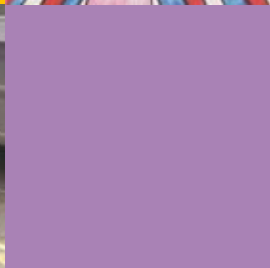
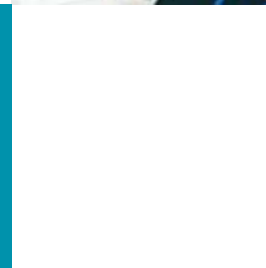
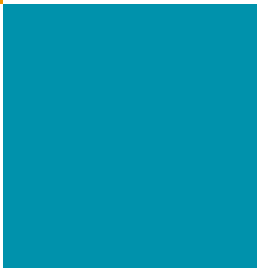
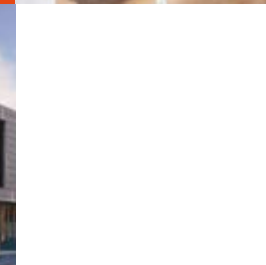
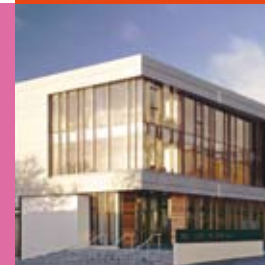
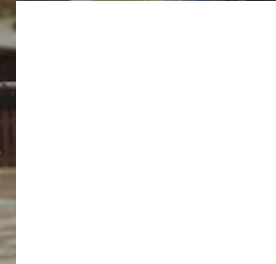
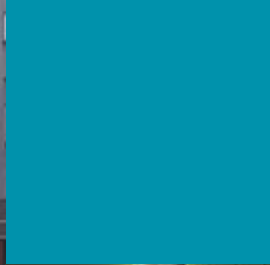


Health Improvement Action Plan 2007-08





Health Improvement Action Plan 2007-08

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1 Foreword

Welcome to our second Health Improvement Plan for the West Glasgow CHCP area.

Improving health and well-being and addressing health inequalities in West Glasgow are the main priorities for the CHCP and everything we do is geared to achieving these objectives.

This Health Improvement Plan 2007/08 identifies new health issues that confront us, such as obesity, and our challenge is to respond to them while continuing with the various aspects of work already in progress. Naturally, we stand a better chance of doing this by working with partners like the local Community Planning Partnerships, Glasgow West Regeneration Agency and the local Voluntary Sector Network, to harness the energy, ideas and potential of service users and build the capacity of local communities.

Of course addressing health inequalities within West Glasgow essentially means focusing our efforts on the most deprived communities and people with specific or complex needs. But the challenge for all of us is to do this while simultaneously supporting and encouraging the wider community and local population to keep well and maintain healthy lifestyles.

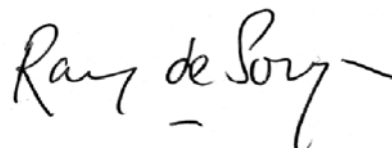
This Plan sets out the various aspects of work that our Health Improvement Team will be pursuing from this year. It highlights a range of programmes and initiatives that have been prioritised and are currently being implemented to meet certain objectives and it explains what is involved. It is a 'working document' and as such it will be subject to periodic review and revision.

We feel it is important for you to know about our plans, understand why we are taking certain actions and how we will gauge our success in the short term. More importantly, we hope that by having this information, you will be able to identify how you can contribute to this agenda for the benefit of our communities.

We look forward to working with you on these important issues.



Terry Findlay
CHCP Director



Kay de Souza
Head of Planning and Health Improvement

2 Introduction

This Health Improvement Plan outlines our commitment to improving health and tackling inequalities within the West Glasgow CHCP area.

The plan builds upon work that has developed and evolved from previous programmes and activity. It reflects our commitment to deliver on new priorities identified at a local level as well as those that are part of local health board strategies or national imperatives.

The plan has been developed on the basis of partnership working and a consultation event held in September 2006. The key priorities for action were discussed and agreed for future development and delivery.

Since then a number of key developments have occurred, these include:

- A restructuring of the Health Improvement & Inequalities Team
- An agreement on the vision and priorities for health improvement as part of the West Glasgow CHCP Plan 2007-2010
- Engagement and commitment of partner agencies to work together and share resources
- Better understanding of the area and gaps in relation to health inequalities

- A commitment to influence frontline health services to act upon and deliver health improvement as an integral part of their service provision
- The development of NHS Greater Glasgow and Clyde's Single Equality Scheme

The priorities outlined in this plan are at different stages of implementation and will relate to the development of baseline indicators and performance measures. The individual programmes and activity will be monitored to measure what difference has been made. The development of good practice will be shared within other areas and the communities we serve.

