	ABC	2008
Campaigning topics – the areas where we need Scottish Government support		
C2a	Creation of a Kintyre and Islay Regional Power Zone		
C2b	Enhanced grid capacity to enable growth for commercial and community benefit from renewables		
C3a	Rejuvenation of the main towns		

C3b	Agriculture, forestry, aquaculture and fishing
C4a	Coastal and Marine National Park
C4b	Tourism
C5b	Road Equivalent Tariff
C7a	Housing
National indicators and targets	
4, 27, 28, 33, 34, 35, 37, 38, 39, 40 and 41	

Political Lead: Cllr Robert Macintyre, Robert.Macintyre@argyll-bute.gov.uk
XXXX TO BE CONFIRMED
Strategic Management Lead: Andrew Campbell, Area Manager, Scottish Natural Heritage, Andrew.Campbell@snh.gov.uk

National Outcome 13 – We take pride in a strong, fair and inclusive national identity.

	There is a very strong sense of local identity and pride in Argyll and Bute. There is a need to be more proactive about promoting the significant role that Argyll and Bute has played in Scotland's history and the contribution that can be made in future.		
Key local outcomes, indicators and targets		**CPP lead partner**	**Target**
SD4	Promoting the culture and heritage of Argyll and Bute under the Homecoming 2009 banner to raise the profile of Argyll and Bute and encourage more people to visit the area.	ABC	December 2009
SD10a	Creation of a high quality image/brand to attract investment and people to the area.	ABC	2008
Campaigning topics – the areas where we need Scottish Government support			
C2b	Enhanced grid capacity to enable growth for commercial and community benefit from renewables		
C4a	Coastal and Marine National Park		
C4b	Tourism		
National indicators and targets			
1, 13, 23, 24, 28, 33, 34, 37 and 41			

Political Lead: Cllr Robert Macintyre, Robert.Macintyre@argyll-bute.gov.uk

Strategic Management Lead: George Harper, Director, Argyll and Bute Council, George.Harper@argyll-bute.gov.uk

National Outcome 14 – We reduce the local and global environmental impact of our consumption and production.

Targeted investment by the Scottish Government can catalyse the development of significant capacity to generate renewable energy to reduce the climate change impact of Scotland. Effective management of this can provide long term employment and income to support rural communities like those in Argyll and Bute.

Key local outcomes, indicators and targets		CPP lead partner	Target
SD1a	Development of an energy strategy for Argyll and Bute to enable strategic management of renewable energy developments to maximise the contribution to national needs without compromising sensitive areas.	ABC	November 2008
SD2	Introduction of modern waste management techniques to reduce waste going to landfill and improve recycling	ABC	March 2010
SD3	Development of an indicative forestry strategy to facilitate better design and management of forestry operations to bring environmental, commercial and employment benefits to Argyll and Bute.	ABC	October 2008
SD5a	Investment in the school estate to improve, renew or dispose of facilities to create more effective environments for learning and teaching. (Refers to agreement of investment strategy.)	ABC	June 2008
SD8b	Improved facilities for public transport – including ferries	ABC	2010-2014
SD10b	Work local producers to promote Argyll and Bute as an area that produces high quality food.	ABC	2008
Campaigning topics – the areas where we need Scottish Government support			
C2a	Creation of a Kintyre and Islay Regional Power Zone		
C2b	Enhanced grid capacity to enable growth for commercial and community benefit from renewables		
C3b	Agriculture, forestry, aquaculture and fishing		
C4a	Coastal and Marine National Park		
C4b	Tourism		
National indicators and targets			
4, 6, 27, 32, 33, 35, 36, 38, 39 and 40			

Political Lead: Cllr Robert Macintyre, Robert.Macintyre@argyll-bute.gov.uk

Strategic Management Lead: Andy Law, Director, Argyll and Bute Council, Andrew.Law@argyll-bute.gov.uk

National Outcome 15 – Our public services are high quality, continually improving, efficient and responsive to local people's needs.

!?. The public sector is the main employer in the Argyll and Bute economy. The different partners are working to improving efficiency and effectiveness. There is a role for the Scottish Government to ensure that national efficiency measures do not draw jobs away from remote and rural areas. Job migration like this can have a disproportionate effect on rural communities.

Key local outcomes, indicators and targets	CPP lead partner	Target
SD2	Introduction of modern waste management techniques to reduce waste going to landfill and improve recycling	ABC	March 2010
SD5a	Investment in the school estate to improve, renew or dispose of facilities to create more effective environments for learning and teaching. (Refers to agreement of investment strategy.)	ABC	June 2008
SD5c	The Council will implement a proactive recruitment strategy to attract and support the development of high calibre candidates to posts at all levels in education.	ABC	August 2009
SD6	Significantly improve the performance of social work through implementation of the improvement plan following the internal review and SWIA inspection.	ABC	December 2008
SD7a	Promote housing development to meet local needs through the Local Housing Strategy.	ABC	December 2009
SD7b	Eradication of homelessness by 2012. Interim target of assessing 80% of all Homeless applications as priority need by 2009.	ABC	2012
SD8b	Improved facilities for public transport – including ferries	ABC	2010-2014
SD9	Development and delivery of agreed regeneration plans for each of the waterfront towns in Argyll and Bute.	ABC	June 2008
SD11	Establishment of a corporate business change and improvement team to improve the experience of service users and improve the reputation of Argyll and Bute Council	ABC	June 2008
SD12	Introduction of Pyramid performance management system and subsequent action focused on culture change	ABC	May 2009
SD13a	Analysis of Council services and dialogue with partners locally on integration as part of the Shared Services Diagnostic Project.	ABC	June 2008
SD13b	Working with partners nationally on shared services to improve efficiency and employment prospects in Argyll and Bute.	ABC	Ongoing

SD14	Developing dialogue in rural areas on the means to boost the social economy as an important contributor to local service delivery	ABC	March 2008 and ongoing
E1	Universal utilisation of CHI	ABCHP	XXXX
E2	NHS Boards to achieve a sickness absence rate of 4% from 31 March 2009.	ABCHP	XXXX
E3	NHS boards to ensure that all employees covered by Agenda for Change have an agreed KSF personal development plan by March 2009.	ABCHP	XXXX
E4	NHS Boards to deliver agreed improved efficiencies for 1st outpatient attendance DNA, non-routine inpatient average length of stay, review to new outpatient attendance ratio and day case rate by March 2011.	ABCHP	XXXX
E5	NHS boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement.	ABCHP	XXXX
E6	NHS boards to meet their cash efficiency target.	ABCHP	XXXX
E7	To increase the percentage of new GP outpatient referrals into consultant led secondary care services that are triaged online for clinical priority and appropriate recipient service to 90% from December 2010.	ABCHP	XXXX
A1	Ensure that anyone contacting their GP surgery has guaranteed access to a GP, nurse or other health care professional within 48 hours.	ABCHP	XXXX
A3	To respond to 75% of Category A calls within 8 minutes from April 2009 onwards across mainland Scotland.	ABCHP	XXXX
A4	As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 15 weeks from GP referral to a first outpatient appointment from 31 March 2009.	ABCHP	XXXX
A5	As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 15 weeks for inpatient or day case treatment from 31 March 2009.	ABCHP	XXXX
A6	As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 6 weeks for one of the 8 key diagnostic tests from 31 March 2009.	ABCHP	XXXX
A7	NHS Boards will achieve agreed reductions in the rates of attendance at A&E, from 2006/2007 to 2010/2011; and from end 2007 no patient will wait more than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment.	ABCHP	XXXX
T1	By 2008/2009, we will reduce the proportion of older people (aged 65+) who are admitted as an emergency inpatient 2 or more times in a single year by 20% compared with 2004/2005 and reduce, by 10%, emergency inpatient bed days for people aged 65 and over by 2008.	ABCHP	XXXX
T2	QIS clinical governance and risk management standards improving.	ABCHP	XXXX

T4	Reduce the number of readmissions (within one year for those that have had a psychiatric hospital admission of over 7 days by 10% by the end of December 2009).	ABCHP	XXXX
T5	To reduce all staphylococcus aureus bacteraemia (including MRSA) by 30% by 2010.	ABCHP	XXXX
T6	To achieve agreed reductions in the rates of hospital admissions and bed days of patients with primary diagnosis of COPD, Asthma, Diabetes or CHD, from 2006/2007 to 2010/2011.	ABCHP	XXXX
T7	Improvement in the quality of healthcare experience.	ABCHP	XXXX
T9	Each NHS Board will achieve agreed improvements in the early diagnosis and management of patients with a dementia by March 2011.	ABCHP	XXXX
Campaigning topics – the areas where we need Scottish Government support			
C1b	Funding to maintain and improve the rural road network		
C4c	Shared services		
C6	Access to services and support for key/iconic services		
C8a	Joint working		
C8b	Efficiencies and economies of scale		
C9	Supersparsity - Cost of service delivery		
National indicators and targets			
4, 7, 8, 9, 11, 12, 16, 19, 20, 21, 22, 24, 25, 26, 32, 36, 39, 41, 42, 43, 44 and 45			

Political Lead: Cllr James Robb, James.Robb@argyll-bute.gov.uk

Strategic Management Lead: Nigel Stewart, Director, Argyll and Bute Council, Nigel.Stewart@argyll-bute.gov.uk

Governance and delivery

High level strategic outcomes are not normally clearly linked to a single output from a single service provider. Many organisations and individuals contribute to an outcome and the relationship between cause and effect is not necessarily obvious. The relationship between service outputs and progress on outcomes sometimes takes awhile to become apparent – there is a need to build a credible 'story' over time to demonstrate that actions have affected outcomes.

The 'fuzziness' between the outputs of different providers and the outcomes can also mask areas where an output has no effect – i.e. where an activity has to stop or change to ensure that actions are directed towards strategic outcomes. People who are responsible for service delivery can be held accountable for their service output, but should not be held accountable for failure to change an outcome – the responsibility is shared across many people and many organisations.

The strategic overview and accountability in Argyll and Bute is maintained through nominated political and strategic management leads for each outcome.

The political leads ensure that there is democratic oversight and accountability for each outcome. The strategic management leads are senior directors/managers from different community planning partners who have been given the authority to bring together the relevant organisations to review progress and highlight areas where outputs have to change to ensure that there is effective progress towards the national outcomes.

These people will keep attention focused on the shared long term goal. They help to prevent the tendency of organisations to focus on their own outputs because that is what is within their control.

