



## **Outcome 5: People live active, healthier and independent lives**

Performance Information as at June 2019

**Outcome Lead: Sandra Cairney, Argyll and Bute Health and Social Care Partnership**

**Outcome 1: The economy is diverse and thriving**   **Outcome 2: We have infrastructure that supports sustainable growth**   **Outcome 3: Education, skills and training maximises opportunities for all**   **Outcome 4: Children and young people have the best possible start**   **Outcome 5: People live active, healthy and independent lives**   **Outcome 6: People live in safer and stronger communities**

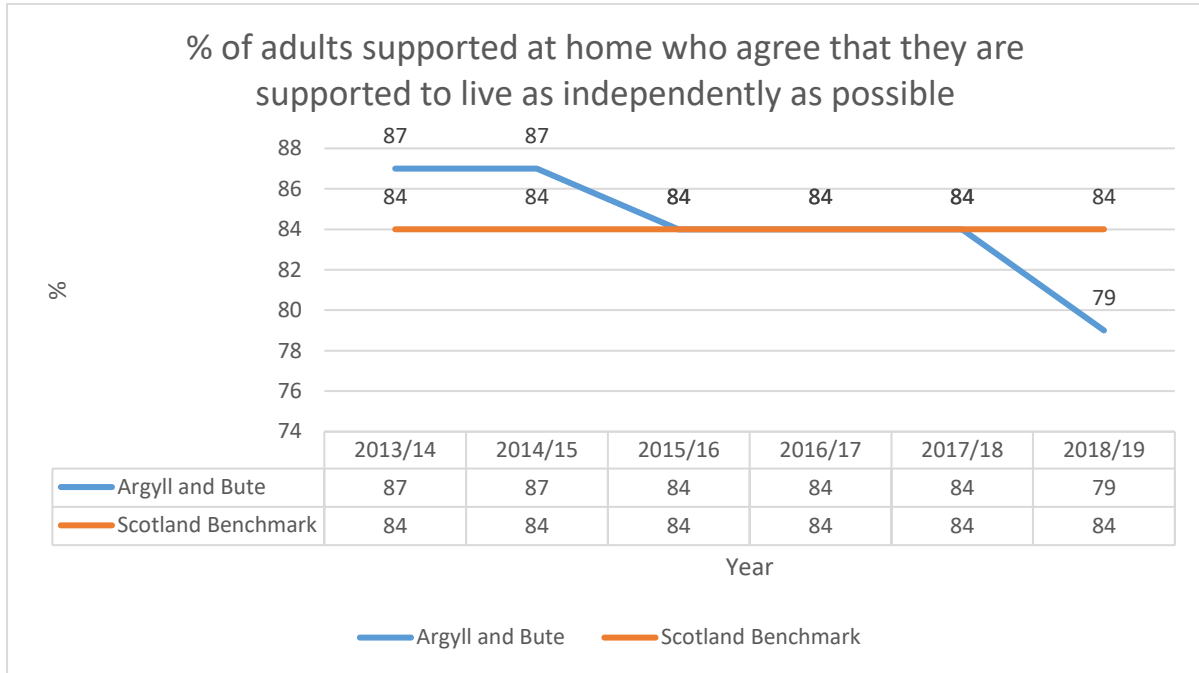
**Activities under Outcome 5: People live active, healthier and independent lives**

<b>Activity</b>	<b>Activity Lead</b>	<b>Progress</b>
Develop CPP agreement in response to falls with a focus on developing a local partnership response across Argyll and Bute with no gaps in provision	Christine McArthur	Not known
Development of a Communication Strategy on Falls Prevention to include a focus on the promotion and distribution of Falls Prevention material to communities and to develop innovative ways to engage with members of the community who could respond.	Christine McArthur	Not known
Develop safe alcohol-free environments for young people within towns and communities	Craig McNally	Complete
Ensure young people have access to information, support and guidance on alcohol to enable them to make informed choices	Craig McNally	On track
Promote awareness of opportunities and activities to increase use of the outdoor environment	Grace McLeod	Complete
Keep informed on the findings of the Childhood Obesity Working Group	Alison McGrory	Complete
Identify where we have examples of good practice in reducing the barriers caused by income as an inequality and establish a baseline	Nicola Hackett	Complete
Poverty Strategy and mitigation including progress on Money Skills Argyll project.	Judy Orr	Complete
Review all partners equality outcome frameworks and map where there are consistencies to pull together a collective action plan.	Alison Hardman	Complete