This Plan is available on our website www.chps.org.uk/westglasgow. You can also request a copy by either writing to:

The Health Improvement and Inequalities Manager
West Glasgow CHCP
P.O. Box 1055
Glasgow G11 9BH

or by emailing: WestCHCPAdministrator@ggc.scot.nhs.uk

3 The Policy Context for Improving Health and Tackling Inequalities

The Scottish Executive published *Improving Health in Scotland: The Challenge* (2003) in response to Scotland's poor health. The purpose was to:

- Improve the health of all the people in Scotland and
- Narrow the opportunity gap and improve the health of the most disadvantaged communities at a faster rate, thereby narrowing the health gap.

The framework for action included themes and topics for the development and implementation of programmes.

Themes	Topics
Early years	Smoking
Teenage Transitions	Physical activity
Adults of working age	Healthy Eating
Community	Mental Health & Well-being
	Sexual Health

- Working with patients, service users and the wider public to design health and social services and health improvement programmes which address unmet need.
- Ensuring equity of outcomes, not just equity of access, so working to deliver optimum treatments to the most deprived communities and groups in the area
- Working with Community Planning partners to design services and interventions which meet the needs of the most vulnerable groups e.g. homeless people, minority ethnic groups, people with disabilities and mental illness.

Within Glasgow a number of local strategies exist to enable work to be progressed within the key priorities outlined above and this is reflected in the work within the West Glasgow area. These strategies are included within the health improvement workplan section of this document.

The Scottish Executive also produced guidance for *Community Health Partnerships* (2005) to reduce inequalities by:

- Measuring health and health need and identifying those geographical areas, groups and individuals with the greatest inequalities

4 Health Improvement and Addressing Health Inequalities

Defining Health Improvement

As part of the development of Community Health and Care Partnerships, health improvement was defined as:

- an outcome which we would aim to achieve; a change in people's health, well-being and quality of life
- an activity involving a wide range of people, within and outwith the NHS which seeks to influence the factors that contribute to or detract from good health
- a distinct and discreet function carried out by specialist staff both within the NHS, local authorities, the voluntary sector and community organisations to promote health.

Addressing Health Inequalities

Policies acknowledge six strands of diversity: gender, sexual orientation, race, age, disability and faith. The experience of belonging to one or more of these groups can lead to poor health and also affect the nature of the response to health problems. In addition, lack of awareness regarding issues of discrimination and the unmet needs of a diverse population can reduce the effectiveness of health interventions and reinforce existing inequalities.

The role of CHCPs in tackling health inequalities as a substantial service provider can be enhanced by:

- Developing the practice of all health care practitioners to equip staff to understand the pathways into poor health and use this knowledge to manage health problems
- Ensuring equitable provision of services to meet differences in need
- Redesigning services to ensure they are accessible to a diverse population
- Ensuring compliance with legislation to maximize equality and prevent discrimination by the development of a single equality scheme for gender, race and disability
- Designing methods to engage with communities and patients through the Public Participation Forum (PPF) and Patient Focused Public Involvement (PFPI) initiatives.

5 Key Characteristics Of The Area

Geographical area

This map shows the area covered by West Glasgow CHCP and outlines the boundaries.

The West Glasgow CHCP area is characterised by stark contrasts from economic, social and health perspectives, and diverse communities and localities. The boundary contains defined communities, such as Drumchapel in the outermost western boundary of the area to inner city areas such as Anderston and City Centre. Unsurprisingly, the different social environments and the wide range of issues that confront them present considerable challenges for the CHCP from a service provision, health improvement and inequalities perspective.

Population

The most recent Census (2005) information indicates that the resident population of West Glasgow CHCP is 136,409 of which 51.7% were female and 48.3% were male.

The Community Health Index (CHI) population is approximately 178,563, which is the number of people registered with General Practices located in the area.

Children (0-15years) made up 14.2% of the CHCP population totalling 19,585. A total of 9,596 children were female and 9,989 children were male. Children within the CHCP represented 19.9% of Greater Glasgow population.

Adults (16-64 years) made up 72% of the CHCP population totalling 99,605. A total of 50,000 were female and 49,605 were male. Adults in West CHCP represented 25.2% of the Greater Glasgow population.