Political leads		
Councillor	**Spokesperson for**	**Remit**	**National outcomes**
Dick Walsh (leader)	Leadership and Organisational Development	Development and operation of the Council, performance, improvement and resources, local government and the public sector generally, corporate and strategic planning, best value, efficient government and shared services, Community Planning, democratic processes, leadership, equal opportunities, public sector reform, customer first	Strategic overview of all outcomes
Cllr Robert Macintyre (depute leader)	Economy, Environment and Rural Affairs	Strategic regeneration, economy, business and industry, vocational training, tourism, environment and sustainable development, natural heritage, planning and building standards, energy, agriculture, forest, fisheries	1, 12, 13 and 14

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Political leads

Councillor	Spokesperson for	Remit	National outcomes
Isobel Strong	Education and Lifelong Learning	School, pre-school, young people and lifelong learning	3, 4 and 5
Donald McIntosh	Social Services	Social Services, Community Health and wellbeing, arts, culture, leisure and sport	6 and 8
George Freeman	Housing and Communities	Housing, poverty, local area regeneration, voluntary sector	7, 9 and 11
Duncan MacIntyre	Transport and Infrastructure	Roads, transport and infrastructure	2
Len Scoullar	Islands	Development, sustaining communities, Initiative at the Edge, national and international island issues	10
James Robb	21st Century	Information and communication technology, procurement	15

The relevant strategic management leads are detailed below.

Strategic management leads

Name	Position	Organisation	National outcomes
James McLellan	Chief Executive	Argyll and Bute Council	Strategic overview of all outcomes
XXXX	XXXX	HIE	3
Douglas Hendry	Director	Argyll and Bute Council	4, 5, 7 and 8
Derek Leslie	General Manager	Argyll and Bute Community Health Partnership (CHP)	6
Raymond Park	Superintendent	Strathclyde Police	9 and 11
George Harper	Director	Argyll and Bute Council	1, 2, 10 and 13
Andrew Campbell	Area Manager	Scottish Natural Heritage	12
Andy Law	Director	Argyll and Bute Council	14
Nigel Stewart	Director	Argyll and Bute Council	15

XXXX performance management description here to highlight how the 'credible story' will develop over time

The Fairer Argyll and Bute Plan

XXXX what is the FAB plan – relationship with FSF, JHIP etc

XXXX detail of how the Fairer Scotland Fund stuff links in – do we have a cross reference to the main templates or a separate table?

XXXX in effect have the 4 page summary here (tweaked to fit) so that there is consistency with what we send to the Scottish Government – a more detaedil plan will be developed separately

XXXX include the stuff that Jeannie Holles has been doing on deprivation

Fairer Argyll and Bute Plan

New focus for activities targeting inequalities in Argyll and Bute

Strategic focus – inequalities and preventative action

Direction of travel – from geographic focus on specific urban communities to a thematic approach focused on all communities in Argyll and Bute.

2008/9 will see a transition from distinct activities funded by separate funding streams in different partners to a more integrated evidence-based approach to target action more effectively

Historic activities and funding streams

Transition – the same staff starting to work with a different mix of people and groups. Focus is on bringing together activities previously funded by Community Regeneration Fund, Community Voices, More Choices More Chances and Changing Children's Services funds. This includes significant review/changes prior to start of financial year to manage significant cut in funding.

Needs analysis to clarify priority issues to tackle in new thematic approach

Catalysing change – taking action to ensure that there is long-term capacity to support individuals and communities to develop local independent action and engagement in community planning processes

Integration – bringing together key activities to ensure integration, alignment, good connections and more effective partnership action focused on local needs. Primary focus will be on integration with JHIP, employability and European funding

Stakeholder involvement

Historically, the Council has ensured stakeholder involvement in Community Planning, the Corporate Plan and now with the Single Outcome Agreement.

The Community Planning Partnership gathers views from the Citizens Panel to help shape plans and policies. The Panel of 1200 citizens is demographically representative of the population of Argyll and Bute. In the Community Planning Partnership the key stakeholders are NHS Highland / Argyll and Bute Community Health Partnership, Strathclyde Fire and Rescue, Strathclyde Police, Highlands and Islands Enterprise, Scottish Enterprise - West Central Scotland, Forestry Commission, Scottish Natural Heritage, Strathclyde Passenger Transport / HITRANS, Visit Scotland, and the voluntary sector.

A challenge for the Community Planning Partnership is involving a voluntary sector that is not organised and our Fairer Argyll and Bute (FAB) action plan reflects the need to tackle this. Empowering community councils is likely to be part of this.

There was considerable stakeholder involvement in the development process for the Council's Corporate Plan that was published in September 2007. The process is outlined below:

Prior to the local government elections in May 2007, preparatory work was undertaken including:

- Scenario planning and discussion on lobbying topics
- Review of previous corporate plan
- Monitoring of Best Value Improvement and Development Plan
- Information from the Citizens Panel in relation to the community plan.

Following this, a series of consultation meetings to review plans, discuss topics and make links, were held with:

- Elected Members (at induction, full Council and Area Committees, and with Spokespersons)
- Community Planning biennial conference
- Council Heads of Service and Area Managers
- Citizens Panel focus groups.

We have developed the Single Outcome Agreement by involving local community planning partners, elected Members, and senior officers. As part of this, we have also considered the approaches recommended by CoSLA and the Scottish Government.

Future stakeholder involvement in the Single Outcome Agreement will be carried out at all three Community Planning Partnership meetings during 2008 followed by the biennial conference in spring 2009.

The Single Outcome Agreement will be monitored using the Council's Pyramid performance management system.

Performance management

National indicators and targets	Data source	Frequency	Last update	Scottish baseline	Scottish target	Argyll and Bute baseline	Argyll and Bute target
1 At least halve the gap in total research and development spending compared with EU average by 2011							
2 Increase the business start up rate							
3 Grow exports at a faster rate than average GDP							
4 Reduce the proportion of driver journeys delayed due to traffic congestion							
5 Increase the percentage of Scottish domiciled graduates from Scottish Higher Education Institutions in positive destinations							
6 Improve knowledge transfer from research activity in universities							
7 Increase the proportion of school leavers (from Scottish publicly funded schools) in positive and sustained destinations (FE, HE, employment or training)							
8 Increase the proportion of schools receiving positive inspection reports							

National indicators and targets	Data source	Frequency	Last update	Scottish baseline	Scottish target	Argyll and Bute baseline	Argyll and Bute target
9	Increase the overall proportion of area child protection committees receiving positive inspection reports							
10	Decrease the proportion of individuals living in poverty							
11	60% of school children in primary 1 will have no signs of dental disease by 2010							
12	Increase the proportion of pre-school centres receiving positive inspection reports							
13	Increase the social economy turnover							
14	Reduce the rate of increase in the proportion of children with their Body Mass Index outwith a healthy range by 2018							
15	Increase the average score of adults on the Warwick-Edinburgh Mental Wellbeing Scale by 2011							
16	Increase healthy life expectancy at birth in the most deprived areas							
17	Reduce the percentage of the adult population who smoke to 22% of adults by 2010							
18	Reduce alcohol related hospital admissions by 2011							
19	Achieve annual milestones for reducing inpatient or day case waiting times culminating in the delivery of an 18 week referral to treatment time from December 2011							
20	Reduce proportion of people aged 65 and over admitted as emergency inpatients 2 or more times in a single year							

National indicators and targets		Data source	Frequency	Last update	Scottish baseline	Scottish target	Argyll and Bute baseline	Argyll and Bute target
21	Reduce mortality from coronary heart disease among the under 75s in deprived areas							
22	All unintentionally homeless households will be entitled to settled accommodation by 2012							
23	Reduce overall reconviction rates by 2 percentage points by 2011							
24	Reduce overall crime victimisation rates by 2 percentage points by 2011							
25	Increase the percentage of criminal cases dealt with within 26 weeks by 3 percentage points by 2011							
26	Increase the percentage of people aged 65 and over with high levels of care needs who area cared for at home							
27	Increase the rate of new house building							
28	Increase the percentage of adults who rate their neighbourhood as a good place to live							
29	Decrease the estimated number of problem drug users in Scotland by 2011							
30	Reduce number of working age people with severe literacy and numeracy problems							
31	Increase positive public perception of the general crime rate in local area							
32	Reduce overall ecological footprint							
33	Increase to 95% the proportion of protected nature sites in favourable condition							
34	Improve the state of Scotland's historic buildings, monuments and environment							

	National indicators and targets	Data source	Frequency	Last update	Scottish baseline	Scottish target	Argyll and Bute baseline	Argyll and Bute target
35	Biodiversity: increase the index of abundance of terrestrial breeding birds							
36	Increase the proportion of journeys to work made by public or active transport							
37	Increase the proportion of adults making one or more visits to the outdoors per week							
38	50% of electricity generated in Scotland to come form renewable sources by 2020 (interim target of 31% by 2011)							
39	Reduce to 1.32 million tonnes waste sent to landfill by 2010							
40	Increase to 70% key commercial fish stocks at full reproductive capacity and harvested sustainably by 2015							
41	Improve people's perceptions, attitudes and awareness of Scotland's reputation							
42	Improve public sector efficiency through the generation of 2% cash releasing savings per annum							
43	Improve people's perceptions of the quality of public services delivered							
44	Improve the quality of healthcare experience							
45	Reduce the number of Scottish public bodies by 25% by 2011							

Reference materials

The information in this section provides more detail to expand on information in the main document.

Relationship between the national objectives and national indicators and targets
Argyll and Bute Council – summary of corporate plan links to the 15 national outcomes
Argyll and Bute Community Health Partnership (CHP) – HEAT target connections to the 15 national outcomes
SPT – alignment of regional transport strategy indicators to the 15 national outcomes

Relationship between the national outcomes and national indicators and targets

The matrix below highlights where we believe there are significant links between the 15 national outcomes and 45 indicators and targets.

National indicators and targets

Intersections marked with a "+" are taken from the Improvement Service analysis (ref e-mail from Gavin Whitefield – forwarded by James 19 December 2007)

National Outcomes

	National indicators and targets	At least halve the gap in total research and development spending compared with EU average by 2011
		1
1	We live in a Scotland that is the most attractive place for doing business in Europe.	✓
2	We realise our full economic potential with more and better employment opportunities for our people.	✓
3	We are better educated, more skilled and more successful, renowned for our research and innovation.	✓
4	Our young people are successful learners, confident individuals, effective contributors and responsible citizens.	
5	Our children have the best start in life and are ready to succeed.	
6	We live longer, healthier lives.	
7	We have tackled the significant inequalities in Scottish society.	
8	We have improved the life chances for children, young people and families at risk.	
9	We live our lives safe from crime, disorder and danger.	
10	We live in well-designed, sustainable places where we are able to access the amenities and services we need.	
11	We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.	
12	We value and enjoy our built and natural environment and protect it and enhance it for future generations.	
13	We take pride in a strong, fair and inclusive national identity.	✓
14	We reduce the local and global environmental impact of our consumption and production.	
15	Our public services are high quality, continually improving, efficient and responsive to local people's needs.	