**Percentage of adults supported at home who agree that they are supported to live as independently as possible**



Source: Health and Social Care Experience Survey

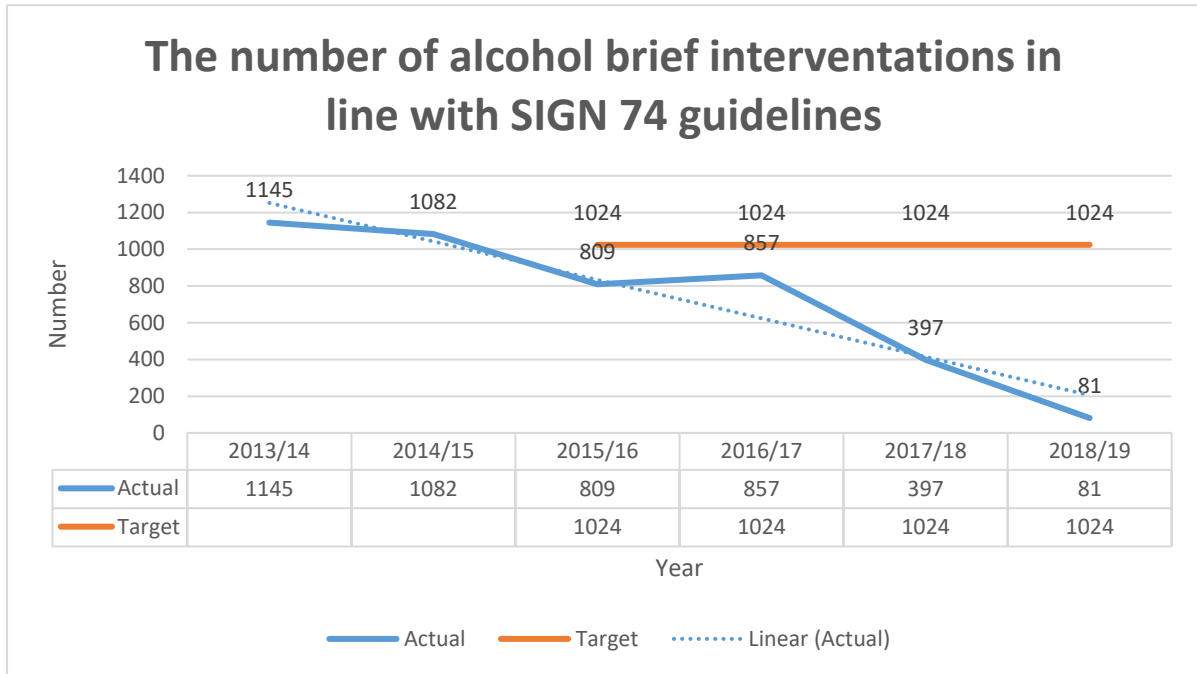


The figure in Argyll and Bute decreased slightly in 2018/2019.

**The number of alcohol brief interventions in line with SIGN 74 guidelines**



Source: Health and Social Care Partnership



Locality Planning groups, utilising their locality profiles are identifying alcohol concerns as a priority. As part of the action plans, ABI will be promoted across services, which includes A&E departments, and maternity clinics.

GP surgeries were conducting the ABIs but this process ceased during 2017/18. A new improved process is being discussed and recording of data to be pursued through CareJust within CareFirst system. The data could then be interfaced to the Daisy system for national recording.

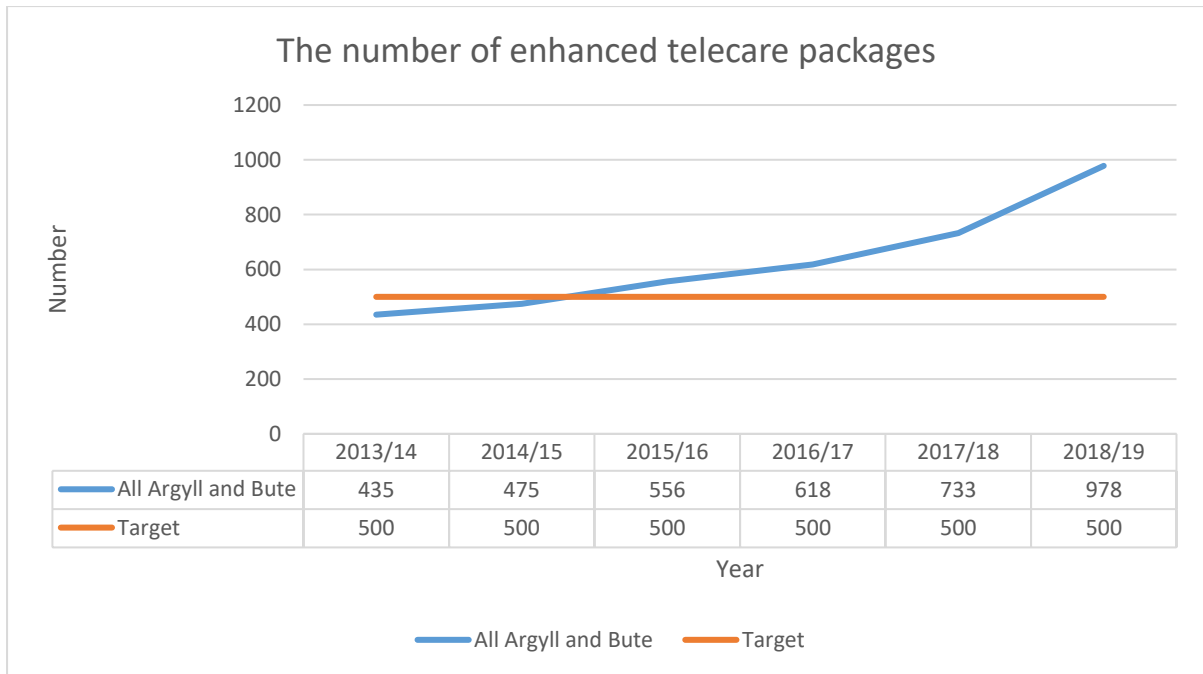
Cultural Perception of level of alcohol problems in the community. Reluctance to admit need for help. LPG's will identify actions to change perception, and encourage uptake of ABI. Locality managers and Local area managers will work with staff to promote uptake.