5 Key Characteristics Of The Area

Older people (65+ years) made up 13.9% of the CHCP population totalling 19 219. A total of 11 952 were female and 7 267 were male. Older people in West Glasgow CHCP represented 22.4% of the Greater Glasgow population

Diversity

The CHCP area contains some of the most deprived as well as some of the more affluent areas within Glasgow City. Forty one percent of the local population lives in the 15% most deprived areas, while 9% live in the most affluent areas. The percentage of working age population is 69%. This is slightly higher than that for the whole of Glasgow (65%) and Scotland (63%).

The area has a mixed ethnic population, with approximately 30 languages spoken within the area. Some parts of the area have a relatively high density of distinct ethnic minorities. The area has in relative terms a high Chinese (1,355), Indian (1,359) and Pakistani (2,651) population.

What the data tells us

The West Glasgow CHCP area has the highest rate of pensioners living alone (46%, compared to the Glasgow average of 43.1%). Knightswood North has a particularly high number of elderly people (27.5% compared to 15.9% in Scotland); this is further thrown into sharp focus when consideration is given to single person households and the number of elderly living on one or more welfare benefits.

The percentage of the population with a limiting long-term illness is 23% in the West CHCP, compared to 26% for Glasgow and 20% for Scotland.

Hospital admissions data for the CHCP area indicates that:

- The rate (per 100,000) for heart / coronary disease is 309. This is much lower than that for Glasgow (466) and for Scotland (422)
- There is a relatively low rate of admissions for alcohol misuse (939 per 100,000) compared to the whole of Glasgow (1,272), but this is much higher than the rate for Scotland (734)
- The rate for drug misuse is 189 for the CHCP area, which is lower than that for Glasgow as a whole (315), but higher than the figure Scotland-wide (121)

This data, although it is useful, does not readily allow us to identify priorities in communities where people have high levels of need to inform future planning. The West Glasgow area does not have a homogenous population. It consists of a range of very different localities and communities with widely varying health and social care needs.

There are marked differences in life circumstances, lifestyles and life chances both within and between the various local communities.

Deprivation levels and Community Planning Partnerships

There are two Community Planning Partnerships (CPP) in the West Glasgow CHCP area. Together they cover around 23% of the City's population:

• The West CPP

Covers a population of 57,000. Its boundary contains 37,000 people in 46 (out of 71) areas which are ranked in the 15% most deprived neighbourhoods in Scotland. 17,800 people in the area fall into the 5% most deprived neighbourhoods, with Summerhill ranked the lowest. Less than half the population now included in the CPP area was previously included in the Social Inclusion Partnership designated (priority) areas. Unemployment or worklessness, health and housing are identified as specific issues for action.

• The Central and West CPP

Covers a population of 77,000. Of the 89 neighbourhoods in its boundary, 21 (including 18,200 people) are in the 15% most deprived category. Only 4% (3100 people) of the resident population live in an area which was previously included in a Social Inclusion Partnership designated (priority) area. The major concerns are similar to those of the other CPP but on a smaller scale. Drug and alcohol related crime is several times the city norm.

The Community Planning Partnership's analysis of the needs of the communities is consistent with those identified by the CHCP, above.

6 Indicators of Health and Social Inequalities in West Glasgow

Data from the Health and Well-being Community Profiles highlights the following: (The data excludes the City centre)

- Majority of wards have children within workless households, ranging from 19.4% in Broomhill to 58.2% in Drumchapel North East.
- Teenage pregnancy rate is 3% in Kelvindale; Kelvinside compared to 24% in Drumchapel West.
- Lone parent households – a difference of 35% higher in the most deprived areas compared to the most affluent.
- Breastfeeding rates are 78% in the most affluent compared to 8.5% in the most deprived areas.
- Hospital admissions for deliberate self-harm is 988.6 per 100,000 compared to 109.6 in the most affluent.
- Inability to work due to illness or disability is 29.5% in Drumchapel North East compared to 2.6% in Hyndland; Dowanhill.
- Average gross household income is £15,010 in the most deprived area compared to £40,291 in the most affluent.
- Smoking recorded at hospital booking is 61.8% for the most deprived compared to 9.3% in Hyndland; Dowanhill.
- Male life expectancy is 62.9 years in Yorkhill compared to 76.6 years in Hyndland; Dowanhill.

Poor health is strongly linked to deprivation and inequality. Although life expectancy rates have increased for both male and female, inequalities are apparent between the affluent and more deprived areas.

This inequality is also reflected in death rates from coronary heart disease, stroke and lung cancer. The rates are improving more rapidly among the more affluent communities compared to the ones that are disadvantaged.

