

**MEMO**

**SUBJECT: NHS GREATER GLASGOW AND CLYDE'S LDP CONTRIBUTION TO  
COMMUNITY PLANNING - SINGLE OUTCOME AGREEMENTS**

Please find attached a copy of NHS Greater Glasgow & Clyde's revised SOA submission in response to your request to revisit our SOA contributions to ensure they reflect the outcomes of the recent SOA quality assurance process alongside providing a summary of the key tangible contributions planned 2013/14 towards improved outcomes in relation to the national outcomes.

**Catriona Renfrew**  
**Director of Corporate Planning & Policy**

## LOCAL DELIVERY PLAN CONTRIBUTION TO COMMUNITY PLANNING - SINGLE OUTCOME AGREEMENTS

COMMUNITY PLANNING PARTNERSHIP: EAST DUNBARTONSHIRE CHP

*Summary of the key tangible contributions that the NHS Board will make during 2013/2014 towards improved outcomes.*

*Clearly national improvements through HEAT and other programmes play an important role, however, this part of the LDP is expected to focus on locally developed improvements.*

*Strong emphasis on changes to NHS services which reduce future demand by preventing problems arising or dealing with them early on.*

Priority	NHS Board Contribution in 2013/14	Current & Planned Performance levels
Economic recovery and growth	<p>The CHP:</p> <ul style="list-style-type: none"> <li>• Provided the health contribution to Council's new Local Development Plan.</li> <li>• Is involved in the development of town centre regeneration through the development of the Hub model for public service delivery; specifically in Lennoxton and Bishopbriggs.</li> <li>• Is involved in the development of the new Hillhead Community Centre which will be located within an identified regeneration area (through SIMFD).</li> <li>• Is working with the Third Sector Interface to increase the capacity of the voluntary sector.</li> </ul>	<p>The high level measures in the SOA will also be supported by the new East Dunbartonshire Economic Development Strategy (2013 – 2017) which incorporates a monitoring framework that includes a series of outputs, based on the Scottish Local Authorities Economic Development Group (SLAED) indicators.</p> <p>A suite of lower level measure is being developed to track progress against the Hub developments and targeted regeneration work in the Hillhead community.</p>
Employment	<p>The CHP is working with:</p> <ul style="list-style-type: none"> <li>• Opportunities for All (16- 19 year olds).</li> <li>• East Dunbartonshire Campus of Further and Higher Education.</li> <li>• Community Learning and Development adult learning/youth work to employability.</li> </ul>	<p>High level SOA performance indicators centre on:</p> <ul style="list-style-type: none"> <li>• Those in receipt of Job Seekers Allowance and benefits.</li> <li>• School leavers moving into positive destinations.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Job Centre Plus.</li> </ul> <p>Local partnership work focuses on maximising training, employment and volunteering opportunities.</p> <p>The CHP is playing a leading role in the development and implementation of 'Assets' approaches to support patients/clients to increase their skills and confidence and manage and improve their health, wellbeing and resilience. The aim of this work is to build capacity to support patients to sustain their employment, enter the job market or benefit from volunteering opportunities.</p> <p>The CHP will be hosting a Modern Apprenticeship opportunity within local mental health services.</p>	<p>The CHP is currently developing specific measures to contribute to East Dunbartonshire CPP Board's requirement to commence development of community asset work by October 2013.</p> <p>It is anticipated a modern apprentice will take up a place with the CHP in September 2013.</p>
<p>Early Year and Early Intervention</p>	<p>The CHP is represented on the Delivering for Children &amp; Young People's Partnership (DCYPP) and plays a leading role in the strategic planning, delivery and performance management of joint plans, policies, services and interventions. A few examples of the work the CHP is leading and/or directly involved in with partners includes:</p> <p><u>Policy &amp; Planning</u></p> <ul style="list-style-type: none"> <li>• Corporate Parenting</li> <li>• Child Protection</li> <li>• Children &amp; Young People's Framework</li> <li>• Sexual Health Policies and Protocols</li> <li>• Parenting Framework</li> <li>• GIRFEC.</li> </ul> <p>The CHP is working with Community Planning Partners to progress the requirements of the Early Years</p>	<p>The DCYPP has jointly agreed a suite of high level SOA outcomes and KPIs and with accountability for delivery shared across the CHP and Council.</p> <p>A suite of lower level measure is being developed to track progress against a range of specific intervention.</p> <p>Work is underway to develop a joint performance management framework that will incorporate all partnership indicators.</p> <p>Development action have been identified following SOA QA process including alignment of methodology for Hillhead Place and Early Years Collaborative and the commitment to expand the methodology and targeted approach currently delivered in Hillhead to other areas of need such as Lennoxton. CPP</p>