National indicators and targets — National Outcomes

Intersections marked with a "+" are taken from the Improvement Service analysis (ref e-mail from Gavin Whitefield – forwarded by James 19 December 2007)

National indicators and targets	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
2 Increase the business start up rate	✓	✓	✓					✓							
3 Grow exports at a faster rate than average GDP	✓	✓	✓												
4 Reduce the proportion of driver journeys delayed due to traffic congestion										✓		✓		✓	✓
5 Increase the percentage of Scottish domiciled graduates from Scottish Higher Education Institutions in positive destinations		✓	✓	✓											
6 Improve knowledge transfer from research activity in universities	✓	✓	✓	✓						✓				✓	
7 Increase the proportion of school leavers (from Scottish publicly funded schools) in positive and sustained destinations (FE, HE, employment or training)		✓	✓	✓	✓		✓	✓			✓				✓
8 Increase the proportion of schools receiving positive inspection reports				✓	✓		✓	✓							✓
9 Increase the overall proportion of area child protection committees receiving positive inspection reports					✓		✓	✓	✓						✓
10 Decrease the proportion of individuals living in poverty		✓			✓	✓	✓	✓	✓		✓				
11 60% of school children in primary 1 will have no signs of dental disease by 2010					✓	✓	✓								✓
12 Increase the proportion of pre-school centres receiving positive inspection reports				✓	✓	✓	✓	✓							✓
13 Increase the social economy turnover		✓								✓	✓		✓		
14 Reduce the rate of increase in the proportion of children with their Body Mass Index outwith a healthy range by 2018					✓	✓	✓								
15 Increase the average score of adults on the Warwick-Edinburgh Mental Wellbeing Scale by 2011		✓				✓	✓				✓				
16 Increase healthy life expectancy at birth in the most deprived areas					✓	✓	✓	✓	✓						✓

National indicators and targets	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Intersections marked with a "+" are taken from the Improvement Service analysis (ref e-mail from Gavin Whitefield – forwarded by James 19 December 2007)															
17 Reduce the percentage of the adult population who smoke to 22% of adults by 2010						✓		✓							
18 Reduce alcohol related hospital admissions by 2011						✓		✓	✓		✓				
19 Achieve annual milestones for reducing inpatient or day case waiting times culminating in the delivery of an 18 week referral to treatment time from December 2011						✓				✓					✓
20 Reduce proportion of people aged 65 and over admitted as emergency inpatients 2 or more times in a single year						✓				✓	✓				✓
21 Reduce mortality from coronary heart disease among the under 75s in deprived areas						✓	✓			✓	✓				✓
22 All unintentionally homeless households will be entitled to settled accommodation by 2012							✓	✓		✓	✓				✓
23 Reduce overall reconviction rates by 2 percentage points by 2011									✓		✓		✓		
24 Reduce overall crime victimisation rates by 2 percentage points by 2011									✓		✓		✓		✓
25 Increase the percentage of criminal cases dealt with within 26 weeks by 3 percentage points by 2011									✓						✓
26 Increase the percentage of people aged 65 and over with high levels of care needs who area cared for at home						✓				✓	✓				✓
27 Increase the rate of new house building		✓								✓		✓		✓	
28 Increase the percentage of adults who rate their neighbourhood as a good place to live							✓		✓	✓	✓	✓	✓		
29 Decrease the estimated number of problem drug users in Scotland by 2011						✓		✓	✓		✓	✓			
30 Reduce number of working age people with severe literacy and numeracy problems			✓				✓	✓							
31 Increase positive public perception of the general crime rate in local area							✓		✓		✓				

National indicators and targets	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Intersections marked with a "+" are taken from the Improvement Service analysis (ref e-mail from Gavin Whitefield – forwarded by James 19 December 2007)															
32 Reduce overall ecological footprint			✓							✓	✓			✓	✓
33 Increase to 95% the proportion of protected nature sites in favourable condition											✓	✓	✓	✓	
34 Improve the state of Scotland's historic buildings, monuments and environment										✓	✓	✓	✓		
35 Biodiversity: increase the index of abundance of terrestrial breeding birds											✓	✓		✓	
36 Increase the proportion of journeys to work made by public or active transport						✓				✓	✓			✓	✓
37 Increase the proportion of adults making one or more visits to the outdoors per week						✓	✓	✓		✓		✓	✓		
38 50% of electricity generated in Scotland to come form renewable sources by 2020 (interim target of 31% by 2011)		✓	✓									✓		✓	
39 Reduce to 1.32 million tonnes waste sent to landfill by 2010											✓	✓			✓
40 Increase to 70% key commercial fish stocks at full reproductive capacity and harvested sustainably by 2015		✓										✓		✓	
41 Improve people's perceptions, attitudes and awareness of Scotland's reputation	✓		✓								✓	✓	✓		✓
42 Improve public sector efficiency through the generation of 2% cash releasing savings per annum										✓					✓
43 Improve people's perceptions of the quality of public services delivered			✓					✓	✓	✓					✓
44 Improve the quality of healthcare experience					✓	✓	✓	✓		✓					✓
45 Reduce the number of Scottish public bodies by 25% by 2011										✓					✓

National Outcomes

Argyll and Bute Council – corporate plan connections

Argyll and Bute Council corporate plan – strategic delivery topics			National Outcomes															
	Strategic delivery (topic)	Sub topic	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
OE - environment	SD1 Renewables – bringing community benefits	Energy strategy to promote development of renewables without compromising sensitive areas		✓										✓		✓	
		Strategic concordats to deliver community benefits				✓							✓	✓			
	SD2 Waste management	Introduction of modern techniques to reduce landfill and improve recycling			✓							✓		✓		✓	✓
	SD3 Sustainable land management	Development of forestry strategy to bring improved commercial and environmental benefits from forestry			✓									✓		✓	
	SD4 Homecoming 2009	Prioritising cultural and heritage activities	✓		✓	✓									✓		
VC – social change	SD5 Education – making what's good, better	Investment in the school estate			✓	✓	✓									✓	✓
		Improve the evaluation ratings of all schools			✓	✓	✓		✓	✓		✓					
		Recruitment – attracting good candidates and providing good CPD opportunities		✓													✓
	SD6 Social work – better outcomes for people	Implement improvement plan from social work review and SWIA inspection					✓	✓	✓	✓	✓						✓
	SD7 Housing – more homes, less homelessness	Use local Housing Strategy to promote housing development to meet local needs		✓								✓		✓		✓	
		Eradication of homelessness by 2012					✓	✓	✓	✓		✓					
		Develop long term vision for the release of land around Helensburgh and Cardross	✓	✓							✓	✓	✓	✓			

Argyll and Bute Council corporate plan – strategic delivery topics

			National Outcomes															
Strategic delivery (topic)		Sub topic	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
SD8	Transport – improving access to the area	Improvements to key parts of the roads network	✓	✓								✓	✓				
		Improved facilities for public transport – including ferries		✓					✓			✓				✓	✓
SD9	Waterfront and town centre regeneration	Development and delivery of agreed regeneration plans for each of the waterfront towns in Argyll and Bute	✓	✓								✓		✓			✓
SD10	Marketing Argyll and Bute	High quality image/brand to attract investment and people to the area	✓										✓	✓			
		Initial focus on food producers		✓	✓											✓	
SD11	Business change and improvement	Establishment of a corporate business change and improvement team		✓	✓							✓	✓				✓
SD12	Performance culture	Introduction of Pyramid performance management system and subsequent action focused on culture change			✓							✓		✓			✓
SD13	Shared and integrated services	Dialogue with local partners		✓	✓							✓					✓
		National links		✓													✓
SD14	Developing the third sector	Developing discussion and dialogue on the means to boost the social economy as an important contributor to local service delivery		✓	✓	✓						✓	✓				✓

Left column groupings:
- VC – economy (SD8, SD9, SD10)
- FL – organisational development (SD11, SD12, SD13, SD14)

Argyll and Bute Council corporate plan – campaigning topics

	Topic	Sub topic	National Outcomes														
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Infrastructure	C1	Roads network — Condition and extent of the trunk network	✓														
		Funding to maintain and improve the rural road network		✓								✓					✓
	C2	Power grid to capitalise on renewables — Creation of a Kintyre and Islay Regional Power Zone		✓	✓									✓		✓	
		Enhanced grid capacity to enable growth for commercial and community benefit from renewables		✓								✓	✓	✓	✓	✓	
	C3	Strengthening existing activity — Rejuvenation of the main towns		✓		✓					✓	✓	✓	✓			
		Agriculture, forestry, aquaculture and fishing		✓	✓									✓		✓	
Developing the economy	C4	New opportunities — Coastal and Marine National Park		✓										✓	✓	✓	
		Tourism	✓	✓										✓	✓	✓	
		Shared services			✓												✓
	C5	Removing barriers to travel – financial, routes and timetabling — Fast frequent services and inter-island links		✓	✓		✓		✓			✓	✓				
		Road Equivalent Tariff		✓								✓		✓			
		Northern Ireland links	✓	✓													
Remote and island communities	C6	Access to services and support for key/iconic services										✓	✓				✓
	C7	Opportunities to enable young people to stay in, or move to, island and remote communities — Housing	✓				✓	✓	✓			✓		✓			
		Jobs/careers		✓				✓	✓	✓		✓					
		Vocational education			✓	✓						✓					

Argyll and Bute Council corporate plan – campaigning topics

	Topic	Sub topic	National Outcomes															
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Service delivery challenges	C8	Public service integration										✓					✓
		Efficiencies and economies of scale															✓
	C9	Supersparsity	Cost of service delivery		✓		✓			✓			✓					✓
	C10	People 'on the fringe'	Rural deprivation						✓		✓	✓	✓	✓				
			Excluded groups						✓	✓	✓	✓	✓	✓				

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Argyll and Bute Community Health Partnership (CHP) – HEAT target connections

The HEAT Targets and Local Delivery Plans set out NHS Scotland's contribution towards meeting the government's targets and outcomes. The 30 HEAT targets are categorised under four headings:

- **Health Improvement** for the people of Scotland – improving life expectancy and healthy life expectancy
- **Efficiency and Governance Improvements** – continually improve the efficiency and effectiveness of the NHS
- **Access to Services** – recognising patients' need for quicker and easier use of NHS services
- **Treatment Appropriate to Individuals** - ensure patients receive high quality services that meet their needs

Each HEAT target has associated key performance measures and "delivery trajectories" that set out what has been agreed between the Scottish Government and the NHS Health Boards. Each health Board then applies specific targets fro each HEAT target to each of the CHPs operating in the Health Board area.