This work is a continuing process.

## The number of enhanced telecare packages



Source: Health and Social Care Partnership

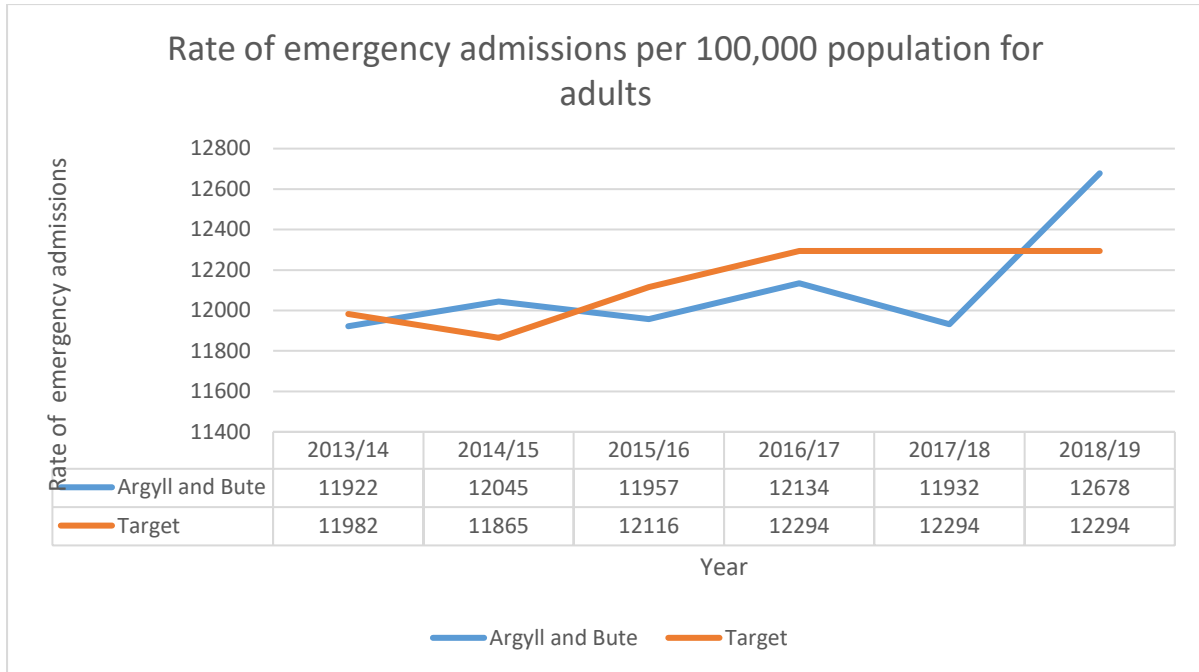


The Health and Social Care Partnership continue to promote the use of telecare and telehealth packages for adults and older people. We are also actively encouraging the use of specialist equipment which includes just checking equipment. This will ensure we can evidence the need for changes in the model of care and move away from traditional and expensive staff sleepovers.

