

# Argyll and Bute CPP Single Outcome Agreement 2013-23 Delivery Plan

**Overarching outcome: Argyll and Bute’s economic success is built on a growing population.**

<b>OUTCOME 5: People live active, healthier and independent lives</b>		Outcome Lead – Elaine Garman, NHS Highland
<b>Main areas of focus included within this outcome:</b>		
Everyone has the opportunity to be physically active and active members of their community. People are enabled to live independently, with meaning and purpose, within their own community. People are empowered to lead the healthiest lives possible. Healthier choices are made regarding alcohol and drugs and people are enabled to recover from substance misuse. Mental health improvement strategies are promoted by the CPP. The health inequalities gap between the best off and the worst off in Argyll and Bute is reduced.(health inequalities)		
<b>Community Planning Partners delivering on this outcome:</b>		
Argyll and Bute Council NHS Highland Third Sector Partnership Police Fire Registered Social Landlords / Housing Associations Home Energy Scotland (Brian) HIE (Resilient Rural Communities Strategy) SNH (access) ADP (Strategic Partnerships)		
<b>Community Planning Partnership SOA Performance Indicators:</b>		
<b>Preventative measures and early interventions:</b>	<b>Lead organisation</b>	
<b>Equality outcome</b>	<b>Lead organisation</b>	
<ul style="list-style-type: none"> <li>People with a learning disability and autistic people will have an increased understanding of their NHS consultation and care as interaction, communication and engagement with NHS staff is improved</li> </ul>	<ul style="list-style-type: none"> <li>NHS Highland</li> </ul>	

<ul style="list-style-type: none"> <li>• Our service delivery is sensitive to the needs of all users</li> </ul>	<ul style="list-style-type: none"> <li>• ABC</li> </ul>
<ul style="list-style-type: none"> <li>• The needs of individuals who provide unpaid care and support are recognised and met including young carers</li> </ul>	<ul style="list-style-type: none"> <li>• ABC</li> </ul>
<ul style="list-style-type: none"> <li>• The individual needs of all recipients of care are recognised</li> </ul>	<ul style="list-style-type: none"> <li>• ABC</li> </ul>
<ul style="list-style-type: none"> <li>• More lesbian women, autistic women, women with learning disabilities, and women from ethnic minority groups will undergo routine smear testing, and have the opportunity to benefit from the same early detection rates of cervical changes that are accessed by women who do not belong to these groups.</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Highland</li> </ul>
<ul style="list-style-type: none"> <li>• Men of working age will have increased opportunity for health improvement as a result of specially targeted health improvement services</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Highland</li> </ul>
<ul style="list-style-type: none"> <li>• Better Health is accessible for Gypsy Traveller people through wider uptake of health improvement support and services</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Highland</li> </ul>
<ul style="list-style-type: none"> <li>• Women who experience Gender Based Violence will receive health services that meet their needs</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Highland</li> </ul>
<ul style="list-style-type: none"> <li>• Improved sexual health amongst men and women with learning disabilities through easier access to services and to appropriate advice about contraception and other aspects of sexual health</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Highland</li> </ul>
<ul style="list-style-type: none"> <li>• People with access support needs will experience improved access to NHS services</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Highland</li> </ul>
<ul style="list-style-type: none"> <li>• People who have mental health problems will be able to access NHS services without fear of stigma or discrimination</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Highland</li> </ul>
<ul style="list-style-type: none"> <li>• People with visual impairments and autistic people will have a prescribing service that meets their specific needs</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Highland</li> </ul>
<ul style="list-style-type: none"> <li>• Older LGB and T people in residential care and end of life care have their relationships respected and supported by staff</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Highland</li> </ul>

**SHORT TERM OUTCOME 5.1 People are empowered to maintain their independence and are an integral part of their local communities. (include environ, physical disability)**