Argyll and Bute CHP – HEAT targets			National Outcomes							
HEAT target		KPI	5	6	7	8	9	10	11	15
H1	Reduce mortality from Coronary Heart Disease among the under 75s in deprived areas.			✓	✓					
H2	80% of all three to five year old children to be registered with an NHS dentist by 2010/2011.		✓	✓	✓					
H3	Achieve agreed completion rates for child healthy weight intervention programme by 2010/2011.		✓	✓	✓					
H4	Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by 2010/2011.			✓	✓	✓	✓			
H5	Reduce 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.			✓				✓		

Health improvement

Argyll and Bute CHP – HEAT targets

	HEAT target	KPI	National Outcomes							
			5	6	7	8	9	10	11	15
H6	Through smoking cessation services, support 8% of your Board's smoking population in successfully quitting (at one month post quit) over the period 2008/2009 – 2010/2011.			✓	✓					
H7	Increase the proportion of new-born children exclusively breastfed at 6-8 weeks from 26.6% in 2006/2007 to 33.3% in 2010/2011.		✓	✓	✓	✓				
E1	Universal utilisation of CHI									✓
E2	NHS Boards to achieve a sickness absence rate of 4% from 31 March 2009.									✓
E3	NHS boards to ensure that all employees covered by Agenda for Change have an agreed KSF personal development plan by March 2009.									✓
E4	NHS Boards to deliver agreed improved efficiencies for 1st outpatient attendance DNA, non-routine inpatient average length of stay, review to new outpatient attendance ratio and day case rate by March 2011.									✓
E5	NHS boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement.									✓
E6	NHS boards to meet their cash efficiency target.									✓
E7	To increase the percentage of new GP outpatient referrals into consultant led secondary care services that are triaged online for clinical priority and appropriate recipient service to 90% from December 2010.									✓
A1	Ensure that anyone contacting their GP surgery has guaranteed access to a GP, nurse or other health care professional within 48 hours.			✓	✓			✓		✓
A2	The maximum wait from urgent referral to treatment for all cancers is two months.			✓	✓					
A3	To respond to 75% of Category A calls within 8 minutes from April 2009 onwards across mainland Scotland.							✓		✓
A4	As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 15 weeks from GP referral to a first outpatient appointment from 31 March 2009.			✓						✓

Efficiency and governance improvements (E1–E7)

Access to services (A1–A4)

Argyll and Bute CHP – HEAT targets		National Outcomes								
HEAT target	KPI	5	6	7	8	9	10	11	15	
A5	As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 15 weeks for inpatient or day case treatment from 31 March 2009.		✓				✓		✓	
A6	As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 6 weeks for one of the 8 key diagnostic tests from 31 March 2009.		✓				✓		✓	
A7	NHS Boards will achieve agreed reductions in the rates of attendance at A&E, from 2006/2007 to 2010/2011; and from end 2007 no patient will wait more than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment.								✓	
T1	By 2008/2009, we will reduce the proportion of older people (aged 65+) who are admitted as an emergency inpatient 2 or more times in a single year by 20% compared with 2004/2005 and reduce, by 10%, emergency inpatient bed days for people aged 65 and over by 2008.		✓						✓	
T2	QIS clinical governance and risk management standards improving.								✓	
T3	Reduce the annual rate of increase of defined daily dose per capita of anti-depressants to zero by 2009/2010, and put in place the required support framework to achieve a 10% reduction in future years.		✓				✓	✓		
T4	Reduce the number of readmissions (within one year for those that have had a psychiatric hospital admission of over 7 days by 10% by the end of December 2009).		✓			✓			✓	
T5	To reduce all staphylococcus aureus bacteraemia (including MRSA) by 30% by 2010.		✓			✓			✓	
T6	To achieve agreed reductions in the rates of hospital admissions and bed days of patients with primary diagnosis of COPD, Asthma, Diabetes or CHD, from 2006/2007 to 2010/2011.		✓	✓					✓	
T7	Improvement in the quality of healthcare experience.								✓	
T8	Increase the level of older people with complex care needs receiving care at home.		✓				✓	✓		

Treatment appropriate to individuals

Argyll and Bute CHP – HEAT targets

	HEAT target	KPI	5	6	7	8	9	10	11	15
										National Outcomes
T9	Each NHS Board will achieve agreed improvements in the early diagnosis and management of patients with a dementia by March 2011.			✓						✓

SPT – alignment of regional transport strategy indicators to the 15 national outcomes

XXXX detail not entered into main tables yet

SPT – regional transport strategy objectives and targets	National Outcomes														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
XXXX															

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SPT – regional transport strategy objectives and targets | **National Outcomes**

XXXX	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
XXXX															

Alignment of Regional Transport Strategy Indicators with National Outcomes

National Outcome / Regional Transport Strategy Objective	Relevant Indicators	Frequency / Type / Source	Baseline	Regional Targets & Timescales
1. We live in a Scotland that is the most attractive place for doing business in Europe 3) Enhance the attractiveness, reliability and integration of the transport network	6) proportion of passengers satisfied with public transport information provision	Annual SHS outputs/ SPT (Subway)	89% rail (2005) 82% bus (2005) 60% Subway (2007)	Increase
	7) proportion of passengers satisfied with the public transport system	Annual SHS outputs/ SPT (Subway)	84% rail (2005) 76% bus (2005) 86% Subway (2007)	Increase
	8) Time lost on regional roads due to congestion (Note: *corresponds to National Indicator 4*)	(Annual) Scottish Household Survey (SHS) outputs (Scottish Government)	12.3 % of car driver trips affected by congestion (2005)	Decrease
	9) Proportion of passengers satisfied with public transport reliability	Annual SHS outputs / SPT (Subway)	86% rail (2005) 75% bus (2005); 51% Subway (2007)	Increase

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National Outcome	Regional Transport Strategy Objective	Relevant Indicators	Frequency / Type / Source	Baseline	Regional Targets & Timescales
2. We realise our full economic potential with more and better employment opportunities for our people	4) Ensure the provision of effective and efficient transport infrastructure and services to improve connectivity for people and freight	10) Journey times between Glasgow city centre and sub-regional centres and between city centre and UK core centres	SPT Modelling Suite	*Work ongoing to establish baseline*	Reduce

National Outcome	Regional Transport Strategy Objective	Relevant Indicators	Frequency / Type / Source	Baseline	Regional Targets & Timescales
6. We live longer, healthier lives	6) Improve health and protect the environment by minimising emissions and consumption of resources and energy by the transport system	16) Carbon output by the transport sector	(Annual) DEFRA report	4409 Kt CO2 (2005)	Reduce
		17) AQMA numbers	Member councils	6 (2006)	Reduce
		18) Proportion of population annoyed by transport related air pollution and noise	SPT Modelling Suite.	*Work ongoing to establish baseline.*	Reduce
		19) Average vehicle trip length	SHS / SPT Modelling suite	*Work ongoing to establish baseline.*	Reduce
		Modal share of adults undertaking active travel to work or education (*Note: National Indicator 36/Local Indicators menu 49*)	Annual SHS outputs	30% travel to *work* (2005/06)	Increase

National Outcome	Regional Transport Strategy Objective	Relevant Indicators	Frequency / Type / Source	Baseline	Regional Targets & Timescales
7. We have tackled the significant inequalities in Scottish society	5) Promote and facilitate access that recognises the transport requirements of all	11) % of population living up to 800 metres of rail with a half-hourly service or Subway station or up to 600m of bus	SPT Geographical Information Systems	*Work ongoing to establish baseline.*	Increase

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Relevant Indicators	Frequency / Type / Source	Baseline	Regional Targets & Timescales
stops with at least 6 buses per hour or up to 400m of a bus stop with an hourly service			Increase
12) Proportion of rail, Subway and bus stations and vehicles DDA-compliant	(Annual) /SPT and operators	*Work ongoing to establish baseline*	Increase
14) Ratio of Scottish Index of Multiple Deprivation (SIMD)/rural population to non-(SIMD)/rural population within average 30 minutes public transport journey time of key facilities	SPT Modelling Suite	Rural population – hospitals 0.3; leisure facility 0.8; strategic employment location 0.4 (all a.m. peak)	Increase
15) Differences in trip frequency and time for equality groups	Annual Scottish Household Survey reports	illustrative daily trip rates – male 2.72, female 2.67; 31-45 year olds 2.85; over 75s 2.39; without disability 2.74; with disability 2.48 etc. *[2005 – 2006 data awaited]*	Increase

National Outcome	Regional Transport Strategy Objective	Relevant Indicators	Frequency / Type / Source	Baseline	Regional Targets & Timescales
9. We live our lives free from crime, disorder and danger	1) Improve safety and personal security on the transport system	1) Number of transport-related accidents	Annual reports; *Road Accidents Scotland* (Scottish Government); *Railway Safety* (Office of Rail Regulation)	Road accidents 4294 (cars), 2356 (other modes); [2006] Rail and Subway 15 [2006]	Reduce
		2) Crime incidence on public transport	Annual reports; British Transport Police and Strathclyde police	1086 Bus; 3948 Rail *(Subway figures awaited)*	Reduce
		3) Satisfaction with safety and personal security on public transport	Annual Scottish Household Survey reports; annual NOVA survey for Subway	81% Bus *(Rail figures awaited)* [2005/06]; 53% Subway [Spring 2007]	Increase

Regional Transport Strategy Objective	Relevant Indicators	Frequency / Type / Source	Baseline	Regional Targets & Timescales
Regional Transport Strategy Objective 5) Promote and facilitate access that recognises the transport requirements of all	15) Differences in trip frequency and time for equality groups	Annual Scottish Household Survey reports	illustrative daily trip rates – male 2.72, female 2.67; 31-45 year olds 2.85; over 75s 2.39; without disability 2.74; with disability 2.48 etc. *[2005 – 2006 data awaited]*	Increase

National Outcome	Regional Transport Strategy Objective	Relevant Indicators	Frequency / Type / Source	Baseline	Regional Targets & Timescales
10. We live in well-designed, sustainable places where we are able to access the amenities and services we need	**Regional Transport Strategy Objective** 7) To support land use planning strategies, regeneration and development by integrating transport provision	20) Proportion of population within 30 minutes (public transport) journey time of strategic employment location	SPT Modelling Suite	73% *(work ongoing to verify baseline year)*	Increase
	Regional Transport Strategy Objective 5) Promote and facilitate access that recognises the transport requirements of all	15) Differences in trip frequency and time for equality groups	Annual SHS outputs	illustrative daily trip rates – male 2.72, female 2.67; 31-45 year olds 2.85; over 75s 2.39; without disability 2.74; with disability 2.48 etc. *[2005 – 2006 data awaited]*	Reduce
	Regional Transport Strategy Objective 3) Enhance the attractiveness, reliability and integration of the transport network	6) proportion of passengers satisfied with public transport information provision	Annual SHS outputs/ SPT (Subway)	89% rail; 82% bus (both 2005); 60% Subway (2007)	Increase
		7) proportion of passengers satisfied with the public transport system	Annual SHS outputs/ SPT (Subway)	84% rail; 76% bus (both 2005); 86% Subway (2007)	Increase
		9) proportion of passengers satisfied with public transport reliability	Annual SHS outputs/ SPT (Subway)	86% rail; 75% bus (both 2005); 51% Subway (2007)	Increase
		8) Time lost on regional roads due to congestion	(Annual) Scottish Household Survey (SHS)	12.3 % of car driver trips affected	Decrease

	(Note: (corresponds to National Indicator 4)	outputs (Scottish Government)	by congestion (2005)	

Regional Transport Strategy Objective	*Relevant Indicators*	*Frequency / Type / Source*	*Baseline*	*Regional Targets & Timescales*
National Outcome				
12. We value and enjoy our built and natural environment and protect and enhance it for future generations				
7) To support land use planning strategies, regeneration and development by integrating transport provision	Increase the percentage of residents rating their neighbourhood as a good place to live (*Note: corresponds to National Indicator 28 and Local Indicator 30)*	Annual SHS outputs	90% (2005)	Increase