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	<p>Collaborative. Partners from all sectors are represented on the EYC Steering Group and the CHP is specifically leading the development, implementation and monitoring of priorities determined for Workstream 1 (preconception to one year) and Workstream 2 (one - three years).</p> <p><u>Service/Interventions</u></p> <ul style="list-style-type: none"> <li>• Hillhead PLACE Programme</li> <li>• Healthy Children's Programme</li> <li>• SNIPS</li> <li>• Smoking Cessation in Pregnancy</li> <li>• Triple P Parenting Programme</li> <li>• UNICEF Baby Friendly</li> <li>• School Health; Curriculum for Excellence Health &amp; Wellbeing Outcomes</li> <li>• Healthy Lifestyle programmes in school, education youth and community settings</li> <li>• Oral Health programmes in nurseries and primary schools</li> <li>• Asset and resilience work</li> <li>• Financial inclusion support</li> <li>• Gender Based Violence</li> </ul>	<p>are seeking to complete an evaluation of Hillhead Pilot and development of local indicators from the pilot to assist in reaching reductions in inequality across East Dunbartonshire.</p>
<p>Safer and stronger communities, and offering</p>	<p>East Dunbartonshire is regarded as a safe place to live with the level of crime being significantly lower than the Scottish average. However, there are communities where Crime rates remain much higher than the national average.</p> <p>The CHP is represented on the Community Safety Partnership which is charged with joint planning to improve community safety. The CHP provides</p>	<p>The Community Safety Action Plan outlines the key strategic priorities and the range of KPI's to measure performance.</p>

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	<p>expertise and fulfils a number of responsibilities including:</p> <ul style="list-style-type: none"> <li>• Utilising data to assess the health and wellbeing needs of the community.</li> <li>• Facilitating community participation in identifying needs and assets to inform the development of local solutions.</li> <li>• Supporting the development and delivery of legislative and non-legislative community safety policies, campaigns and programmes (e.g. alcohol, tobacco, injury prevention and alcohol over provision statement).</li> </ul>	
<p>Health Inequalities and Physical Activity</p>	<p>The CHP has the lead for the development and delivery of the Joint Health Improvement Plan (JHIP). This document highlights the Community Planning partners' health improvement priorities across a range of issues including:</p> <ul style="list-style-type: none"> <li>• Alcohol</li> <li>• Environment</li> <li>• Income maximisation</li> <li>• Healthy Ageing</li> <li>• Healthy Eating, Physical Activity, Health Weight</li> <li>• Housing</li> <li>• Mental Health Improvement</li> <li>• Oral Health</li> <li>• Parenting</li> <li>• Sexual Health</li> <li>• Tobacco Control.</li> </ul> <p>Priorities outline specific actions to address inequalities either through reducing barriers to universal services</p>	<p>A Joint Performance Framework is under development to monitor progress against key priorities outlined in the JHIP. The Joint Performance Framework encompasses high level outcomes and a suite of KPIs which are aligned to the SOA. KPIs include specific measures of inequality.</p>

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Older People	<p>and/or targeting specific activities at individual or communities in greatest need.</p> <p>The CHP chairs the Older People's Transformational Programme Board which is the community planning group responsible for the strategic planning and monitoring of Older Peoples Services, including Change Fund programmes.</p> <p>The CHP has lead the development of the Ageing Well Strategy and has played a leading role in producing the Joint Strategic Commissioning Plan. These documents are key vehicles for joint transformational change for older people's services across partner organisations and are aligned directly to the high level outcomes in the SOA.</p> <p>Some examples of joint work which the CHP leads or is directly involved in includes:</p> <ul style="list-style-type: none"> <li>• Dementia workstream</li> <li>• Development of an anticipatory care model</li> <li>• Income maximisation welfare referral programme</li> <li>• Live Active Programme</li> <li>• Long Term Conditions Assets work</li> <li>• OPAL dedication phone line providing access to a one-stop shop of local voluntary provision</li> <li>• Health Improvement Service Directory.</li> </ul>	<p>A Joint Commissioning Delivery Plan is under development and will identify detailed actions for delivery over a one year, three year and 10 year timeframe.</p> <p>High level outcomes have been agreed by all partners. A Joint Performance Framework outlines the outcomes, priorities and indicators by which progress is measured.</p> <p>Some Change Fund work streams have developed a personal outcomes approach within their service and it is intended this model will be embedded in other services.</p> <p>Specific Change Fund workstreams utilising benchmarking activity data to regularly monitor progress against agreed performance indicators.</p>
<p><b><u>SOA Quality Assurance Process - Overarching Issues</u></b></p>		
<p>There are a number of areas for improvement for East Dunbartonshire Community Planning Partners following a recent SOA Quality Assurance process including:</p> <ul style="list-style-type: none"> <li>• Finalising the indicators within the SOA to enable effective prioritising and performance management.</li> </ul>		