7 Planning and Health Improvement

The Planning and Health Improvement and Inequalities section of the West Glasgow CHCP is responsible for:

- Developing and delivering a wide range of targeted health improvement programmes to reduce health and social inequalities in terms of age, gender and issue-based priorities
- Increasing the capacity of the CHCPs services to promote the wellbeing of service users and the community as a whole. This work is carried out in primary care and community settings, in partnership with other agencies and members of the community
- The Community Development Team whose remit is to promote all aspects of community engagement and public participation
- Enabling users and carers to have a say in the services available for them.

Reducing health inequalities

The term 'health inequalities' reflects that some individuals and communities experience worse health than others because of their social, economic or ethnic background, or their gender, disability, sexuality or the community in which they live. Our Principles underline our commitment to designing, developing and delivering health and social care services in a way that is fair, equitable and sensitive to these issues, and seeks to address these inequalities in health in the long run. Our commitment to addressing the determinants of poor health will also be reflected in our work with other agencies. We will target actions and activities on the 15% most deprived areas and /or specific populations within the area.

Health Improvement - progress and achievements

A substantial number of the actions identified last year have been implemented and are at varying stages of progression. Much of the year has been focused on building relationships with stakeholders, partner agencies and communities in order to set the foundation for health improvement activities.

The key issues centre on disaggregating centrally held budgets and resource allocations for various programmes, staff recruitment, the review and redesign of the Health Improvement Team as a whole and on the development of local monitoring and evaluation arrangements.

8 Health Improvement Action Plan 2007-08

West Glasgow CHCP will work towards improving the health and well being of our local population and reducing the inequalities in health experienced by individuals and communities by:

- Implementing targeted activities and programmes to address the needs of specific populations
- Ensuring that health improvement and tackling health inequalities become an integral part of the work of the CHCP and its partners, such as the Community Planning Partnerships
- Engaging, involving and mobilising service users, carers and local communities
- Listening and responding to the needs and requirements of service users, carers and local communities
- Supporting an effective public health network.

Objective: Develop a programme of action to improve health status

What needs to be done?	How will we do this?	How will we measure success?
Produce a detailed Health Improvement Action Plan for 2007-08.	Identify and establish programmes of activity based on key topic areas linking to strategic priorities and local needs. Ensure that resources are used effectively to address health inequalities.	Baseline indicators will be used to measure achievement, on a short, medium and long term basis. Programmes will include monitoring and evaluation criteria.
Integrate health improvement activities into all aspects of the work of CHCP frontline services.	Promote joint working with frontline practitioners. Assign Health Improvement staff to develop and facilitate appropriate programmes.	Increased capacity within frontline services and established areas of work. The programmes will be evaluated and based on best practice.
Influence health improvement activity within the Community Planning structures.	Develop a Health Hub in accordance with the request of the CPP and key partners.	The hub will allow a joint approach and better utilization of staff and resources to tackle inequalities.
Ensure that funding for health improvement is targeted at the most vulnerable groups and communities.	Monitor the performance of local community based projects funded by the West Glasgow CHCP.	Local projects will be accountable to meet the needs of their communities, ensuring best practice and value for money.

8 Health Improvement Action Plan 2007-08

Objective: Influence and assist primary care services to deliver on health improvement

Policy context:

Children's Services Plan

Cancer in Scotland - Action for Change (2001)

Improving Health in Scotland: The Challenge (2003)

Welfare to Work Forum, Equal Access Strategy (2004)

What needs to be done?	How will we do this?	How will we measure success?
Improve childhood immunization rates.	Support practitioners to achieve higher rates of childhood immunization. Local pharmacies to promote uptake of childhood vaccinations.	Continue to monitor childhood immunization rates and ensure minimum targets are met.
Improve uptake of cervical screening.	Identify barriers to uptake of screening and work with women in localities to highlight benefits of screening.	Continue to monitor the uptake of screening and record any increase in uptake of service.
Promote uptake of health improvement activity through health professionals.	Provide information to GPs, Pharmacists and Optometrists on the range of health improvement activities and programmes and support services available for patients.	Monitor uptake of activities through direct referral by health professionals.
Ensure that the employability agenda is promoted through health services.	Support GPs and Primary Care staff to address employability issues and encourage referrals to appropriate services.	Monitor number of referrals and positive outcomes for those requiring support.