Regional Transport Strategy Objective	*Relevant Indicators*	*Frequency / Type / Source*	*Baseline*	*Regional Targets & Timescales*
National Outcome				
14. We reduce the local and global environmental impact of our consumption and production				
2) Increase the proportion of trips undertaken by walking, cycling and public transport	4) *Number* of trips undertaken by walking, cycling, public transport (and car)	Annual SHS outputs	1,443 (walking); 30 (Cycling) 2,195 (PT) 7,966 (Car) (all 2005)	Increase active and public transport travel
	5) *Proportion* of trips undertaken by walking, cycling, public transport (and car)	Annual SHS outputs	12.3% (walking) <0.5% (cycling) 18.6% (PT) 68.1% (Car);	Increase
Regional Transport Strategy Objective				
6) Improve health and protect the environment by minimising emissions and consumption of resources and energy by the transport system	16) Carbon output by the transport sector	(Annual) DEFRA report	4409 Kt CO_2 (2005)	Reduce
	17) AQMA numbers	Member councils	6 (2006)	Reduce
	18) Proportion of population annoyed by transport related air pollution and noise	SPT Modelling suite.	*Work ongoing to establish baseline*	Reduce
	19) Average vehicle trip length	SHS / SPT Modelling suite.	*Work ongoing to establish baseline*	Reduce
	Modal share of adults undertaking active travel to work or education (*Note: corresponds with National Indicator 36/Local Indicators menu 49)*	Annual SHS outputs	30% *travel to work* (2005/06)	Increase

National Outcome	Regional Transport Strategy Objective	Relevant Indicators	Frequency / Type / Source	Baseline	Regional Targets & Timescales
15. Our public services are high quality, continually improving, efficient, and responsive to local people's needs	**3) Enhance the attractiveness, reliability and integration of the transport network**	6) Proportion of passengers satisfied with public transport information provision	Annual SHS outputs/ SPT (Subway)	89% rail; 82% bus (both 2005); 60% Subway (2007)	Increase
		7) Proportion of passengers satisfied with the public transport system	Annual SHS outputs/ SPT (Subway)	84% rail; 76% bus (both 2005); 86% Subway (2007)	Increase
		8) Time lost on regional roads due to congestion (*Note: corresponds to National Indicator 4*)	(Annual) Scottish Household Survey (SHS) outputs (Scottish Government)	12.3 % of car driver trips affected by congestion (2005)	Decrease
		9) Proportion of passengers satisfied with public transport reliability	Annual SHS outputs/ SPT (Subway)	86% rail; 75% bus (both 2005); 51% Subway (2007)	Increase
	Regional Transport Strategy Objective 5) Promote and facilitate access that recognises the transport requirements of all	15) Differences in trip frequency and time for equality groups	Annual SHS outputs	illustrative daily trip rates – male 2.72, female 2.67; 31-45 year olds 2.85; over 75s 2.39; without disability 2.74; with disability 2.48 etc. *[2005 – 2006 data awaited]*	Reduce

Minute Item 9

Paper 1

ARGYLL AND BUTE COUNCIL	COMMUNITY PLANNING PARTNERSHIP
COMMUNITY SERVICES	19 MARCH 2008

MODERNISATION AND REDESIGN OF OLDER PEOPLES SERVICES

(Paper to be read in conjunction with Paper 2 - "NHS Continuing Care In-Patient Services").

1. **SUMMARY**

   1.1 Following the recommendations of the Scrutiny Review of Social Work in 2006, the Council agreed at its Executive Committee on 20 September 2007, to undertake an options appraisal, including a full tender for Older People's Services. The services affected are those provided directly by the Council in Homecare, Day Care and Council Care Homes. This report provides an update on progress made.

2. **RECOMMENDATIONS**

   2.1 Members of the Community Planning Partnership are asked to note the progress made against the agreed workplan for the options appraisal (attached at Appendix 1) and in particular note that a Public Consultation programme will be carried out during February and March. Details of this are available on the Council website and the programme of meetings is attached. (Appendix 2)

3. **DETAIL**

   3.1 Argyll & Bute Council and Argyll & Bute Community Health Partnership have agreed a Joint Plan for the development of Older People's Services which necessitates a redesign of services to ensure we use resources effectively and efficiently to meet the outcomes within the plan, taking account of the projected demographic growth in people over 75 years, over the next 15 – 20 years.

   3.2 A Project Board of 7 Councillors led by the Leader of the Council and including senior members of the Community Health Partnership has been set up following the Council decision to oversee this work. A Project Team led by Sandra Greer, Head of Service is currently progressing the agreed workplan.

   3.3 To ensure best value, an options appraisal of Council Services will be considered by the Council later this year. It should be noted that any savings resulting from the redesign will be required to be reinvested in Older People's Services to meet the growth in demand.

3.4   Argyll & Bute Community Health Partnership is, as part of the redesign, planning to reduce continuing care beds within community hospitals. The resource release from this planned reduction will be used to fund Community Health and Social Care Services as described in the Joint Plan. Locality Health Managers are currently working on timescales and numbers of bed reductions in their area.

3.5   To inform the detail of the tender documents and service specifications, a consultation strategy and workplan has been prepared to ensure people who use our services, carers, local groups and agencies, staff and the wider public understand our business and have the opportunity to contribute to the redesign of services. The consultation strategy (Appendix 3) and programme of events (Appendix 2) are attached for your interest.

3.6   An independent consultant will lead the consultation on behalf of the Council to promote objectivity.

3.7   At the conclusion of the consultation, all views and comments received will be fed into the preparation of the tender and will inform future service provision.

3.8   It is anticipated that the tender will be ready for release in May 2008 and following formal qualitative and financial evaluation of the returns, an options appraisal will be put to the Council in August. These dates may be subject to change, depending on information collated as a result of the consultation.

3.9   A seminar for Councillors, MSPs and NHS Highland Non-Executive is planned for April/May once tenders have been prepared.

4.   **CONCLUSION**

4.1   Progress against the workplan for the options appraisal for Older People's Services is on target. The public consultation programme being undertaken during February and March will inform the nest stage of the process, which is the preparation of detailed tenders for services. The results of the tender will be outlined in an options appraisal put before the Council later this year so that a decision can be made about whether the Council remains a direct provider of some or all of the services described in Section 1 of this report.

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Paper 2

NHS Continuing Care In-Patient Services

1. Introduction

This paper 'sets the scene' by describing a number of factors pivotal to the modernisation of NHS Continuing Care beds.

The paper also reports on the present 'balance of care' in Argyll and Bute and how this might be changed over time to develop a higher level of care provision in the home.

It is noted that the factors critical to success include:

- Ongoing partnership working
- Willingness of Independent and 'Third Sector' to provide more services
- Agreed utilisation of resource release monies
- Agreed timescale for phasing decommissioning / re-commissioning plans
- Additional resource availability to address the projected need
- Agreement on the totality of (NHS) resource available, and acceptance of need for partial / incremental release
- Bridging monies availability
- Equity
- Public Involvement and Consultation

2. Current Position

The purpose of this paper is three-fold; Firstly to discuss some of these factors in more detail, the outcome of which will point to the need for ongoing additional detailed planning.

Secondly the NHS Continuing Care bed provision will be described in more detail, and progress on modernisation plans reported. There are 118 NHS Continuing Care beds remaining. They are geographically distributed as indicated in Appendix 1.

Finally the paper will attempt to demonstrate the complexity of the work and the interdependence of the discrete tasks, which require careful management if progress is to be made.

2.1.   Resourcing new services

The closure of NHS Continuing Care beds results in the release of resources for reinvestment in community care services. In Argyll and Bute we have planned the new services jointly.

Resources associated with the closure of 54 NHS Continuing Care beds have been reinvested in Community Care services over the last few years. Although some of this resource has been made available to purchase RH/SCH beds (Tier 3) the majority of investment has been into services which provide intensive care into the individual's home (Tier 2). There has been minimal investment in Anticipatory/Prevention (Tier 1).

An estimate of the present resourcing 'gap' for older peoples services, made by Argyll and Bute Council is a minimum of £5m. Argyll and Bute CHP estimates that resource release associated with the remaining beds is around £3m. Therefore, a gap of £2m immediately exists. The

projected increase in numbers of older people living longer will eventually require increased resourcing.

The following should be noted:

2.1.1. Argyll and Bute Council expects to achieve greater value for money by commissioning from the independent sector allowing reinvestment of projected efficiency savings in older people's services, these savings may be initially off-set by TUPE requirements.

2.1.2. Argyll and Bute CHP has estimated the total resource release available but this cannot be released as a single amount and is more likely to be released, as has already been the case, incrementally in small amounts which does not allow for any significant level of commissioning from the independent sector.

2.1.3. The Partnership requires a process for ensuring equity of resource provision across the area. When NHS Continuing Care beds are closed the resource release is retained locally irrespective of whether the locality is under/over the equity threshold. So far there has been no history of resource release being redistributed applying equity. This has led to inconsistent development of community care services, leading to some localities providing a greater range of services. Some years ago an exercise was undertaken to benchmark each locality against a baseline. This exercise was simplistic at the time but did indicate that some localities had a greater level of resource which could not be explained by demographics.

2.2. NHS Continuing Care beds distribution and plans for closure

There are 118 remaining NHS Continuing Care beds – this figure includes Dementia Long Stay beds.

The distribution is as follows:

Cowal and Bute	
Dunoon Hospital	10
Rothesay Victoria Annexe	16
OLI	
Lorn & Islands DGH	8
MAKI	
Campbeltown Hospital	29
MACHICC	16 (Frail Elderly)
MACHICC	12 (Dementia)
Argyll & Bute Hospital	27
Total	**118**

2.3.   Local Plans

a)   Cowal and Bute

Dunoon Hospital – given the projected over supply in this area, once a new build is complete, local health and social work managers are confident that work can commence this year to close the remaining 10 NHS Continuing Care beds, the plan may extend over 2008-2010. In light of the projected over provision care will have to be taken in the medium-long term to ensure that places are not filled, by local people, just because they are there.

Bute – there is a very significant shortfall of SCH places and independent provision has contracted over the last few years, and there remains concern about the robustness of the remaining service. There are no plans by the CHP to close beds in the short-term.

b)   OLI

There is a significant shortfall of 16 SCH places in the locality although anecdotally a bigger 'gap' is perceived/reported. The reason for this is probably as a result of OLI 'places' being used by individuals from outwith the area, as a result of under-supply in other areas. Eventually the OLI situation may be balanced.

OLI is a locality which has benefited significantly from a large scale closure of NHS Continuing Care beds and the community care infrastructure is fairly robust, although there has been evidence of lack of focus particularly in regard to preventing admission to hospital, this is now being addressed on a number of fronts – ICTs, Unscheduled Care Programme and Long Term Conditions Management.

During 2008/09 local health and social work managers intend to develop plans to close the remaining 8 NHS Continuing Care beds.

c)   MAKI

Campbeltown Hospital – a shortfall of 32 SCH places exist and there remain 29 NHS Continuing Care beds. Whilst early discussions about closing NHS Continuing Care beds have commenced it is difficult to see how this can be achieved with the present 'under-provision' and without putting excessive strain on the system as a whole.