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<ul style="list-style-type: none"> <li>• Further developing Partnership Action Plans for each outcome.</li> <li>• Establishing a Partnership Development Programme to set out key stages in developing information about resource use at a local level across all CPP partners by October 2013.</li> </ul> <p>Continuing to develop information on resources across East Dunbartonshire so that over the three year cycle of the SOA, the CPP will be able to integrate budgets at locality level to targeted services and improve inequality.</p>		

COMMUNITY PLANNING PARTNERSHIP: EAST RENFREWSHIRE CHCP

*Summary of the key tangible contributions that the NHS Board will make during 2013/14 towards improved outcomes.*

*Clearly national improvements through HEAT and other programmes play an important role, however, this part of the LDP is expected to focus on locally developed improvements.*

*Strong emphasis on changes to NHS services which reduce future demand by preventing problems arising or dealing with them early on.*

Priority	NHS Board Contribution in 2013/14	Current & Planned Performance Levels
Economic recovery and growth	<p>The SOA outcomes are that “East Renfrewshire is a thriving, attractive and sustainable place for residents and businesses to grow”.</p> <p>Supporting lower level outcomes are that:</p> <ul style="list-style-type: none"> <li>• The economy is stronger through increased business growth, targeted support and investment.</li> </ul> <p>Shared activities across the CPP include:</p> <ul style="list-style-type: none"> <li>• Development of 'A Place to Grow' Campaign which aims to support local businesses during difficult economic times, attract new businesses, investment and visitors to the area, and ensure residents are proud of their area.</li> </ul>	<p>Number of new business births per 10,000 resident (16+) adult population target 37.</p> <p>% of the businesses that survive for at least three years target 65%.</p>
Employment	<p>The SOA includes an outcome that “East Renfrewshire Residents are fit and active and have the skills for learning, life and work”.</p> <p>Relevant lower level outcomes supporting this are:</p> <ul style="list-style-type: none"> <li>• Children and young people raise their educational attainment and achievement, developing the skills they need during their school years and into adulthood.</li> </ul>	<p>The percentage of working age population in employment baseline 73, target 75%. Number of individuals entering employment, training, education or volunteering as a result of training and employability services baseline 283 target 325.</p>

Priority	NHS Board Contribution in 2013/14	Current & Planned Performance Levels
	<ul style="list-style-type: none"> <li>• Residents have the skills for employment through increased take up of education and training opportunities.</li> </ul> <p>Contributing activities are as follows:</p> <ul style="list-style-type: none"> <li>• Implementation of the 'family firm pilot' which will give 'looked after young people' access to training, employment, mentoring and job taster opportunities tailored to their individual needs.</li> <li>• Delivery of Skills Development Scotland's Employability Fund including the work programme through WorkER.</li> <li>• Implementation of Graduate Internship Programme.</li> <li>• Promotion of Social Enterprise models and volunteering targeted at increasing employability.</li> </ul>	
<p>Early years and early intervention</p>	<p>The SOA outcome is that "All children in East Renfrewshire experience a stable and secure start to their lives and are supported to succeed".</p> <p>This is supported by intermediate outcomes including:</p> <ul style="list-style-type: none"> <li>• Parents are supported to provide a safe, healthy and nurturing environment for their families.</li> <li>• Our young children are healthy, active and included.</li> <li>• Our young children are safe and cared for.</li> </ul> <p>Specific supporting activity relates to:</p> <ul style="list-style-type: none"> <li>• Working through an Early Years Collaborative model to share good practice and take concerted action to shift towards early intervention, tackle inequalities and deliver positive outcomes for children.</li> <li>• Delivering specific income maximisation service for vulnerable families.</li> </ul>	<p>The SOA includes Early Years Collaborative performance measures:</p> <ul style="list-style-type: none"> <li>• To ensure that women experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of stillbirths (from 4.9 per 1,000 births in 2010 to 4.3 per 1,000 births in 2015).</li> <li>• To ensure that women experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of infant mortality (from 3.7 per 1,000 live births in 2010 to 3.1 per 1,000 live births in 2015).</li> <li>• To ensure that 85% of all children within each Community Planning Partnership</li> </ul>