8 Health Improvement Action Plan 2007-08

Objective: Contribute to reduction in coronary heart disease (CHD) and inequalities in CHD mortality

We will increase the rate of improvement within locally identified deprived communities by 15% across a range of indicators, namely through smoking reduction, prevention and treatment programmes aimed at reducing CHD mortality.

Physical Activity – we will work in partnership to promote uptake of physical activity.

Policy Context:

Let's Make Glasgow More Active (2005)

Physical Activity Strategy for Glasgow (2005)

GGNHS Weight Management Strategy (2006)

Equality issues:

Those living in deprived areas and minority ethnic communities are less likely to engage in physical activity. Other barriers include disability, old age and both access and affordability of facilities.

What needs to be done?	How will we do this?	How will we measure success?
Increase uptake of physical activity within all age groups.	Work in partnership with Culture and Sport and local projects to improve access for all.	Monitor numbers accessing local leisure centres and programmes of activity.
Improve access to physical activity for older people and people with learning disabilities.	Work with local partners and providers to improve access and uptake of activity.	Each programme will monitor uptake of relevant activity.
Promote uptake of local walking groups.	Support Leg-it and Paths to Health. Provide information via community pharmacists.	Monitor increase in numbers in walking groups.
Increase numbers attending through GP Exercise Referral scheme.	Work with Primary Care staff to raise awareness of and increase referrals.	Monitor numbers through Glasgow City Council.
Promote physical activity in deprived areas.	Support community-based projects to provide access to a range of physical activity options for local communities.	Monitor uptake through local projects and initiatives.

8 Health Improvement Action Plan 2007-08

Tobacco strategy - We will continue to provide intensive smoking cessation support groups through the Smoking Concerns Project and local smoking cessation co-ordinators in order to reduce the rate of smoking among adults to 24% by 2010.

Policy Context:

Breath of Fresh Air for Scotland - Tobacco Control Action Plan (2004)

Improving Health in Scotland: The Challenge (2003)

GGC Smoking Policy (2007)

Towards a Future Without Tobacco (2006)

Smoking Cessation Guidelines for Scotland (2004 update, 2007 update)

Equality Issues:

Smoking rates in Glasgow are 12% higher than the Scottish average, those in deprived neighbourhoods are more likely to smoke. The rates are higher for those experiencing mental health problems, prisoners and homeless people. Girls are more likely to smoke compared to boys. Men are more likely to smoke within the BME communities. Differentials in smoking cessation rates by social class, sex and age have implications for the design of smoking cessation support.

What needs to be done?	How will we do this?	How will we measure success?
Target uptake of support groups through CHCP services.	Increase referral rates from primary care staff.	Monitor increase in referrals and numbers attending support groups.
Support patients in outpatients and those discharged from hospital.	Provide information and follow-on telephone cessation support to patients.	Monitor numbers using this service.
Support the Starting Fresh scheme.	Provide brief smoking cessation support through local pharmacies.	Monitor numbers through local pharmacies.
Improve access to housebound clients.	Continue to provide intensive support by telephone.	Monitor numbers using telephone support.
Improve access for minority ethnic clients.	Adapt services to meet the needs of specific groups.	Monitor uptake of service by minority ethnic groups.
Implement recommendations from the Leverndale pilot project.	Provide a service for those with severe/enduring mental health problems.	Implement and monitor uptake of service through mental health.

8 Health Improvement Action Plan 2007-08

Nutrition Strategy – We will establish a West CHCP Nutrition Strategy Group to plan and implement a local action plan

Tackling obesity

Policy context:

Towards a Healthy Weight Action Plan for Scotland. NHS Health Scotland. (2006)

Delivering a Healthy Scotland. Meeting the challenge. Scottish Executive. (2006)

Eating for Health. Meeting the challenge. Scottish Executive. (2004)

Improving health in Scotland - the challenge. Scottish Executive. (2003)

Hungry for Success. A whole school approach to school meals in Scotland. (2002)

Eating for Health. A diet action plan for Scotland. Scottish Office. (1996)

Equality issues: Obesity affects people across all ages, genders and deprivation categories but there are higher rates amongst older people and those with learning disabilities, women, Asians and in areas of multiple deprivation.

What needs to be done?	How will we do this?	How will we measure success?
Reduce obesity levels within CHCP services.	Implement the Glasgow Weight Management Service.	Numbers referred to the service and positive outcomes.
Reduce the rate of childhood obesity.	Map existing provision and work with partners and staff to support appropriate initiatives across a range of areas.	Establish baseline and monitor progress to tackle obesity.
Identify local initiatives that provide access to healthy food and cooking skills.	Work with local projects and support uptake of initiatives.	Monitor numbers attending classes and local initiatives.
Improve access to healthier options within schools .	Work in partnership with Direct and Care Services.	Monitor numbers taking breakfast service and schools meals.