**Rate of emergency admissions per 100,000 population for adults**



Source: Health and Social Care Partnership

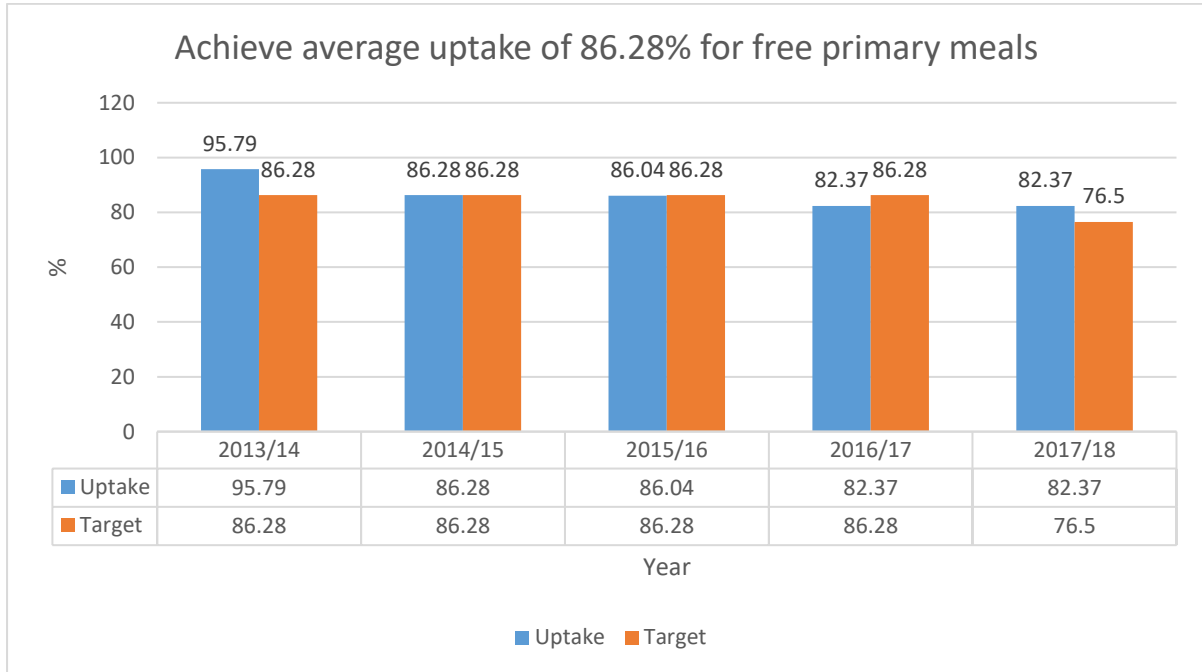


In the 2018/19 financial year there were 12,678 emergency admissions per 100,000 rate