Priority	NHS Board Contribution in 2013/14	Current & Planned Performance Levels
	<ul style="list-style-type: none"> <li>• Support the delivery of the ACES (Active Children Eating Smart) Right Moves curriculum programme for children in East Renfrewshire.</li> <li>• Integrated, easily accessible, localised Child and Adolescent Mental Health and Speech and Language Services.</li> <li>• Implement East Renfrewshire Parenting Strategy.</li> <li>• Local implementation of CEL 15 - Refresh of Health for all Children (Hall 4) will take place and the new 24/30 month assessment will be introduced.</li> <li>• Further role out of Triple P intervention.</li> </ul>	<p>have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review, by end-2016.</p> <p>Percentage of parents who report that the universal Triple P Parenting Programme has met their needs. Baseline 85 target 90%.</p> <p>Breastfeeding rates at 6-8 week review baseline 35.8 target 36.8%.</p>
<p>Safer and stronger communities, and offending</p>	<p>The relevant SOA outcome is that "East Renfrewshire residents are safe and supported in their communities and homes".</p> <p>Supporting outcomes are:</p> <ul style="list-style-type: none"> <li>• Communities experience fewer incidents of vandalism, street disorder and anti-social behaviour.</li> <li>• Community safety and public protection is safeguarded.</li> <li>• Residents are protected from harm and abuse and their dignity and human rights are respected.</li> <li>• Our vulnerable residents are able to live as safely and independently as possible in the community and have control over their care and support.</li> <li>• Carers' roles in providing care are recognised and valued.</li> <li>• People are improving their health and well being by recovering from problematic drug and alcohol use.</li> </ul> <p>Activities relating to these are:</p> <ul style="list-style-type: none"> <li>• Improve outcome focused interventions with women offenders and persistent offenders through public social partnership approach using the Reducing Re-offending</li> </ul>	<p>Volume and rate of violent crimes, including sexual crimes, per 10,000 population.</p> <p>Volume and rate of vandalism per 10,000 population.</p> <p>Volume and rate of violent crimes, including sexual crimes, per 10,000 population (targets due to be set pending police reform).</p> <p>Percentage of residents reporting that levels of crime have 'decreased slightly' or 'decreased greatly' in the past two years baseline 10, target 13%.</p> <p>Community Payback Orders - Percentage of new disposal reports allocated within 24 hours baseline 100, target 100%.</p> <p>Community Payback Orders - Percentage of unpaid work placements commencing within seven days baseline 8.4 target 80%.</p>

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	<p>Change Fund.</p> <ul style="list-style-type: none"> <li>• Implement practice developments following on from case file audit in Adult Support and Protection.</li> <li>• Continue rollout of self directed support refining equivalence model for individual budgets.</li> <li>• Work across voluntary and community organisation via the Third Sector Forum to identify 'hidden' or 'seldom heard' carers.</li> <li>• Recruit peer volunteers to develop practical support for carers, e.g., hospital discharge.</li> <li>• Scope and commission hidden population research in relation to understanding barriers to accessing services and identify unmet need. Identify action required to improve engagement.</li> <li>• Monitor referral to treatment that supports recovery through the national waiting times framework.</li> <li>• Deliver ABI screening interventions in primary care and extend to criminal justice setting in line with HEAT standard and SIGN Guideline 74.</li> <li>• Complete an overprovision assessment in relation the licensing board policy statement.</li> <li>• Implement naloxone (an emergency response medicine which temporarily reverses the effects of opioid overdose) programme and undertake pilot work with family members.</li> </ul>	<p>Community Payback Orders - Percentage of unpaid work placement completions within six months baseline 88, target 80%.</p> <p>Average time to complete adult support and protection enquiries baseline five, target five days.</p> <p>Number of people self directing their care through receiving direct payments and other forms of self-directed support baseline 156, target 300.</p> <p>People reporting 'quality of life for carers' needs fully met (%) baseline 66, target 70%. Drug-related deaths per 100,000 target 4.6.</p> <p>Rate of alcohol related hospital admissions per 100,000 population target 486.</p> <p>90 % of clients will wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.</p>
<p>Health inequalities and physical activity</p>	<p>The relevant SOA outcome is that "East Renfrewshire Residents are fit and active and have the skills for learning, life and work".</p> <p>Contributing outcomes are that:</p> <ul style="list-style-type: none"> <li>• Residents are active and optimise their health and wellbeing.</li> </ul> <p>Activities related to this are as follows:</p>	<p>Male life expectancy at birth target 78. Female life expectancy at birth target 82.</p> <p>Male life expectancy at birth in 15 per cent most deprived communities target 71.7 Female life expectancy at birth in 15 per cent most deprived communities target 78.1</p> <p>Number of smokers supported to</p>