8 Health Improvement Action Plan 2007-08

Objective: Deliver objectives of the alcohol, drugs and tobacco strategies to reduce prevalence rates, consumption and related harms, by working together with our Addiction services

Reducing alcohol related harm

Policy context:

Plan for Action on Alcohol Problems: update. Scottish Executive. (2007).

Equality issues: A contributor to physical violence and connections with disability and anti-discriminatory agendas. There are issues of access and cultural sensitivity of services. There is also a need for action around older people and a strong association of alcohol related harm and deprivation.

Reducing harm from drug addiction

Policy Context:

Tackling Drugs in Scotland: Action in Partnership. (1999)

Tackling Drugs Together in Greater Glasgow. (1999)

Multiple policy connections, including child protection, wider child health and welfare, blood-borne virus, criminal justice and community safety (including gender-based violence), mental health (co-morbidity), employment and employability, homelessness and economic policy.

Equality issues:

A key dimension around gender-based violence, strong links with prostitution and connections with disability and anti-discrimination agendas. Issues around access and cultural sensitivity of services, and a very strong association of drug-related harm with deprivation indices.

What needs to be done?	How will we do this?	How will we measure success?
Develop prevention work with young people.	Raise awareness of drug and alcohol issues through schools, local projects and pharmacies.	Monitor type and number of inputs through the various venues.
Enhance access to Alcohol Counselling Services.	Provide a service targeting primary care clients in Partick, Anderston and Woodside.	Monitor numbers of referrals and positive outcomes from clients.
Address alcohol issues within the Drumchapel area.	Support delivery of action points from the Drumchapel Young People's Area Study on Substance Use through the established Task Group.	Assess impact of action plan within the area.
Ensure gender sensitive responses to addiction.	Work with our Addictions Services to inform gender-sensitive responses to addiction, prevention and recovery.	Assess impact of gender sensitive response.
Have a better understanding of service provision within the area.	Undertake a mapping of current services to identify gaps in services across the CHCP area.	Knowledge of gaps will allow targeting of services to different areas.
Address the needs and increase the resilience of children affected by parental or others alcohol/drug misuse.	Work with Children's Services and Addictions Services to plan and implement appropriate provision.	Children affected will have access to relevant support.
Encourage diversionary activity.	Support initiatives which will promote positive lifestyle choices as an alternative to drug and alcohol use.	Number of young people and adults who take part in activity.

8 Health Improvement Action Plan 2007-08

Objective: Contribute to reduction in suicide rate by 20% between 2002 and 2013. Improving mental health & well-being

Policy Context:

National Programme for Mental Health and Well-Being. Scottish Executive. (2001)
 Delivering for Mental Health. Scottish Executive. (2006)
 Greater Glasgow NHS Child and Youth Mental Health Promotion Strategy. (2001 and 2006)
 Choose Life Strategy. Scottish Executive, (2002)

Equality issues:

BME communities, gender-based violence, disability including sensory impairment, tackling stigma and discrimination and mental health in later life.

We will collaborate with the Mental Health Partnership to establish a CHCP Mental Health Strategy to develop and implement a local action plan.

What needs to be done?	How will we do this?	How will we measure success?
Support the West Mental Health Strategy Group.	Ensure representation from appropriate partners and development of local action plan.	The West CHCP will have a joined up approach to addressing mental health issues.
Provide access to training opportunities for local workers and staff.	Deliver Mental Health First Aid, emotional literacy and ASSIST training.	Monitor uptake and evaluate training provision.
Ensure information is available around local services.	Support West Mental Health Strategy Group to produce and disseminate this.	Local areas, projects and communities will have better understanding of services.
Reduce suicide rates.	Review service interfaces with the Choose Life Project within West Glasgow.	Monitor suicide numbers within the West CHCP area.

8 Health Improvement Action Plan 2007-08

Objective: Deliver the Oral Health Action Plan and increase the number of five years olds without dental disease so that 60% will have no signs of dental disease by 2010.

Policy Context:

An Action Plan for Improving Oral Health and Modernising NHS Dental Service in Scotland. Scottish Executive. (2005)
 Oral Health Strategy 2005-2010. NHS Greater Glasgow. (2005)
 The Scottish Executive Children’s Childsmile Oral Health Demonstration Programme, Childsmile West. (2006)

We will work with the Oral Health Directorate, local stakeholders and communities to develop the strategic plans and target resources to areas of deprivation and communities that require extra support.