MACHICC – there is a substantial shortfall of 55 SCH places for the area, including Tarbert, and 28 NHS Continuing Care beds (including dementia) to close.

Plans have been approved for the redesign of Dementia Services which will facilitate community service development – Specialist Nurses and OTs and additional support workers. These developments will be resourced from the closure of Lorn Ward at the Argyll and Bute Hospital.

Argyll and Bute Hospital – provides 27 Dementia continuing care beds. Closure of beds is pivotal to the development of community dementia services.

2.4.   The Task Ahead – Steps in the process

A number of significant actions need to take place before the NHS can decommission all its remaining continuing care beds:

- Argyll & Bute Council tender services

- Independent providers submit proposals to supply (and are accepted)
- Resources identified to commission from new provider and to continue to fund continued development of services in all 3 Tiers
- Locality closure plans agreed
- Critical path indicating relationship between decommissioning, commissioning and resource release be made explicit
- Projected needs for SCH/PC places reviewed and updated and projected for the next 10-15 years
- Equity formula agreed
- Consideration of merits of central versus locality commissioning model
- Additional Project Management Support secured, on behalf of the Partnership, to progress the agenda

3. Summary

The remaining NHS Continuing Care Beds can only be fully closed with confidence if there is an increase in the provision of SCH/PC places in the community.

Government policy indicates that providers of long term care will, in future, be the Independent Sector.

Presently in Argyll and Bute there is a mixed economy (of supply), Argyll and Bute Council also being a provider.

It is not anticipated, nor desirable for Argyll and Bute Council to increase it's role as a supplier of SCH places. It is essential to attract new providers into the area.

If new providers are to be attracted to the area they must be confident of ongoing business and of a 'critical mass' of activity. This critical mass would be enhanced if Argyll and Bute Council was to cease its role as a SCH provider and commission from the independent sector.

The cost of commissioning new services would not be fully covered by the projected resource release, additional resources are required. Additionally it is almost certain that bridging monies will be required until such time as all the projected resource release can be made available, and savings from Argyll & Bute Council's plans realised.

The process of closing (NHS beds) and re-commissioning community care services are inextricably linked and the Partnership is approaching the task jointly whilst mindful of each organisations discrete responsibilities.

4. Governance Implications

Staff – the modernisation and redesign of older peoples services will have significant implications for staff in respect of place of work, and job redesign.

Patient Focus and Public Involvement – the decommissioning of NHS continuing care beds is of concern to communities and formal public consultation may be required. Advice will be sought from Scottish Health Council.

Clinical Governance – Standards of Care – irrespective of location, need to be clear and apply to all providers. The Partnership will need to consider how it improves support and advice to other providers.

Financial implications – the decommissioning of NHS community care beds will release significant sums for reinvestment in new services. The impact on the Community Hospital Service infrastructure will need to be considered.

5. Impact Assessment

The proposals apply to all older people in Argyll and Bute. An outcome of this process should be rebalancing of resources across Argyll and Bute to ensure equity.

Josephine Bown

On behalf of Joint Implementation Group

11 March 2008

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Appendix 1

Project Team - Work Plan

Task	16-Nov-07	30-Nov-07	14-Dec-07	28-Dec-07	16-Jan-08	30-Jan-08	08-Feb-08	22-Feb-08	07-Mar-08	21-Mar-08	04-Apr-08	18-Apr-08	02-May-08	16-May-08	30-May-08	13-Jun-08	27-Jun-08	11-Jul-08
Draft work plan for approval by Project Board.	■																	
Consider information available to date and infoarmtion outstanding.		■																
Draft Service Specifications for approval by Project Board.				■														
Consultation Strategy drafted for approval by Project Board					■													
Meeting with staff affected re Personnel issues.								■										
Consultation with Stakeholders.									■									
Finalise tender taking into account consultation.											■							
Advertise tender.												■						
Tenders returned.															■			
Evaluate tenders (Financial & Quality)																■		
Options to Project Board/ Special Commitee																		■

Project Board (Dates)

16th January 2008 @ 10 am
11th April 2008 @ 10 am
16th July 2008 @ 10 am

Special Committee (Dates

11th April 2008 @ 2 pm
16th July 2008 @ 2 pm

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Appendix 2

Older People Work Programme Consultation

Mull – 18 February 2008	
10.15 a.m	Meeting with Staff Home Care/Residential/Day Care/Health Staff (Salen Resource Centre)
12 p.m	Meet with interested parties and drop-in (Salen Resource Centre)
2.00 p.m.	Meeting with Residents/Families/Advocates (Dunaros)
3 pm	Meeting with Home Carer Service Users, their Families/Advocates (Salen Resource Centre)
Tiree - 20 February 2008	
10.30 a.m.	Meeting with staff: Home Care, Day Care and Residential (Resource Centre, Crossapol)
2 pm	Meeting with Health Staff/CSN and others (Resource Centre, Crossapol)
3 p.m.	Meeting with Residents and Home Care Service Users, their Families and Advocates (Tigh a Rudha)
4.30 pm – 5.30 pm	Drop-In session (Resource Centre, Crossapol)
Oban – 22 February 2008	
10 a.m.	Meeting with Residential Staff/Day Care/Homecare (Willowview Dementia Day Centre)
11.30 a.m.	Meeting with Residents, their Families and Advocates (Eadar Glinn, Drumore Road)
12.30 p.m.	Meeting with Day Care Service Users, their Families and Advocates (Lynnside Day Centre, Lorn Resource Centre, Soroba Road, Oban)
2.00 pm	Meeting with Home Care Service Users, Families and Advocates (Willowview Dementia Day Centre)
3.30 p.m.	Health Staff, Carers Groups/Providers (Willowview)
Lochgilphead - 25 February, 2008	
10 a.m.	Health staff (MACH&ICC, Room J03-5)
11.30 a.m	Carers Group/Community Care Forum/Providers (Rm 6 Community Centre, Manse Brae)
2 p.m.	Residents and Carers (Ardfenaig Care Home)
4 p.m.	Day Care Staff, Care Home staff and Home Care staff (Rm 6, Community Centre)
5 p.m.	Home Care Service Users (Rm 6, Community Centre)

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Campbeltown - 26 February 2008	
10 a.m.	Meeting with Health Staff (Aqualibrium Conference Centre)
11.30 a.m	Meeting with Home Care service users, Community Care Forum, Carers Group (Aqualibrium Conference Centre)
2 p.m.	Meeting with Providers and Interested Parties (Aqualibrium Conference Centre)
4 p.m.	Meeting with Home Care Staff (Aqualibrium Conference Centre)
Islay/Jura – 27 February, 2008	
10 a.m.	Meeting with Care Home and Home Care staff (Gortonvogie, Bowmore)
12 p.m	Meeting with Residents and Carers (Day Hospital)
2 p.m.	Meeting with Home Care Service Users and Drop-In (Columba Centre, Bowmore)
3.30 p.m	Meeting with Health staff (Columba Centre, Bowmore)
5 p.m.	Meeting with Providers and Interested Parties, video conference for Jura (Service Point, Jamieson Street, Bowmore)
Helensburgh – 29 February, 2008	
10 a.m.	Meeting with Carers and Providers (Victoria Halls, Jubilee Room)
11.30 a.m.	Meeting with Home Care Service Users (Victoria Halls, Jubilee Room)
2 p.m.	Meeting with Home Care Staff (Victoria Halls, Jubilee Room)

Bute – 3 March, 2008	
11 a.m.	Meeting with Residents and Carers (Thomson Court, Rothesay)
1.30 p.m.	Meeting with Staff: Home Care/Day Care/Residential/Health (Thomson Court, Rothesay)
2.30 pm	Meeting with Home Care Service Users (Pavilion, Rothesay)
3.30 p.m	Meeting with Community Care Forum, Providers, Carers and other interested parties. (Pavilion, Rothesay)
Cowal – 4 March, 2008	
10 a.m	Meeting with Residential Care, Home Care, Day Care Staff (Meeting Room, Struan Lodge HQ, Dunoon)
11.30 a.m.	Meeting with Residents, Day Care service users and Carers (Struan Lodge Care Home)
2 p.m.	Meeting with Home Care Services Users (Training Room, Medicine for the Elderly, Dunoon General Hospital)
3.30 p.m.	Meeting with Providers, Community Care Forum and other interested parties (Training Room, Medicine for the Elderly, Dunoon General Hospital)

Appendix 2

Drop-Ins	
Mull	18 February @ 12 noon, Salen Resource Centre
Tiree	20 February @ 4.30 pm, Resource Centre, Crossapol
Islay	27 February @ 2 pm Columba Centre, Bowmore
Lochgilphead	6 March @ 2.30 p.m. (MACH&ICC J03-5)
Campbeltown	6 March @ 10.30 a.m. (Woodlands)
Oban	7 March @ 2 p.m. Willowview Dementia Centre
Helensburgh	10 March @ 2 p.m. Victoria Halls, Ante Room
Bute	11 March @ 11 a.m., Pavillion, Rothesay,
Cowal	11 March @ 2.30 p.m. (Training Room, Medicine for the Elderly, Dunoon General Hospital)
Telephone: 01546 604168	
	1 evening – 12 March 5 – 7 p.m.
	1 afternoon – 13 March 1 – 5 p.m.
Internet messages: www.argyll-bute.gov.uk/olderpeopleservices	
	25 February to 10 March 2008

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Appendix 3

Argyll and Bute Council

Future of Services for Older People

Consultation and Communication

Strategy

January 2008

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List of Contents

Foreword

In September 2007 Argyll and Bute Council's Executive was presented with a Report by the Director of Community Services.

The Report provided detailed information on present and future services for Older People in Argyll and Bute, to enable Members to reach a decision on whether or not externalisation of some Council services should be pursued.

The Council Executive agreed:

1. To note the future anticipated demand for services to meet older peoples' needs in Argyll and Bute as detailed in the Joint Service Plan for Older People;

2. To note that additional budget projected at approximately £5 million would be needed to implement the Service Plan and enable the Council to care appropriately for older people in Argyll and Bute;

3. To note that the Community Health Partnership (CHP) will provide a report in October, specifying the number of continuing care hospital beds to be closed and that work arising from the recommendations detailed in the report will continue in parallel with CHP work;

4. To approve the recommendation as detailed at paragraph 2.1.3 that being the completion of an options appraisal including seeking tenders for certain services to determine whether direct provision or external provision offers the best solution to the Council in terms of value for money, affordability and meeting the Council's objectives for older people services;

5. The appointment of a Project Board (the Members of which will also be the Members of a Special Committee) and that the following Members be appointed to that Board/Special Committee: -

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The Leader, Depute Leader, Spokesperson for Social Services, Spokesperson for Housing and Communities, Spokesperson for Islands, Leader of the Scottish Liberal Democrats Group and Leader of the Scottish Conservative and Unionist Group;

6. That other Members of the Council will be welcome to attend meetings of the Project Board as observers;

7. That the Project Board and Special Committee will report regularly to the Executive and Council; and

8. That a Communications Strategy be prepared for this project which will include regular Seminars for Members.

There is a full commitment on the part of Community Services, to engage and work with the Argyll and Bute Community Health Partnership, with stakeholders and with communities on the redesign of Services for Older People.

