

DRAFT JANUARY 2005

PART ONE – STRATEGIC PRIORITIES ACROSS ARGYLL & BUTE

Priority 1. Improved Partnership Working on Health and Well Being.			
What needs to change	How change will be measured	What will be done	How will we know we have made a difference
Better links between plans	Fewer individual plans	Identifying all plans relating to health improvement within partner organisations and highlighting opportunities to reduce duplication Roll out of Health Promoting Schools Status to all schools by 2007.	JHIP is the central template used by all partners to improve health and well being
Agreed and understood aims and objectives	More joint plans. Standardised framework used (LEAP)	Agreed partnership aims for each action point	Local objectives being met by agencies working together

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Priority 2. To Reduce the Negative Impact of Alcohol Misuse.			
What needs to change	How change will be measured	What will be done	How will we know we have made a difference
To promote the positive use of alcohol	Number of licensed premises signing up to Proof of Age schemes.	Link in with National campaigns and strategies to promote positive alcohol messages. Emphasis on social drinking across all communities.	Increased number of premises using Proof of Age schemes.
To work with national agencies to reduce the effects of binge drinking	Reduced hospital admissions attributable to alcohol; Reduced convictions for drink driving; Reduction in referrals to Reporter for alcohol related incidents	Public health conference to be held to review action plan and identify funding streams.	Reduced hospital admissions attributable to alcohol; Reduced convictions for drink driving; Reduction in referrals to Reporter for alcohol related incidents
To encourage links between ADAT at strategic level and with local public health networks	Common plan, aims and objectives	Joint meetings, improved communication, sharing of information	ADAT action plan will be integrated into the JHIP.

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Priority 3. To Reduce the Incidence of Coronary Heart Disease, Stroke and Cancer.			
What needs to change	How change will be measured	What will be done	How will we know we have made a difference
<p>Improve diet in all ages under Challenge Plan headings etc</p> <ul style="list-style-type: none"> ➤ Early Years, ➤ Teenage Transition, ➤ Workplace Communities 	<p>National target-2005 to increase to 5 or more portions of fruit or veg a day: A&B 41% S1/S3/S5 pupils ate 5 or more portions per day 2002.</p> <p>National target 50% babies breast feeding at 6 weeks by 2005: A&B 41.4% 2002-03.</p> <p>A&B SMR cancer 93, CHD 98 & stroke 92, 2000-02.</p> <p>National target for 60% of 5 year olds to be free from dental disease by 2010: A&C 40% 1999</p>	<p>Actions for Eating for Health Plan etc</p>	<p>Improvement in Argyll and Bute figures in relation to national targets</p>

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<p>Achieve a sustained increase in the activity levels of the whole population under Challenge Plan headings</p> <ul style="list-style-type: none">➤ Early years/teenage transition➤ Workplace➤ Communities<ul style="list-style-type: none">-Paths to Health-Argyll Active-Elderly	<p>National target 80% of children aged 0-16 years should accumulate at least one hour of moderate activity on 5+ days of the week: A&B 52 % S1/S3/S5 pupils took vigorous exercise 4 or more times a week in their own time in 2002.</p> <p>National target 50% of all people aged 17+ years should accumulate at least 30 minutes of moderate activity on 5+ days of the week</p>	<p>Local groups identify actions from Physical Activity Open Space to take forward under headings</p> <ul style="list-style-type: none">> Early years/teenage transition>Workplace> Communities> Elderly	<p>Improvement in Argyll and Bute figures in relation to national targets</p>
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Priority 3. To Reduce the Incidence of Coronary Heart Disease, Stroke and Cancer.			
What needs to change	How change will be measured	What will be done	How will we know we have made a difference
Reduce the prevalence of smoking in all age groups	<p>National target 12-15 year olds 11% by 2010: A&C 11% S1/S3/S5 pupils in 2002.</p> <p>National target 16-64 year olds 31% by 2010; A%B 16-74 year olds 31% smokers in 2001.</p> <p>A&B smoking attributable deaths 617 per 100,000 in 2001.</p> <p>National target smoking during pregnancy 20% 2010: A&B 24% 2000-02.</p>	<p>Each local action plan to identify at least one action in relation to smoking and health.</p> <p>Review of Tobacco Policies in all Partnership Establishments</p>	Improvement in Argyll and Bute figures in relation to national targets

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Priority 4. To Improve Mental Health and Well Being.			
What needs to change	How change will be measured	What will be done	How will we know we have made a difference
Preventing suicides, raising awareness, reducing stigma and aiding recovery	National target reduction of 20% in suicides by 2013: A&B 176 suicides and self harm admissions in 2001	Implementation of the Choose Life Action Plan	Improvement in Argyll and Bute data
Promotion of positive mental health and well being	National targets/ indicators	All partners to adopt, implement and monitor a mental health in the work place policy.	Less sickness absences Check national indicator
	National targets/ indicators	Implement actions in the report on the Poverty and Mental Health Conference, March 2004.	Local Action plans drawn up linking to the content of the conference report

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Priority 5. To Help Communities to Feel Safer.			
What needs to change	How change will be measured	What will be done	How will we know we have made a difference
To improve road safety and reduce road traffic accidents	National target-reduction in fatal, serious and slight casualties by 2010: A&B accident rate 3.2 per 1000, casualty rate 5.0 per 1000, accidents involving a fatality 0.09 per 1000 in 2002.	Implementation of DRIVESafe by all Community Planning Partners and the private sector	Improvement in Argyll and Bute figures in relation to national targets. Links to overarching road safety strategies.

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Priority 6. To Reduce Health Inequalities Through the Development of Social Care and Health Care Services.			
What needs to change	How change will be measured	What will be done	How will we know we have made a difference
Reduction in the number of homeless people.	A&B 1.7% applications from households applying to Council under Homeless Person's Legislation 2002-03	Address homelessness through the adoption of the A&B Homelessness Strategy	Improvement in Argyll and Bute figures in relation to national targets
Improving information, education and access to facilities for elderly people living in poverty.	Uptake rates of Disability Living Allowance and Attendance Allowance	Each local network to identify at least one action to improve quality of life for older people living in poverty.	Improvement in uptake rates across Argyll and Bute.
Increasing opportunities for consultation and involvement of young people in health promotion and wellbeing	Increased usage of Young Scot website as an information and consultation tool	JHIP online consultation on health and wellbeing issues	Increased uptake in service provision by young people
Health inequalities in socially excluded areas need to be addressed within the JHIP	Health Domain Rankings for Data Zones in Regeneration Outcome Agreement: Ballochgoy-770 and 1066; Dalintober/Millknowe-446 and 225; Kirkmichael and Craigendoran-562 and 899; Soroba-1161, 497 and 637; Ardenslate, West Milton and the Glebe-68, 387 and 606.	Health Improvement Actions for data zones in the Regeneration Outcome Agreements should be reflected into the JHIP and local action plans	Improvement in health domain ranking for data zones in Argyll and Bute.

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