Short term outcome Lead - Jim Robb

Actions on this short term outcome		Target completion date	Lead Organisation/ Partnership	Lead Officer	Performance Indicators for this short term outcome	Target Performance (increase/decrease/ frequency of data, etc)
5.1.1	Continue to shift the balance of care from institutional to community based settings		Joint Commissioning Group	Pat Tyrrell/Jim Robb	<ul style="list-style-type: none"> <li>Number of those supported in the home through interventions delivered by independent sector, third sector or Self Directed Support to maintain independence</li> <li>% of people receiving any care or support who say they are able to live where they want</li> <li>% of people receiving any care or support who say they have a say in the way it is provided</li> </ul>	<p>Increase by 5%</p> <p>50%</p> <p>50%</p>
5.1.2	Promote and develop care and support at home that contributes to preventing avoidable admissions to hospital or residential care		Joint Commissioning Group	Pat Tyrrell/Jim Robb	<ul style="list-style-type: none"> <li>Reduce by 20% rate of all ages admitted as an emergency admission</li> <li>Reduce by 10% rate of emergency bed days for all ages</li> </ul>	<p>Reduction of 20%</p> <p>Reduction of 10%</p>

					<ul style="list-style-type: none"> <li>• Reduce by 5% rate of emergency bed days for patients aged 65+</li> <li>• Reduce by 5% rate of emergency bed days for patients aged 75+</li> <li>• Increase by 10% number people aged 65+ receiving 10+ hours of home care</li> <li>• Increase by 10% number of telehealth homepods</li> </ul>	<p>Reduction of 5%</p> <p>Reduction of 5%</p> <p>Increase by 10%</p> <p>Increase by 10%</p>
5.1.3	Promote and build social networks that may sustain people to live more independently for longer		Joint Commissioning Group Some minor input through HIE Community Account Management (contact Kerrigan Grant HIE)	Pat Tyrrell/Jim Robb	<ul style="list-style-type: none"> <li>• Increase attendance levels of social and activity groups by 10% each year</li> <li>• Increase number of community support networks and groups which help maintain independence</li> </ul>	<p>Increase by 10%</p> <p>20% of networks/groups</p>
5.1.4	Remodel services to reflect increased personalisation through self directed support		Joint Commissioning Group	Pat Tyrrell/Jim Robb	People are accessing self directed support option	X number
5.1.5	All service providers use an approach which encourages mobility and promotes strength and balance reducing falls in older people		Joint Commissioning Group	Christine McArthur	<ul style="list-style-type: none"> <li>• Maintain / increase community staff and volunteers trained to deliver falls prevention awareness</li> <li>• Contribution to mobility is a standard requirement for services (funded / contracted) by public sector</li> </ul>	<p>Increase by 10%</p> <p>Evidence that standard is included in contracts</p>

5.1.6	Maintain a new build social housing programme including housing for varying needs to enable people to live more independently		Argyll and Bute Strategic Housing and Communities Forum  Some minor input through HIE Community Account Management (contact Kerrigan Grant HIE)		Increase the number of new housing for special needs	Increase by 5%
5.1.7	Improve the quality and condition of housing, including energy efficiency		Argyll and Bute Strategic Housing and Communities Forum		Fuel poverty is reduced by 5%	Reduction of 5%
5.1.8	Carers are identified, supported and enabled to fulfil their roles.		Joint Commissioning Group	Pat Tyrrell/Jim Robb	% of carers who feel supported to continue in their caring role	50%
<b>SHORT TERM OUTCOME 5.2      Individuals are more physically active. (include environ)</b>						
Short term outcome Lead - Muriel Kupris						
<b>Actions on this short term outcome</b>		<b>Target completion date</b>	<b>Lead Organisation / Partnership</b>	<b>Lead Officer</b>	<b>Performance Indicators for this short term outcome</b>	<b>Target Performance (increase/decrease/frequency of data, etc)</b>
5.2.1	Work in partnership to tackle obesity and diabetes		NHS	Debbie Kirby	Increase the number of patients accessing Counterweight programme And see 5.2.2	Increase by 20%
5.2.2	Improve access and develop more opportunities for people to participate in physical exercise/activity	March 2016	NHS/Argyll and Bute Council Leisure Services	Muriel Kupris	Increase the completion rate of the Argyll Active Programme (baseline 34%)	Increase from 34% uptake to 44% uptake
		March 2016	Argyll and Bute Council Leisure Services	Muriel Kupris	Increase the of range of fitness class opportunities for older people	Increase of 10%