What needs to be done?	How will we do this?	How will we measure success?
Implement the Smile Too programme through childcare service providers and pre-five family services.	Continue to work with childcare service providers and pre-five family services. Deliver training and support to embed oral health as a priority within these areas.	Record number of establishments attaining the Smile Too accreditation, and monitor new establishments that sign up to the programme.
Increase in the number of registration of pre-fives with NHS dental practices.	Involve community pharmacies to support and encourage families to register.	Record the increase in the number of pre-fives registered with a dentist.
Implement the national demonstration project for the distribution of packs to promote tooth brushing.	Identify and target packs and tooth brushing in areas and communities that have worse dental health.	Record the numbers of packs distributed and difference in toothbrushing behaviour.
Target oral health programmes to the more vulnerable groups.	Identify geographical areas and specific groups that have the worse oral health.	Establishment of baseline will allow more focused approach to work with vulnerable groups.
Implement ‘weaning’ and oral health advice programmes.	Maintain the current programme and identify and establish provision in other deprived communities.	Record the number of parents attending within all communities and the uptake of weaning packs.

8 Health Improvement Action Plan 2007-08

Objective: To improve the overall breastfeeding rate at 6-8 weeks to 50% in the CHCP area by 2009.

Policy Context:

GGNHS Breastfeeding Strategy (2003)

Health for All Children (HALL4) (2002)

We will improve breastfeeding rates by 10% per annum in postcode sectors where breastfeeding at 6 - 8 weeks falls below 45%.

What needs to be done?	How will we do this?	How will we measure success?
Support an increase in breastfeeding rates across the CHCP areas.	Set up an interdisciplinary project group to develop and implement an improvement plan for 2007-10.	Record the commitment and action of the key stakeholders to promote and support breastfeeding.
Increase breastfeeding initiation and duration within areas with lower rates.	Recruit, train and support Volunteer Breastfeeding helpers to provide peer support service to breastfeeding mothers.	Record number of volunteers recruited and number of women benefiting from this service.
Attain Towards Baby Friendly in the Community accreditation.	Support professional best practice standards, promotion and protection of breastfeeding.	Monitor certificate of commitment from health centres, clinics and GPs by 2010.
Provide breastfeeding support groups.	Develop the existing support groups and establish other community based groups.	Number of mothers attending support groups and increase in duration of breastfeeding.
Promote acceptability of breastfeeding in public places.	Implement the Breastfeeding Welcome Award in health centres, GP surgeries, pharmacies and local businesses.	Number of establishments participating and attaining the award.
Promote breastfeeding within the pre 5 educational settings.	Implement the Breastfeeding Nursery Programme within New Learning Communities, private and partnership nurseries.	Number of educational establishments participating in the programme.

8 Health Improvement Action Plan 2007-08

Objective: Promote Child and Youth Health

Policy context:

Children's Services Plans

Health for All Children (HALL4) (2002)

What needs to be done?	How will we do this?	How will we measure success?
Develop a child/youth health strategy and action plan.	Establish a multi-agency child/youth health stakeholders group to oversee and steer child/youth health improvement within the West CHCP.	The development of local partnerships to implement and deliver an action plan.
Engage young people in planning and delivery of services within the West CHCP.	With the PPF establish a child/youth health engagement framework and opportunities for the active and meaningful involvement and participation of children and young people.	Number of young people involved from the various communities and development of services in response to their needs.
Ensure child/youth health improvement is included in all health improvement objectives that relate to children and young people.	These include physical activity, tobacco, nutrition, sexual health & relationships, drugs and alcohol, mental health, oral health and community safety.	Monitor response of topic based objectives to the needs of children and young people.
Ensure child/youth health improvement is responsive to the needs of particular vulnerable and hard to reach groups.	Work with LAAC, BME, NEET and young asylum seekers in partnership with other agencies.	Record type and duration of work undertaken with these groups.
Ensure health improvement programmes address the needs of looked after and accommodated children/young people.	Undertake research to inform future work with these groups.	Programmes will be more responsive and based on expressed needs of LAAC.
Establish a youth health service within the CHCP areas.	Work with established youth projects and pilot two dedicated services in Partick and Drumchapel to promote uptake of health issues based programmes and promote access to health services.	Record number of partners and young people accessing youth health services.

8 Health Improvement Action Plan 2007-08

Objective: Improve Men's Health

Policy context:

Improving Health in Scotland: The Challenge. (2003)

We will support the development of a local men's health and well-being strategy to increase the number of men accessing services and engaging in health promoting activities.