Priority	NHS Board Contribution in 2013/14	Current & Planned Performance Levels
	<ul style="list-style-type: none"> <li>• Deliver local public health programmes in partnership with others - smoking, alcohol, physical activity, healthy eating with a focus on deprivation and vulnerable groups.</li> <li>• Progress business case and design for Eastwood Health and Care Centre in partnership with key stakeholders.</li> <li>• Implement supported self care framework linking to talking points personal outcomes.</li> <li>• Phased implementation of Anticipatory Care Programme (including Keepwell).</li> <li>• Improve breastfeeding rates and reduce the SIMD differential through development of peer and professional support models.</li> </ul>	<p>successfully stop smoking.</p> <p>Cumulative number of East Renfrewshire smokers living in the most deprived communities supported to successfully stop smoking.</p>
<p>Older people</p>	<p>SOA outcome related to older people is that “older people in East Renfrewshire are valued; their voices are heard and they are supported to enjoy full and positive lives for longer”.</p> <p>This is linked to the following intermediate outcomes:</p> <ul style="list-style-type: none"> <li>• Older people are able to live as safely and independently as possible in the community and have control over their care and support.</li> <li>• Older people feel included and empowered to make a valuable contribution to their local communities.</li> </ul> <p>Supporting activities are:</p> <ul style="list-style-type: none"> <li>• Work with partners to implement East Renfrewshire’s Joint Strategic Commissioning Plan for Older People (2013-2022).</li> <li>• Establish hospital discharge liaison work to support safe timely discharge.</li> <li>• Roll-out the home care re-ablement service to provide focused support for people to enable them to regain confidence.</li> </ul>	<p>Performance measures reflect the Reshaping Care for Older People suite of measures:</p> <p>Range of ‘Talking Point – Personal Outcome’ measures.</p> <p>People waiting more than 28 days to be discharged from hospital into a more appropriate care setting target 0.</p> <p>Rate of emergency inpatient bed-days for people aged 75 and over per 1,000 population contribution to 12% reduction.</p> <p>Percentage of time in the last six months of life spent at home or in a homely setting target 92%.</p> <p>Percentage of those whose care need has reduced following re-ablement target 30%.</p>

Priority	NHS Board Contribution in 2013/14	Current & Planned Performance Levels
	<ul style="list-style-type: none"> <li>• Put in place anticipatory care planning to better support older people at home centred on working with Advanced Nurse Practitioners (ANPs) to identify older adults who are at high risk of admission to hospital.</li> <li>• Through Early Intervention Pharmacy service to proactively screen and identify people with multiple medicines (polypharmacy).</li> <li>• Increase delivery of early intervention for vulnerable older people through 'Wise Connections' Older Adults Mental Health service and the 'Early Intervention' Pharmacy service.</li> <li>• Provide support for people with dementia and their carers using the post diagnostic service model based on Alzheimer Scotland's five pillar model.</li> <li>• Increase the number of people over 50 taking up volunteering opportunities.</li> </ul>	<p>Number of care home residents on Supportive Palliative Care Action Register (SPAR) a traffic light system to identify and manage changing palliative care needs in care homes performance measure of 134.</p>

**Quality Assurance Process**

The Scottish Government Quality Assurance of East Renfrewshire's Single Outcome Agreement has been positive and there have been few recommendations for strengthening the SOA. The CHCP played an active part in the formulation of SOA through workshops and ensuring that Community Planning Partnership representatives attended the Outcome Delivery Groups that the CHCP leads on. This helped shape the streamlined outcomes and intermediate outcomes and aided alignment with strategic direction and areas of activity to support this.

Agreement on areas for development relates to continuing to develop more specific preventative activities linked to the development of a discrete prevention plan, some further disaggregation of targets in the delivery of the SOA, exploring how spend and resources committed to prevention can be quantified and shifts monitored, staff development for delivery of the SOA.

Minor amendments have been made to the SOA as a result of the QA process.

One area of focus in the QA process has been on delivery and on the supporting structures and arrangements for this. This is something that the CHCP-led Outcome Delivery Groups have considered periodically (e.g., Community Care Core Group, Alcohol and Drugs Partnership) and it is welcome that this is now being picked up by Community Planning leads within East Renfrewshire Council, recognising the matrix, cross-cutting nature of delivery and a need to continue to develop governance and partnership arrangements.

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This will help with partnership delivery of areas of activity that absolutely require partnership working for delivery which clearly relates to many of the NHS areas of activity which can be seen as belonging to the CHCP only.		