		March 2016	Argyll and Bute Council Housing/Leisure Service	Muriel Kupris/Moira MacVicar	Increase the access to adult leisure programmes (through ABAN and ABAT groups)	20 new users
		March 2017	Argyll and Bute Council Leisure and Youth Services/Education	Muriel Kupris/Anne Paterson	Increase the number of children actively involved in out of school activities/sport	5% increase of the number of children 2% increase in the number of clubs linked to schools
		June 2014	Argyll and Bute Council Education	Anne Paterson/Rona Young	100% of schools providing 2hours of physical education per week in schools curriculum	100%
5.2.3	All service providers use an approach which encourages mobility and promotes strength and balance reducing falls in older people	April 2014	Argyll and Bute Council/NHS	Christine McArthur	Get agreement from nursing and residential homes to promote appropriate physical activity	25% of nursing and residential homes promoting physical activity
5.2.4	Increase accessibility to outdoor environments / green spaces		? SNH ?Forestry Commission Coastal Trust?	?	Increase proportion of adults making one or more visits to the outdoors per week	Increase by 5%
<b>SHORT TERM OUTCOME 5.3 Individuals make healthier/positive lifestyle choices. (incl environ)</b>						
Short term outcome Lead - Alison McGrory						
<b>Actions on this short term outcome</b>		<b>Target completion date</b>	<b>Lead Organisation / Partnership</b>	<b>Lead Officer</b>	<b>Performance Indicators for this short term outcome</b>	<b>Target Performance (increase/decrease/frequency of data, etc)</b>
5.3.1	Work in partnership to tackle obesity and diabetes					See 5.2.1
5.3.2	Work in partnership to reduce tobacco use	April 2014	NHS	Jill Denton	Reduce % of adult population who smoke	Cumulative target of 1260 having quit at 1 month
5.3.3	Reduction in the harmful use of alcohol within communities and by individuals		ADP	Craig McNally	Reduce rate of alcohol related admissions per 100,000 population	HEAT or local target for ABIs

5.3.4	Reduction in drug related morbidity and mortality		ADP	Dr David Greenwell	Reduction in drug related deaths	Increased Naloxone pathways Increased number of Safer Injecting Equipment outlets across Argyll and Bute
5.3.5	People receive early and brief interventions that are effective in reducing consumption of alcohol		ADP	Craig McNally	Reduce rate of alcohol related admissions per 100,000 population	HEAT or local target for ABIs
5.3.6	Children and young people have access to effective education to support them to become strong and resilient against the harmful use of drugs and alcohol		NHS/Education	Craig McNally	Health and wellbeing embedded in Curriculum for Excellence	Evidence from 4 lesson plans
5.3.7	Evidence based health promotion is delivered in partnership (informing and supporting)		NHS	Alison McGrory	Case studies presented at annual Health & Wellbeing Partnership Day	4 case studies
5.3.8	Increase accessibility to outdoor environments / green spaces	See 5.2.4				
5.3.9	There is local availability of fresh food and veg		Health & Wellbeing Partnership	Alison McGrory	Community gardens/allotments established in all localities	Establishment of gardens/allotments
5.3.10	Improve the sexual health of adults and reduce risk of blood born viruses through implementation of Highland and Argyll and Bute Sexual Health and HIV Action Plan 2013 - 2015		NHS	Laura Stephenson	as per the Sexual Health and HIV Action Plan	as per the Sexual Health and HIV Action Plan
<b>SHORT TERM OUTCOME 5.4 Mental health and wellbeing is improved. (environ)</b>						
Short term outcome Lead - Samantha Campbell						
<b>Actions on this short term outcome</b>	<b>Target</b>	<b>Lead Organisation /</b>	<b>Lead Officer</b>	<b>Performance Indicators</b>	<b>Target Performance</b>	