This strategy sets out our commitment to involving stakeholders in, and informing stakeholders of, activities relating to the redesign of services for Older People and sets the standards that we will adhere to, in terms of the nature, level and frequency of engagement.

We look forward to engaging with you in this important initiative.

Sandra Greer
Head of Service

SECTION 1

Introduction

1.1 This strategy details the commitment of Community Services to effective consultation and meaningful communication with all elected members, staff, service users and their families and other internal and external stakeholders, on Redesigning Services for Older People in Argyll and Bute.

1.2 This strategy encompasses the various strands of activity required to meet the outcomes of the Joint Older People's Service Plan, and which are as follows:

   a) delivering new improved care homes;
   b) delivering progressive care housing;
   c) increasing the number of older people supported in their
      own homes;
   d) delivering additional personal home care services; and
   e) continue joint working with the Argyll and Bute Community Health Partnership to
      ensure a cohesive approach to meeting their strategy of withdrawal from continuing

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care hospital provision..

1.3 These initiatives and others together form the redesign of future Services for Older People, which the Council will be delivering in conjunction with Argyll and Bute CHP. The Council wishes to communicate and consult on these matters.

All of these activities comprise an ambitious and exciting agenda and the views of stakeholders are vital in ensuring that we provide a comprehensive range of services which meets the needs of Older People into the future.

1.4 The different strands of activity will have different project programmes and timescales. This strategy does not set down the specifics of how, with whom and when engagement will take place in relation to all of these specific activities, but rather sets out the principles that will be adhered to, and the variety of consultation methods and communication means that may be used.

1.5 Within these various activities, the involvement and input of stakeholders and effective consultation will be critical in ensuring an improved quality of service for current and future service users – essentially ensuring that we get it right.

1.6 This strategy, therefore, sets out how the Council will both consult and communicate. on Redesigning Services for Older People in Argyll and Bute

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SECTION 2
Strategy Objectives

2.1   The objectives of the strategy are as follows:

a)   To consult as widely as possible.

b)   To ensure stakeholders are fully engaged and have opportunities to make their views known

c)   To reinforce communication as a two way process.

d)   To deliver effective communication that is accurate, timely, relevant and reliable through a range of appropriate methods and formats.

e)   To develop a greater understanding of how we will deliver the Joint Service Plan for Older People

Guidance Notes

2.2   1.   The language of consultation should be transparent and honest.

2.   The consultation process should not be dominated by particular groups or individuals; no views should be excluded or beyond challenge.

3.   Wherever possible service users should be involved in decision making through encouragement to contribute and acknowledgement that everyone's contribution is valued and can bring about change.

4.   Meetings, agendas, information and feedback should be accessible to all in terms of language and consideration of special needs and support.

5.   Help should be given in preparing for meetings and activities.

6.   It should be clear why issues are on the agenda and who has put them there.

7.   Feedback should be given and reasons for decisions explained in all cases.

8.   The decision making process should offer real choice of policies and activities and the implications of each should be clear.

9.   Training should be considered for both service providers and users to facilitate the consultation process.

There should be adequate recognition of the time and resources needed to achieve effective consultation and of the efficiencies such consultation can lead to.

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SECTION 3

Consultation and Communication Standards

3.1 The Council is committed to adhering to 3 general standards for community engagement, which are:-

Standard 1: Openness
Standard 2: Timeliness
Standard 3: Inclusion

STANDARD 1: OPENNESS

Consultation should be open and transparent for consultees with the reasons for consultation, the decision to be made, and the ways in which the consultation will influence the decision, made clear. In order for users, carers and staff to have a real opportunity to influence decision making and ultimate outcomes, they need good quality information, in accessible formats, about

- what services offer (in order to know what they can expect)
- their "rights" as service users, carers and staff
- information about the issues being consulted on, and their context
- what is on offer in terms of consultation and involvement in decision making, any issues that are not open to consultation, and the reasons why.

STANDARD 2: TIMELINESS

It is important to ensure that timescales will accommodate good quality consultation, and enable all stages of the Consultation Model to be adequately addressed. Consideration should also be given to how the findings of consultation work will link in with the Project Board/Team meetings.

STANDARD 3: INCLUSION

It is important to ensure that consultation is inclusive, and recognises that some people may be less accessible to consult with than others. People with whom a more tailored approach may be appropriate, both in terms of finding them and entering into a dialogue, include:

- people who may feel culturally isolated from the mainstream activities of Community Services.
- people from ethnic minorities, who may require interpretation, translation and recognition of cultural norms such as an oral tradition in communicating
- people with sensory impairment, learning disabilities or dementia, who may require special methods to facilitate communication
- users and carers who may feel alienated from, or even suspicious of Community Services perhaps through not having chosen to be a user
- people who for a range of reasons, have difficulty in accessing services
- some groups, such as working carers, have less spare time than others; they may also have little energy to engage in consultation, and may require additional

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　　resources to enable them to take part
- ❑ some communities are geographically isolated
- ❑ non-users and potential carers.
- ❑ we need to recognize that some people may just not be interested in being consulted by public bodies.

Making consultation inclusive is important because:

- ❑ consultation exercises often need to find out the views of a cross-section of the population as a whole; and
- ❑ different sections of the community, particularly minorities, may have needs or views that are different from those of the majority and, if they are not consulted effectively, these needs or views may remain invisible.

The following are examples of how obstacles to inclusive consultation can be overcome. In addition, access to meeting places is a vital consideration in conducting inclusive consultation, e.g. times of meetings, sitting services for carers, transport. There are likely to be additional resource implications in addressing these obstacles.

Ways of including all appropriate stakeholders:

- ❑ making large-print or taped versions of questionnaires available for survey panel participants;
- ❑ making sure that public meetings or fora are held in accessible buildings;
- ❑ printing Braille and large-print messages on postal consultation forms informing people with poor eyesight how they can participate;
- ❑ making sure that face-to-face interviews are carried out in a way that enables people with hearing difficulties to participate; and
- ❑ carrying out consultation exercises within services that are used by Older People.

3.2　In addition, Community Services will adhere to the following key principles in its consultation and communication activities for Redesigning Services for Older People. These key principles are to be:

a) *Accessible*
　　Community Services will involve internal and external stakeholders and will make information widely available in a variety of formats.

b) *Appropriate*
　　Community Services will endeavour to provide current and accurate information, to the right place, in the right way and at the right time.

c) *Clear*
　　Community Services will communicate using plain English that is jargon free and expressed simply.

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d) Effective
Community Services will make use of easy and reliable systems, will avoid duplication and will add value through working in partnership where possible.

e) Professional
The Council will aim to achieve the highest possible standards in the issue of any communication or publications and will use Council logos.

f) Honest
We will aim to build and maintain trust through honesty, consistency and integrity.

g) Informative
We will aim to maintain a strong two way flow of information.

h) Open
We will encourage openness, transparency and participation.

i) Consistent
We will promote a clear and consistent understanding of the Council's Redesign of Services for Older People and the Joint Service Plan for Older People and will seek to minimise misunderstanding and misinformation.

3.3   In pursuing these objectives, Community Services will also:

a) Permit sufficient time for consultation periods.

b) Be clear about what the proposals are, who may be affected, what questions are being asked and the timescale for responses

c) Utilise cost effective means of communication, wherever possible.

d) Assist and facilitate the provision of feedback where possible, for example by supplying pre paid envelopes where electronic means are not preferred or available to the respondee.

e) Record views expressed and ensure that these are considered.

SECTION 4
Areas for Consultation

4.1   The areas relevant for consultation and the areas on which Community Services with NHS colleagues are committed to consulting with stakeholders and interested parties, are as follows:

The first priority will be to consult on:

a) the redesign of services for Older People to ensure all stakeholders understand the reasoning behind this including:-

Consultation Strategy   8

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I. Current position (2007)

II. Proposed models of care services

III. advantages and disadvantages of redesign of services

IV. our 2010/ 2020 vision

Thereafter focus will include promoting effective communication and consultation on the following issues:

b) Developing progressive care housing.

c) Developing Single Care Homes including dementia care.

d) Developing personal home care services.

e) Developing joint strategies with Argyll and Bute CHP in relation to Preventative/ anticipatory services

f) Developing Day Care Services

SECTION 5

Stakeholders

5.1 The scope and diversity of stakeholders in relation to Redesigning Services for Older People is particularly wide ranging, given the need also to capture views of those who may use services in the future, thus making the issue of effective consultation and communication more crucial.

5.2 The following list represents those individuals or groups most likely to have an interest in this area and therefore, are those parties that must be reached through appropriate communication:

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     a)   Service Users
     b)   Council care homes (staff, residents and their families)
     c)   Council Day Care Centres (staff, service users and their families)
     d)   Home care service users and families and staff
     e)   Independent care providers in Argyll and Bute
     f)   Elected members
     g)   "Friends of" Groups
     h)   Future possible residents and service users
     i)   Local communities
     j)   Media
     k)   MPs
     l)   MSPs
     m)   Argyll and Bute CHP /Argyll and Bute Community Health Partnership
     n)   Representative groups (such as Argyll CVS, Age Concern, Carers Networking Board, Alzheimer Scotland, Community Care Fora, Better Government for Older People)
     o)   Staff
     p)   Trades Unions

5.3   Community Services will require to ensure that the views of those who may not currently require care services for older people, but who may require these services well in to the future, are captured. In order to reach these individuals and other interested parties, a press release will be issued, inviting individuals to participate in the process and seeking contact details to be added to the database of stakeholders to receive communication.

5.4   This could be in the form of asking for written comments in paper format to a central email address etc.

SECTION 6
Methods of Consultation

6.1) Consultation and Communication Lead Officer

Purpose and Detail
A Consultation and Communication Lead Officer will be appointed to act as a single point of contact for all consultations, and to co-ordinate all consultation and communication activity.

Reporting
The Consultation and Communication Lead Officer will be responsible for recording consultation and communication activities and for ensuring consideration of comments received.

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6.2) **Open Public Meetings**

Purpose and Detail:

Open Public Meetings will be held in localities within Argyll and Bute.

Public meetings often have very low attendance, and those people who do attend are often not representative of the population as a whole. More people will come if they are directly affected by or concerned about the issue, or where their interest is attracted.

We will ensure these events are well publicised by posters, leaflets and invitations. Open meetings offer a convenient and transparent way to demonstrate public consultation and build up good relationships. They can complement other forms of consultation.

To make these successful:

- Careful thought will be given to the venue to ensure that the consultation takes place somewhere that is accessible to those we want to take part, and where people will feel comfortable.

- We will go out to venues that people use anyway to encourage higher attendance.

6.3) Inviting written comments on draft proposals and reports

This is a formal means by which stakeholders can be invited to comment on policies and proposals. The aim is to get the best spread of views from those most likely to be affected, and from those with most to contribute.