**Achieve average uptake of 86.28% for free primary meals**



Source: Argyll and Bute Council

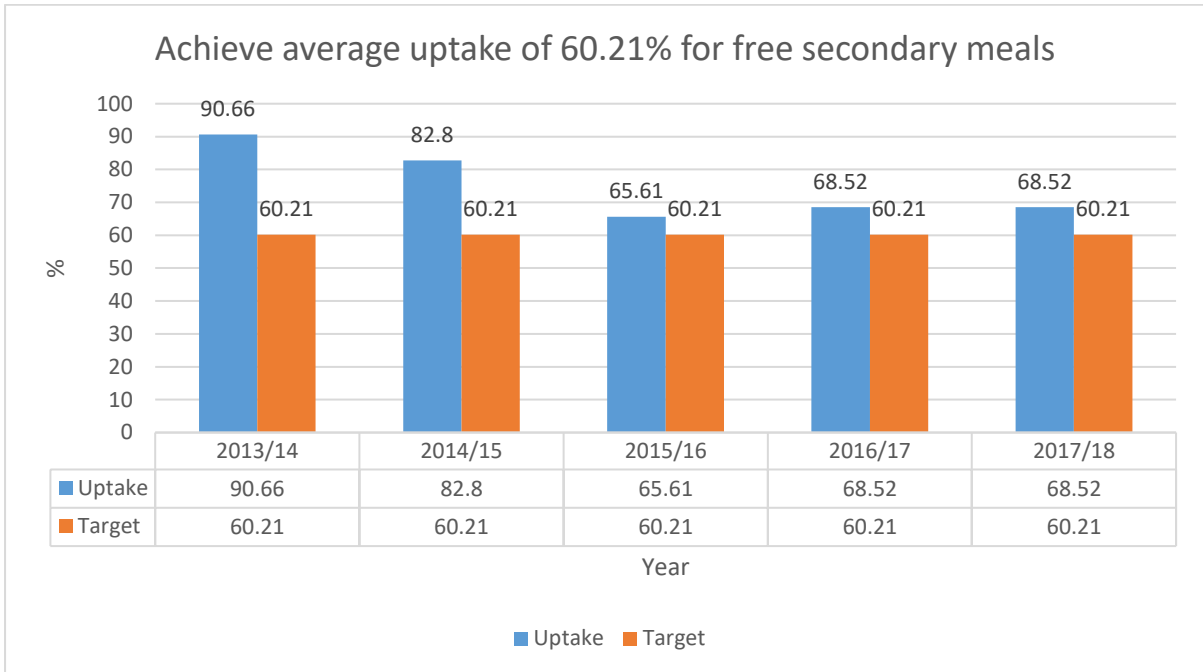


The result of 82.37% for free meal uptake does not include the free meal uptake for Primary pupils in Tarbert Academy, Tiree School and Tobermory School. This is because of how the data is reported. 2017/18 is the latest available information.

**Achieve average uptake of 60.21% for free secondary meals**



Source: Argyll and Bute Council



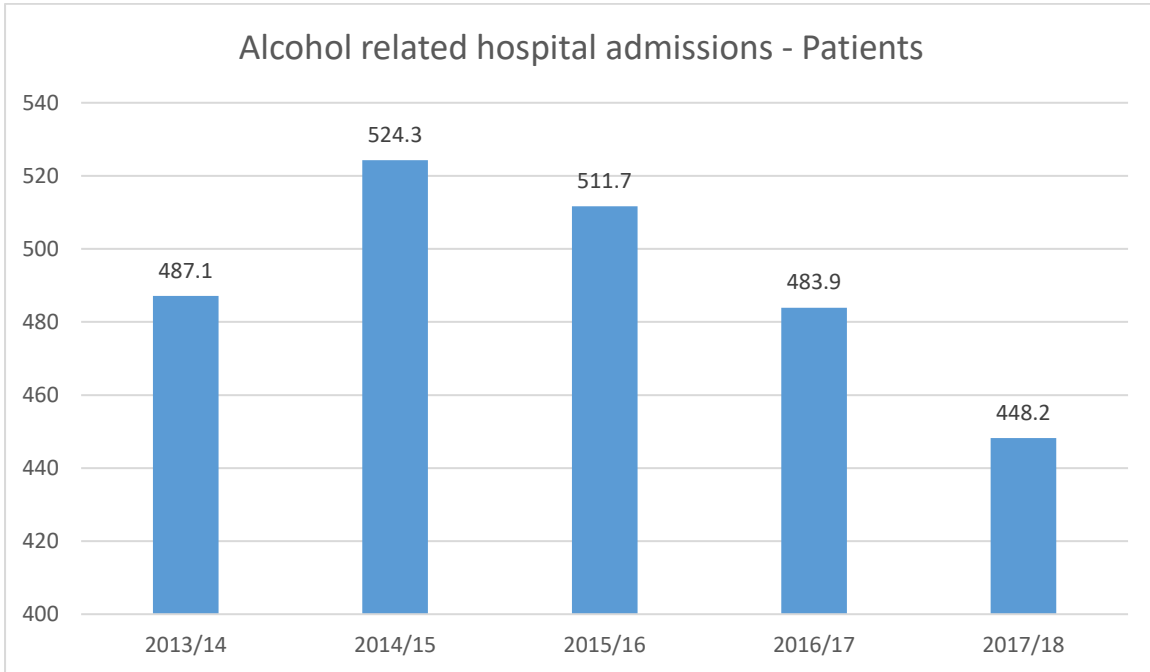
The result of 68.52% for free meal uptake includes the free meal uptake for Primary pupils in Tarbert Academy, Tiree School and Tobermory School. It also includes an estimated uptake for pupils in Lochgilphead Joint Campus and Rothesay Joint Campus. Uptake across Argyll and Bute remains above the Scottish average which is 62.99%. 2017/18 is the latest available information.