		completion date	Partnership		for this short term outcome	(increase/decrease/frequency of data, etc)
5.4.1	Promote and build social networks		AVA	Glenn Heritage	Guided Self Help staff encourage peer support networks	Increase number of peer support groups
5.4.2	Promote introduction of mental health policies to reduce number of employees of CP partners absent from work due to mental health problems		NHS	Samantha Campbell	Measurement of number of workplaces supported to develop a mental health policy to reduce causes of mental health problems in the workplace and to provide support to people experiencing mental health problems at work	Increased number of mental health policies.
5.4.3	Implement systems which support staff who support at risk groups or have lost patients/clients to suicide		Choose Life	Tracy Preece	Staff report provision of support	Staff report increased support. Annual
5.4.4	Provide a comprehensive training programme that is available to all on suicide awareness, suicide prevention and suicide risk assessment as well as the impact of bereavement by suicide and the links between suicide and self-harm.		Choose Life	Tracy Preece	Numbers attending training	50% of frontline staff have attended training
<b>SHORT TERM OUTCOME 5.5 1. The gap in health inequalities is narrowed. (include physical disability) longer term outcome, may need reworded</b>						
Short term outcome Lead -						
Actions on this short term outcome		Target completion date	Lead Organisation / Partnership	Lead Officer	Performance Indicators for this short term outcome	Target Performance (increase/decrease/frequency of data, etc)
5.5.1	Implementation of Keep Well in Dunoon		NHS	Alison Hardman	Those invited attend for health check.	Target number of health check achieved
5.5.2	Health and social care explore		NHS/Council	Stephen Whiston	Implementation of activity	Activities achieved.



	models of care for those with multiple morbidities				from February 2014 Conference	
<b>SHORT TERM OUTCOME 5.6 We have accessible high quality services which improve quality of life and wellbeing</b>						
Short term outcome Lead -						
<b>Actions on this short term outcome</b>		<b>Target completion date</b>	<b>Lead Organisation / Partnership</b>	<b>Lead Officer</b>	<b>Performance Indicators for this short term outcome</b>	<b>Target Performance (increase/decrease/frequency of data, etc)</b>
5.6.1	All service providers use an approach which encourages mobility and promotes strength and balance reducing falls in older people				See 5.2.3	
5.6.2	Implement strategy on reablement		NHS	Mary Wilson	As per reablement strategy	As per reablement strategy
5.6.3	Implement RCOP <i>Altogether better long, healthy, active lives</i>		Joint Commissioning Group		As per <i>Altogether better long, healthy, active lives</i>	As per <i>Altogether better long, healthy, active lives</i>
<b>SHORT TERM OUTCOME 5.7 The effects of poverty are mitigated</b>						
Short term outcome Lead -						
<b>Actions on this short term outcome</b>		<b>Target completion date</b>	<b>Lead Organisation / Partnership</b>	<b>Lead Officer</b>	<b>Performance Indicators for this short term outcome</b>	<b>Target Performance (increase/decrease/frequency of data, etc)</b>
5.7.1	The incidence of homelessness is reduced		Argyll & Bute Council	Moira MacVicar	As per homelessness action plan	As per homelessness action plan
5.7.2	The incidence of fuel poverty is reduced		Strategic Housing and Communities Forum ALIEnergy		See 1.4.2 Increase in numbers of insulated homes Incomes maximised	
5.7.3	Reducing inequalities through employment / employability		Employability Partnership		Reduction in long term unemployed Increasing the proportion Positive destinations for young people	
5.7.4	Mitigating the effects of poverty (e.g. food banks)		Health and Wellbeing Partnership	Alison McGrory	Case studies from use of Health & Wellbeing Fund	Increase specific action on poverty
5.7.5	Maximising income & benefits		Argyll and Bute Advice			

		Network			
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Strategic Partnerships	Supporting strategies/plans
<p>Argyll and Bute Advice Network</p> <p>Argyll and Bute Against Domestic Abuse and Violence Against Women Partnership (ADA)</p> <p>Argyll and Bute Community Health Partnership</p> <p>Argyll and Bute Health and Social Care Partnership</p> <p>Argyll and Bute Local Access Forum</p> <p>Argyll and Bute Strategic Housing and Communities Forum</p> <p>Third Sector and Communities CPP Sub-group</p> <p>Health and Wellbeing Partnership</p>	<p>Health and Wellbeing Partnership Joint Health Improvement Plan</p> <p>Mental Health Modernisation and Strategic Framework for Mental Health and Well-being</p> <p>Reshaping Care for Older People</p> <p>A&amp;B Integrated Children’s Services Plan</p> <p>Local Housing Strategy</p> <p>NHS Highland Health Inequalities Action Plan.</p>