All consultation documents will be concise, clearly laid out and written in simple language that will be understood by the intended audience, avoiding jargon. They will make clear:

❑ the purpose of consultation and, if appropriate, the objective of the proposal;
❑ the issues on which views are being sought; wherever possible they should take the form of clear questions and/or options;
❑ an explanation of what decisions, if any, have already been taken and an explanation of why a particular option is favoured;
❑ the deadline for responses, and wherever possible an outline of the proposed timetable for the rest of the decision-making and implementation processes;
❑ the name of a person whom respondents can contact if they have further queries.

To assist the process:

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- **Publicity:** We will publicise the existence of the document (for example, through an appropriately targeted press release), and wherever possible use the Internet to publish and receive replies.

- **Format:** We will deal sympathetically with requests for documents in other formats/languages. If necessary, we will consider other ways of consulting ethnic minority groups or people with special needs, for example, through face-to-face discussions.

- **Timing:** We will allow people consulted, enough time to reply, making allowances for holiday periods and other potential timing difficulties. We will make it clear in advance how responses will be acknowledged.

- **Reporting**: The results of all consultation exercises will be carefully analysed. Once a decision has been taken on the way forward, respondents will be informed promptly of how the work will proceed, and how the decision will reflect the results of the consultation.

- **Feedback:** We will produce and make available a summary of views and information collected from the consultation exercise

6.4) Open Days, Roadshows and Exhibitions

Open days are structured meetings, with formal presentations and discussions.

Roadshows are similar, except that we will go to communities rather than expecting communities to come to us. Both can be used in order to obtain the public's views on key issues, such as preventative/anticipatory services, demonstrations or exhibitions for designs and interior design for the delivering of single care, including dementia care and progressive care housing such as Jura Progressive Care Centre and the proposed Mull Progressive Care Centre.

These can provide an easy way to publicise services and provide information to service users, and give service users a chance to become familiar with premises and meet staff, so promoting good relations. They can also be a way of talking to people who don't currently use the service but might in the future.

Messages can be relayed in many different ways. Simple information stands or displays, or something technical e.g. a video or slide show can be useful.

To assist the process

- **Venue:** An open day may be held at service locations so that service users can see services for themselves. When undertaking a road show around the area, we will make

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sure that the locations used are suitable for the purpose, and that there is good access for service users and potential service users.

- **Timing:** We will try to arrange times most convenient for appropriate stakeholders.

- **Publicity**: We will publicise the event well and use a variety of methods to let people know what is happening (e.g. notices in local newspapers, posters in local grocery shops/post offices, leaflets at sheltered housing/lunch clubs, day care services etc, invitations, informing local groups, local radio).

- **Feedback**: We would like to get as much feedback as possible from those who attend. As well as the specific comments of those who do come, we may use demographic information to show you which groups have not been represented. Comments will be collected in a variety of ways, from staff recording relevant points, to the public posting comment cards into a box.

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6.5) ***Face to* Face *Meetings***

Face-to-face interviews are flexible enough to allow users' own priorities and new issues to be raised that the organisation may not be aware of. These are useful for gaining views from individuals who may be excluded from mainstream consultations (such as people from disadvantaged groups), and may help explore sensitive or personal issues.

6.6) Questionnaire-based surveys

Quantitative research gives statistics in response to set questions. For instance, it could tell what proportion of service users would like day care service hours extended to late pm. or the aspects of a service that users would most like to see improved. It enables views from a widely representative group of users to be collected, and can be a good method of getting the views of non-users and can help to get the views of individuals in a disadvantaged minority.

This method can give statistically reliable information (i.e. it will be reasonably certain that the answers given by the sample represent those of the entire group) – providing the sample is constructed correctly. Quantitative surveys can be face-to-face or conducted over the telephone by an interviewer, or postal (i.e. self-completion).

Quantitative research will tell us what proportion of people think something but, unless planned carefully, it won't tell why. It can also fail to pick up on what might be significant problems for service users, but which were not considered when drafting questions.

To assist the process

- **Questions:** We will try to ask the right questions by having discussions with relevant groups or talking to local organisations who represent service users. A poorly designed survey can give misleading results, and a self-completion questionnaire will not be suitable for complex questions.

- **Testing:** We may pilot the questionnaire on a small group to determine if they understand the questions. The questions need to get meaningful results. We will avoid leading questions, and only ask one question at a time.

- **Design:** the layout of self-completion forms is important. A large print size, plenty of space for people to write, clear instructions and questions, putting everything in a logical order and asking for personal information at the end rather than the beginning will all increase the chances of people completing the form. We will try not to use a long questionnaire which may be off-putting.

- **Removing barriers:** We will try to ensure any barriers to participation are removed eg We may offer to translate questionnaires in other languages, use an interpreter; use an interviewer for people who might have difficulty reading; use Braille or audio with visually impaired people; include a reply-paid envelope for postal surveys.

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- **Confidentiality:** We will allow people to remain anonymous by making it clear that individuals will not be identified in publications.

- **Responses:** We will try design the questionnaire carefully, and include a pre-paid reply envelope. If only a small number of people respond, we will take into account that results may be unreliable.

6.7) User Panels

A user panel allows a small group of users and managers to discuss user concerns. Whereas a focus group usually only meets once, a user panel will meet regularly over a long period. User panels can be a useful way of focusing on user issues, developing ideas for improving services, and providing a useful sounding board on which to test plans and ideas. It is a method of involving users in decision-making processes.

User panels:

- Will help us to focus on issues from the user perspective
- Create a continuing dialogue with users
- Provide relatively quick feedback
- Add credibility to the consultation process.

To assist the process;

- **Composition:** We will consult staff, users and representative groups about the proposed brief, membership, balance etc. We will keep user panels to a maximum size for effective functioning ie. Approx. 12, including staff/group leader.

- **Purpose:** We will have clear objectives for the group, for example: 'to make the service more friendly and easy to use'.

- **Access to decision makers:** We will ensure that the group has access to managers to make things happen. We will be prepared to listen, learn and act from these.

- **Skills:** We will draw up a clear 'job description' and list the main qualities and experience needed for membership.

- **Length of appointment:** Members will be appointed for a fixed period

- **Facilities:** We will provide support for panel members: give them access to information, somewhere to meet, expenses for attending meetings, photocopying and secretarial facilities.

- **Timing:** We will allow time for representatives to refer back to user groups or to consult others to ensure accountability and credibility.

Appendix 3

6.8) Local Focus Groups

Purpose
- The purpose of these workshop style groups will be to provide the vehicle for engaging with and seeking views from, staff, service users and their families and other local interested parties at each of the care homes/day care services, on specific consultation areas.

Membership
Membership will consist of :
- Staff, Service Users and their families and other local interested parties at each of the care homes/day care centers/and within home care services.
- NHS and Council representatives.

Organisation
- The Area Manager will be responsible for organising and facilitating the affairs of the group and will chair all meetings.
- Sufficient advance notice will be given for meetings of the group.
- Advance notice of the proposed content and format of the workshop will also be given.
- Minutes will reflect areas of discussion and will be distributed as soon as practicable following the meeting.

Reporting
- Minutes of the group will be available to the Project Team and Project Board and will be posted on the Council's web site.

Frequency
- The group will meet at a suitable venue in each locality to discuss the specific consultation areas, at the appropriate timing in the process.

6.9) Trades Union Group
Purpose
The purpose of this group will be to discuss and consider staffing issues in relation to the project.

Membership
Membership will consist of:
- Trades Union representation.
- Argyll and Bute Council representation.
- Argyll and Bute CHP representation.

Appendix 3

Organisation

- The Council Lead Officer will be responsible for organising, facilitating and chairing the affairs of the group. A representative of the Council's Chief Executive's Service – Personnel Section, will attend all meetings.
- Sufficient advance notice will be given for meetings of the group.
- Agendas will be issued prior to the meeting and relevant papers to be attached or listed as background.
- Agendas to be followed with due regard to time.
- AOCB will not feature, as all items will be advised in advance unless in exceptional circumstances and where this is cleared with the Chair prior to the start of the meeting.
- Minutes will reflect action points only and will be distributed as soon as practicable following the meeting.

Reporting

- Minutes of the Trade Union Group will be available to the Project Team and Project Board and will be posted on the Council's intranet

Frequency

- The group will meet every quarter and more frequently where specific items are being consulted upon.

6.10) Seminars for Elected Members

Seminars will take place for elected members at appropriate times to ensure that they are fully aware of the process..

Appendix 3

SECTION 7

Means of Communication

7.1 Community Services with CHP colleagues, will adopt a variety of means of communication to disseminate information as widely as possible and to promote a clear understanding of its plans and proposals to Redesign Services for Older People, and will do so through the distribution of written material and through the opportunity for face to face dialogue with Council and Health representatives.

7.2 The various methods of communication that will be utilised are as follows:

a) **Newsletters**

Description

The Council with input from the CHP, will produce a quarterly newsletter to update those concerned on progress on the various strands of activity, timescales, forthcoming events and advising of decisions about to be made by the Council or NHS in respect of services for older people and decisions having been made by these bodies about these services. Further newsletters may be produced at times of increased activity. Newsletters will be posted on the public folders web site, distributed to the database of stakeholders, distributed to the care homes/day care centres and will be available in GP surgeries and local Social Work Offices..

b) **Web Site**

Description

A joint Community Services/CHP web page will be created to contain all relevant information in relation to redesigning Services for Older People. This will include contact details, newsletters, minutes of meetings, strategies, progress reports, consultation papers, details of forthcoming meetings and will advise of Project Team/Project Board Meetings and provide links to Project Team/Board papers and Council Committee meeting minutes. An e-mail alert system will be in operation, which will advise those signing up to the alert system, of when new information has been posted. The Consultation and Communication Lead Officer will be responsible for the content of this site and for keeping it up to date

Frequency

The web site will be updated as and when new information becomes available.

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c) Comments
Description
All communication and publications issued will contain the contact details (including e-mail address) of the Consultation and Communication Lead Officer. All comments received will be acknowledged, recorded and logged. All requests for information will be dealt with in accordance with the Freedom of Information (Scotland) Act 2002.

Frequency
All comments received will be acknowledged upon receipt. All requests for information will be responded to within the statutory requirement of 20 working days.

d) Media

Description
Community Services will use media and press releases to encourage favourable media coverage and to publicise key stages and events. Community Services will ensure a robust and prompt response to media queries and will be proactive in countering any misinformation reported.

Frequency
Press releases will be issued at the key stages and as and when required, to clarify any misinformation.

e) Drop in Sessions

Description
Drop in sessions at each of the care homes/day care centers for staff will be held on a quarterly basis to coincide with the issue of newsletters. These sessions will be conducted by the Area Manager (or their representative) and will enable staff to ask questions. A similar session will be held for service users and their families. Issues raised at these drop in sessions will be recorded and where appropriate, a response will be provided to the enquirer or the issue will be addressed in the next newsletter. Feedback on these newsletters will be encouraged.

Frequency
The drop in sessions will be arranged to coincide with the issue of newsletters and will be held quarterly.

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