**Alcohol related hospital admissions - Patients (EASR per 100,000 population)**



Source: Alcohol and Drugs Partnership

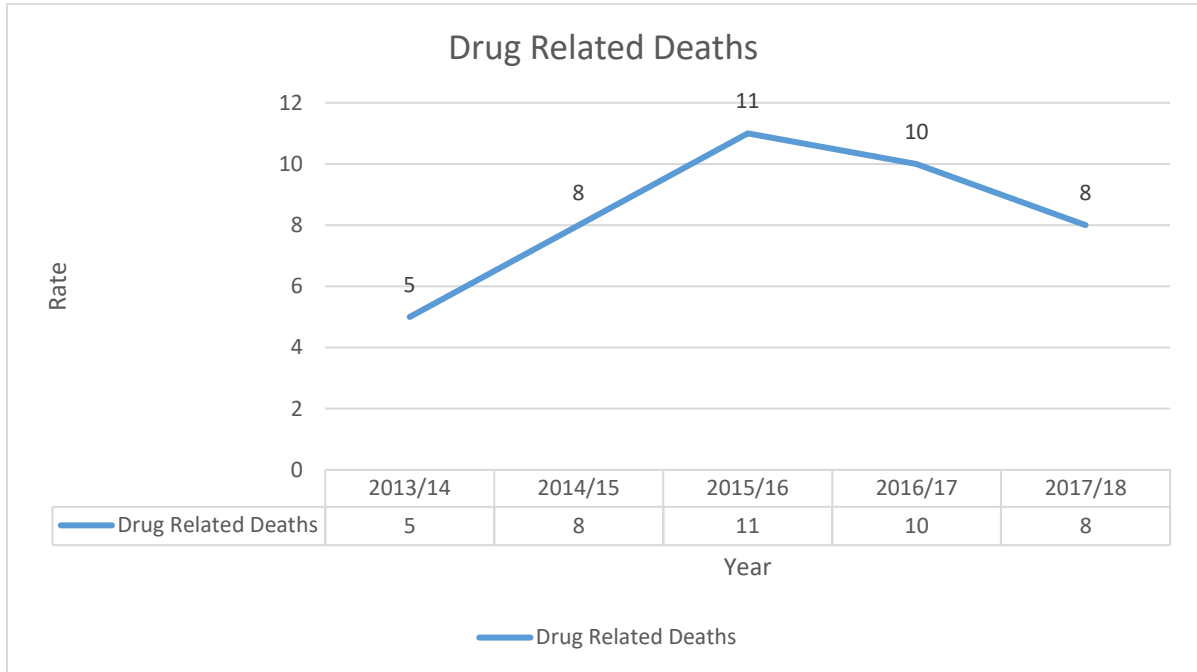


There has been a reduction in the number of alcohol related hospital admissions.

**Drug Related Deaths (per 100,000 of population)**



Source: Alcohol and Drugs Partnership

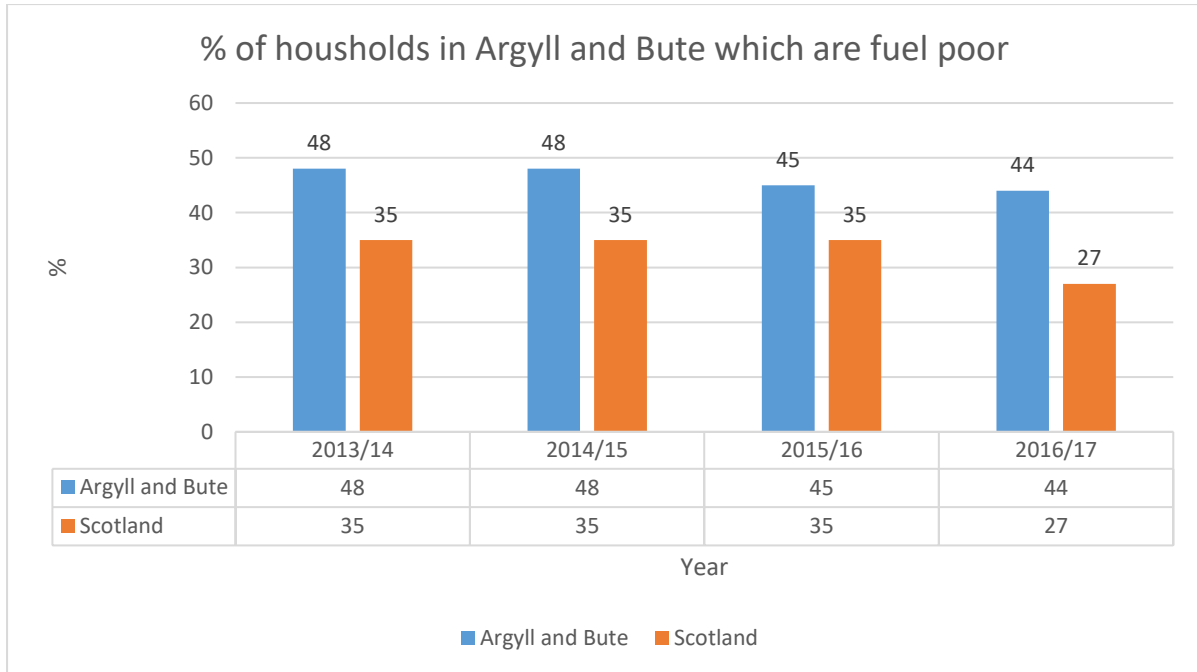


The number of drug related deaths was 8 in 2017/18. This is a decrease on the previous year. This is the latest information currently available.