## COMMUNITY PARTNERSHIP: RENFREWSHIRE CHP

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<b>Priority</b>	<b>NHS Board Contribution in 2013/14</b>	<b>Current &amp; Planned Performance Levels</b>
Employment	<p>Contribute to the Board target of 50 Modern Apprenticeship schemes offered.</p> <p>Investment in the Employability Network in Mental Health and Addictions.</p>	<p>Renfrewshire will offer one in 2013/14 and a further three by 2016.</p> <p>Number of people engaged in 'Meaningful Day' activities. Number of people able to stay in work.</p>
Early years and early intervention	<p>Develop sustainable models of service for children who are overweight or at risk of becoming overweight.</p> <p>Work in partnership with Maternity Services, the Council and young mothers to support more young women to breastfeed.</p> <p>Continue to implement a population based model of parenting support through Triple P.</p> <p>Develop and implement a teenage pregnancy pathway to support young women and their partners.</p> <p>With partners, develop, agree and implement a sexual health and relationships policy for Looked After and Accommodated Children.</p>	<p>Number of completers for ACES and Active Choices – target 169 for 2013/14.</p> <p>6-8 week exclusive breastfeeding rate – target 21.4% for 2013/14.</p> <p>Training Plan agreed by September 2013. Number of seminars and attendance/retention rate at seminars. Number of interventions at levels 3 and 4.</p> <p>Pathway agreed by June 2013 and implemented by October 2013.</p> <p>Policy developed and agreed. Training undertaken. Staff survey repeated.</p>
Safer and stronger communities, and offending	Use a future annual Protected Learning Time event to increase awareness of Gender Based Violence, and primary care response.	Event evaluation.

Priority	NHS Board Contribution in 2013/14	Current & Planned Performance Levels
	<p>Develop the Inequalities Sensitive Practice model in the Rehabilitation and Enablement and District Nursing Services.</p> <p>Introduce Sensitive Routine Enquiry in Community Mental Health Teams.</p> <p>Review data about childhood injuries to establish patterns and those communities/caseloads with higher than expected rates of injury. Provide targeted intervention.</p>	<p>Model in place by March 2014.</p> <p>Staff trained by March 2014. Number of Sensitive Routine Enquiries and Gender Based Violence issues identified.</p> <p>Data source identified by September 2013. Outliers identified by March 2014. 2014/15 activity targeted with families and other agencies. Evidence of outcomes.</p>
Health inequalities and physical activity	<p>Support people with addictions to stop smoking.</p> <p>Achieve 925 successful smoking quits; including 461 in the 40% most deprived areas within Board SIMD areas by March 2014.</p> <p>Support Primary Care to deliver target numbers of Alcohol Brief Interventions.</p> <p>Use Licensing Policy and input to Licensing Forum and Alcohol and Drugs Partnership to influence the availability of alcohol, particularly in areas where health outcomes are poor.</p> <p>Pilot a planned admission project for patients with emotionally unstable personality disorder.</p> <p>Increase uptake of the Vitality Programme.</p>	<p>Retention rate/number of quits. Actual four week quits.</p> <p>1,122 Brief Interventions completed in 2013/14.</p> <p>Licensing Policy reviewed. Extension of 'over provision' area.</p> <p>Reduced length of stay/year for these patients.</p> <p>Targets for 2013/14:</p> <ul style="list-style-type: none"> <li>• Attendees – 10,350</li> <li>• Classes – 23</li> <li>• Venues – 7</li> </ul>
Older people	<p>Progress a campaign to encourage advanced care planning for older adults.</p> <p>Maintain high numbers of patients on dementia registers and deliver improvements in services against the previous</p>	<p>Number of care plans introduced.</p> <p>Evidence of post diagnostic support.</p>

Priority	NHS Board Contribution in 2013/14	Current & Planned Performance Levels
	benchmarking work on dementia standards.	
<b><u>SOA Quality Assurance Process</u></b>		
<p>Most of the improvement actions identified for Renfrewshire CHP and they do not directly affect the CHP. They include developing a better resources plan, being more specific on early intervention and prevention, developing targets and milestones and reviewing our neighbourhood approach.</p>		

## COMMUNITY PLANNING PARTNERSHIP: WEST DUNBARTONSHIRE CHCP

*Summary of the key tangible contributions that the NHS Board will make during 2013/14 towards improved outcomes.*

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*Strong emphasis on changes to NHS services which reduce future demand by preventing problems arising or dealing with them early on.*

<b>Priority</b>	<b>NHS Board Contribution in 2013/14</b>	<b>Current &amp; Planned Performance Levels</b>
Economic recovery and growth	<ul style="list-style-type: none"> <li>The community benefits contributions of the Vale Community Health and Care Centre under construction; and the local employment linked to the project.</li> </ul>	The build is well underway and on schedule.
Employment	<ul style="list-style-type: none"> <li>Participation in the Modern Apprentice scheme.</li> <li>Volunteering across a range of services partnership with the third sector led by West Dunbartonshire Council for Voluntary Service.</li> </ul>	To be confirmed for Year 13– 14.
Early years and early intervention	<ul style="list-style-type: none"> <li>Implementation of GIRFEC across all partners, including development of Early Years activities.</li> <li>Lead CPP arrangements for child protection.</li> <li>Oversee child healthy weight intervention programme with children and families (with Leisure Trust).</li> </ul>	To be confirmed for Year 13– 14.
Safer and stronger communities, and offending	<ul style="list-style-type: none"> <li>Lead work of local Alcohol and Drug Partnership.</li> <li>Lead local suicide prevention Choose Life initiative.</li> <li>Lead CPP arrangements for child protection.</li> <li>Volunteering across a range of services partnership with the third sector led by West Dunbartonshire Council for Voluntary Service.</li> </ul>	To be confirmed for Year 13– 14.

Priority	NHS Board Contribution in 2013/14	Current & Planned Performance Levels
Health inequalities and physical activity	<ul style="list-style-type: none"> <li>• Delivery of smoking cessation programme across all ages; and in low SIMD areas.</li> <li>• Oversee child healthy weight intervention programme with children and families (with Leisure Trust).</li> <li>• Oversee active ageing Vitality Programme with older people (with Leisure Trust).</li> <li>• Lead work of local Alcohol and Drug Partnership.</li> <li>• Lead local suicide prevention Choose Life initiative.</li> </ul>	To be confirmed for Year 13– 14.
Older people	<ul style="list-style-type: none"> <li>• Lead delivery of local Older People Change Fund Plan and implementation of commissioning strategy.</li> <li>• Oversee active ageing Vitality Programme with older people (with Leisure Trust).</li> <li>• Volunteering across a range of services partnership with the third sector led by West Dunbartonshire Council for Voluntary Service.</li> </ul>	To be confirmed for Year 13– 14.
<p><b><u>SOA Quality Assurance Process</u></b></p> <p>No changes required following SOA quality assurance process locally.</p>		

## COMMUNITY PLANNING PARTNERSHIP: GLASGOW CITY CHP

*Summary of the key tangible contributions that the NHS Board will make during 2013/14 towards improved outcomes.*

*Clearly national improvements through HEAT and other programmes play an important role; however, this part of the LDP is expected to focus on locally developed improvements.*

*Strong emphasis on changes to NHS services which reduce future demand by preventing problems arising or dealing with them early on.*

<b>Priority</b>	<b>NHS Board Contribution in 2013/14</b>	<b>Current &amp; Planned Performance Levels</b>
Economic recovery and growth	<p>Community benefits clauses (CBC) in all three hub capital developments in GCHP.</p> <p>Active partner in the Glasgow Works Strategy and Glasgow Community Planning Partnership Single Outcome Agreement that prioritises youth employment.</p>	<p>CBC in partnership capital programme for the first time, in all hub developments.</p> <p>10 Modern Apprenticeships recruited during 2013 in GCHP, as part of wider GGC programme to recruit 50.</p>
Employment	<p>NHS referrals to Bridging Service and co-funder of the services for NHS and Social Work services clients.</p> <p>Assess staff attitudes to promoting employment as part of health recovery.</p> <p>Retain volunteer standard across GCHP and advertise all volunteer opportunities through Volunteer Centre.</p> <p>Offer work placements in GCHP and take two Opportunities for All cohorts during 2013/14.</p>	<p>380 patients supported in 2013/14.</p> <p>In 2009 58% of staff indicated that they believed promoting employment was part of their role, a review in 2013 is expected to show that this has substantially increased.</p> <p>Complete and pass re-assessment process.</p> <p>50 work placements and 24 Opportunities for All participants placed in year.</p>
Early years and early intervention	<p>Lead the One Glasgow Early Years programme for GCPP implementing business case of interventions, building early years collaborative in.</p>	
Safer and stronger communities, and offending	<p>Member of the Safe Glasgow Board scrutinising the police and fire service local action plans.</p> <p>Actively involved in the One Glasgow reducing offending</p>	