## % of households in Argyll and Bute which are fuel poor



Source: Scottish House Condition Survey



The Scottish House Condition Survey is published bi-annually.

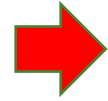
A greater percentage of households in Argyll and Bute are fuel poor, compared to Scotland as a whole.

Fuel poverty is defined as: "A household is in fuel poverty if, in order to maintain a satisfactory heating regime, it would be required to spend more than 10% of its income on all household fuel use. If over 20% of income is required, then this is termed as being in extreme fuel poverty."

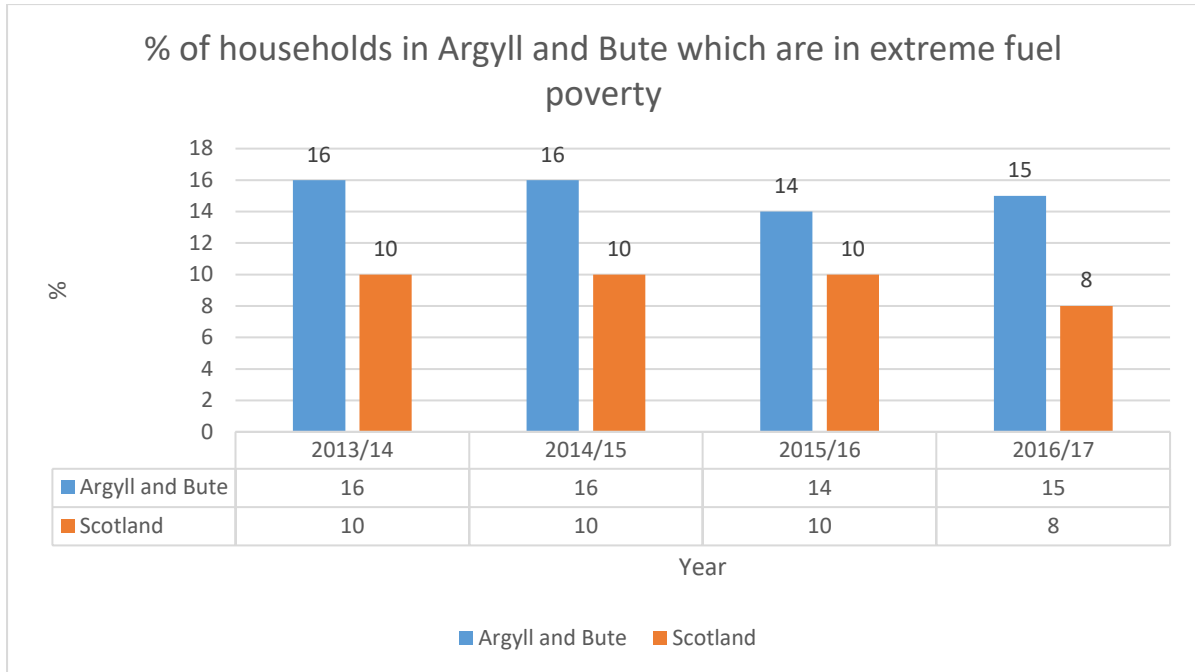
(Source: The Scottish Fuel Poverty Statement, 2002)

*Fuel poverty rates are based on the Scottish House Condition Survey and local authority results for this survey are based on a 3 year pooled sample. This is to obtain a sufficient sample size for results at local authority level.*

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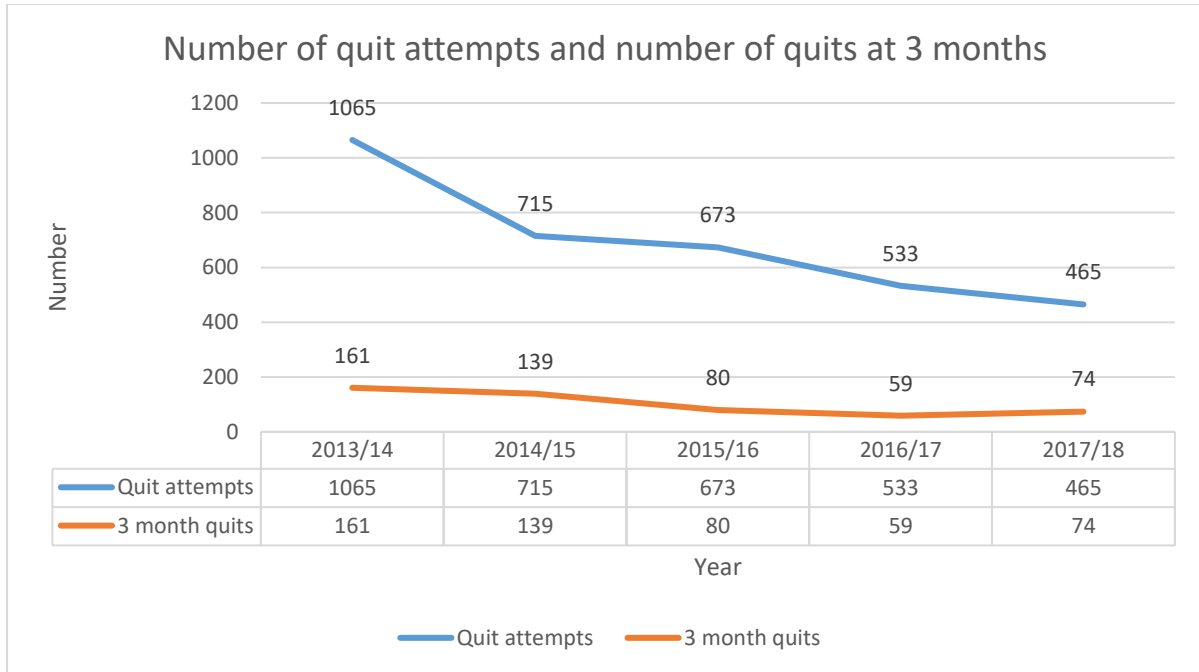
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## Quit attempts, and quits at 3 months (Smoking Cessation)