Priority	NHS Board Contribution in 2013/14	Current & Planned Performance Levels
	<p>programme.</p> <p>Connecting with CJA and developing through care for prisoners and actively engaged in considerations for women offenders unit in the city.</p> <p>Implementing the injury prevention strategy for children.</p> <p>Supporting Glasgow's Alcohol and Drug Partnership including SOS bus (getting home safe after a night out) the licensing forum and wider alcohol prevention agenda.</p>	
Health inequalities and physical activity	<p>Adopting the Tackling Poverty Framework for the city with five core action areas e.g. programmes to mitigate against welfare reform.</p> <p>Contribute to the financial advice contract for the city for NHS patients to access services.</p> <p>Work in partnership with Glasgow Life on 11 physical activity programmes including the walk leader programme, vitality, keep well etc.</p>	<p>1800 patients supported to access financial advice in 2013/14 with a net financial gain of over £3million.</p> <p>Over 4,500 patients accessing one or more programme.</p>
Older people	<p>Lead on the commissioning strategy for older people with partners and the One Glasgow Older People theme developing hub based interventions in specified locations within the city.</p> <p>Commissioned extensive exercise and connected programme development in Glasgow City.</p>	<p>Increase from 80 to 130 weekly exercise and arts classes across the city.</p>
<p><b><u>SOA Quality Assurance Process</u></b></p> <p>The quality assurance process lead to Glasgow's SOA being identified as an exemplar in Scotland, and this, along with the <i>draft Improvement Plan</i> has been signed off. The Improvement Plan set out key actions to address outstanding SOA issues, notably:</p> <ul style="list-style-type: none"> <li>• The development of a performance framework for the SOA</li> </ul>		

Priority	NHS Board Contribution in 2013/14	Current & Planned Performance Levels
	<ul style="list-style-type: none"> <li>• Strengthening the community voice of the SOA</li> <li>• Completing the EQIA of the Agreement</li> <li>• Developing implementation plans</li> <li>• Developing the Vulnerable theme.</li> </ul> <p>Glasgow CHP is contributing to all of these processes, including leading the Glasgow Community Planning Partnership Equalities Working Group, leading the performance framework for the alcohol theme and local staff engaging in drawing up the sector based implementation plans. We are also active partners on the Vulnerable Theme Working Group.</p>	

**Community Planning Partnership: Inverclyde CHCP**

*Summary of the key tangible contributions that the NHS Board will make during 2013/14 towards improved outcomes*

*Clearly national improvements through HEAT and other programmes play an important role, however, this part of the LDP is expected to focus on locally developed improvements*

*Strong emphasis on changes to NHS services which reduce future demand by preventing problems arising or dealing with them early on*

<b>Priority</b>	<b>NHS Board Contribution in 2013/14</b>	<b>Current and Planned Performance Levels</b>
Employment	<p>Secondment of health Improvement Senior to the local Community Development Trust to further the links between employability and Health for small/medium sized businesses.</p> <p>Range of training programmes delivered by the CHCP on employability and Health and the impact of Welfare Reform changes.</p>	
Early years and early intervention	<p>Internal restructure of health improvement team has increased capacity to support breastfeeding related activity through sustainable means.</p> <p>Specific piece of work, in partnership with Education Services which supports transitions between learning establishments incorporating key health improvement streams such as physical activity, oral health and nutrition.</p> <p>Investment of health improvement resource to increase awareness of core work within Bernardo's setting incorporating child and maternal health focusing specifically upon emotional</p>	<p>Increasing breastfeeding rates through development of staff training, School Breastfeeding Pack and promotion across Inverclyde Businesses.</p> <p>Support development of transitions between early learning establishments and primary schools to increase parent interaction and sustainment of positive family relationships with establishments. Driven through Curriculum for Excellence Health and Wellbeing group.</p> <p>Health Improvement are co –located within Bernardo's in order to deliver implementation of future Parenting</p>

Priority	NHS Board Contribution in 2013/14	Current and Planned Performance Levels
	literacy and implementation of local parenting strategy.	Strategy, support vulnerable families and embed core health improvement activity within this setting.
Health inequalities and physical activity	<p>Development and implementation of Active Living Strategy which spans 10 year investment across seven thematic streams.</p> <p>Implementation of Nutrition Policy which seeks to improve nutritional practices of Inverclyde Council and CHCP impacting upon procurement procedures, vending allocation and promotion of healthy eating across partner agencies.</p>	<p>Development and implementation of Active Living Strategy in order to increase physical activity levels and develop environmental changes which support such lifestyle changes.</p> <p>Development of local Nutrition Policy which seeks to improve the quality and standard of both food and beverage provision locally incorporating structured vending policy.</p>