Source: ISD Scotland

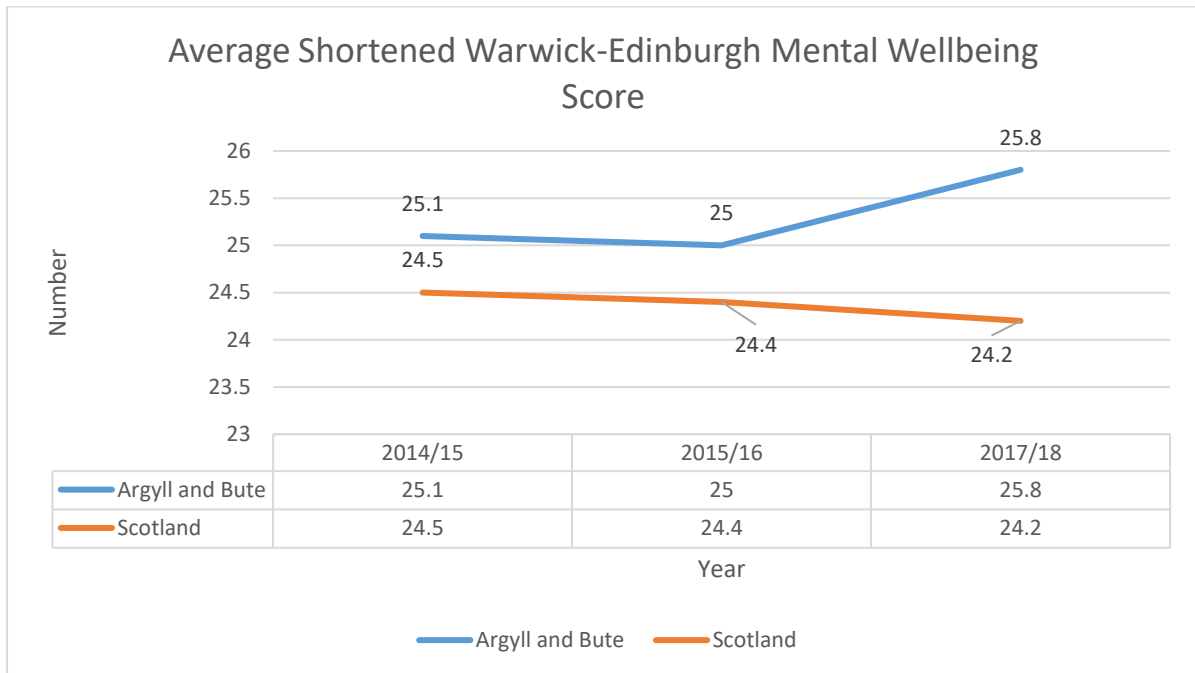


2017/18 is the last available data, showing both a decrease in the number of overall quit attempts and the quit attempts at the 3 month mark.

## Average Shortened Warwick-Edinburgh Mental Wellbeing (SWEMWBS) Score



Source: Scottish Surveys Core Question, Scottish Government



Average is 25.8 out of 35 from a sample of 431 people. Average from Scotland is 24.2 from a sample of 18,048.

A shortened version the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS), is a scale of 7 positively worded items for assessing a population's mental wellbeing. Warwick and Edinburgh Universities were commissioned by NHS Health Scotland to develop WEMWBS in 2006 to support work to develop Scottish mental health indicators.