What needs to be done?	How will we do this?	How will we measure success?
Ensure that men are accessing health and other related services.	Develop a range of mechanisms to enable men to contribute to the planning and implementation of local services intended for them.	Increase in the number of men engaging with and supported to access services.
Raise the profile of men's health.	Support local events that target men to access services.	Number of men attending and participating in events.
Involve men in local health activity based groups.	Support existing men's groups and work with partners to establish other groups.	Number of groups operating and providing support across a range of health promoting activities.
Promote men's health within the Chinese community.	Support the work of the Chinese Healthy Living centre based on the wellman pilot.	Increase in the number of men receiving support and advice to promote health and wellbeing.

8 Health Improvement Action Plan 2007-08

Objective: Improve health and wellbeing of Older People

Policy context:

Adding Years to Life. Report of the Expert Group on Healthcare of Older People. (1997)

A Strategy for a Scotland with an Ageing Population : Qualitative Research with the General Public. Scottish Executive. (2007)

Better Outcomes for Older People in Scotland. (2005)

Delivering for Mental Health. (2006)

The CHCP's Older People's Coordinators will lead the development of targeted health improvement activities and enhance access to services.

What needs to be done?	How will we do this?	How will we measure success?
Ensure that services meet the needs of older people.	Consult older people to elicit their views about the issues that concern them and develop appropriate initiatives in response.	Services will be more responsive to the needs of older people.
Support the design and implementation of a 'falls prevention' project.	Establish a partnership approach to address issues including publicity, improve access to physical activity, eyesight testing.	Number of older people aware of the service and reduction in the number of falls recorded within the CHCP.
Support older people to live safely at home.	Plan and implement the Message in a Bottle Scheme in partnership with key agencies.	Older people will receive a more appropriate response from emergency services.
Consult with older people in Knightswood to determine the need for more localised health services.	Older people trained as peer researchers to consult with others in the area.	The expressed needs of older people will inform development of a local service.
Ensure maximum benefit of enhanced post discharge care from community pharmacies.	Support and disseminate the principles of Making the Most of your Medicine initiative.	Increased use of service by patients and carers.
Improve access to community based services to minority ethnic older people.	Engage with the ASRA Project to stabilise and secure a viable service in partnership with key stakeholders.	Number of older people using ASRA and accessing other related health services.

8 Health Improvement Action Plan 2007-08

Objective: Improve access to sexual health services in local communities.

Policy context:

Respect and Responsibility. Strategy and Action Plan for Improving Sexual Health in Scotland. (2005)
 NHS Greater Glasgow and Clyde Sexual Health Development Plan. (2007)
 Strategic Framework to Improve the Sexual Health of Gay and Bisexual Men in Greater Glasgow. (2005)
 Local Authority Action Plans in Sexual Health. (2006/07)
 HIV Action Plan for African Communities in Glasgow (2007 - in progress)

Equality issues:

LGBT issues, African Communities and HIV and adults with learning disabilities.

 We will work in partnership with the Sandyford Initiative to progress work around sexual health services for local communities.

What needs to be done?	How will we do this?	How will we measure success?
Ensure that frontline staff have adequate knowledge of sexual health issues.	Establish the need for and provide appropriate training.	Number of staff attending and increasing knowledge of and providing appropriate support to service users.
Improve access to sexual health services.	Establish local virtual hubs to deliver sexual health services for young people.	Number of young people using the hubs and the type of issues dealt with.
Improve access to contraceptives and related information.	Work with Primary Care staff to identify solutions.	Number of people taking contraceptives.
Improve access to sexual health services for vulnerable groups.	Establish work with mental health, addictions and older people's services.	Increase in numbers of vulnerable people accessing relevant services.
Identify issues relating to sexual health amongst asylum seekers and refugees.	Undertake a sexual health needs assessment of asylum seekers and refugees.	Needs assessment will inform future service delivery.

8 Health Improvement Action Plan 2007-08

Objective: Improve Workplace Health

Health at work delivers the Healthy Working Lives (HWL) national strategy with 25 registered organisations within the West Glasgow area. The aim is to promote workplace health via a national award programme.

Policy Context:

Improving Health in Scotland: The Challenge. (2003)

What needs to be done?	How will we do this?	How will we measure success?
Increase uptake of the HWL initiative.	Work with local employers to increase registration for the HWL award programme by 10% per annum.	Record numbers of new employers participating in HWL.
Ensure that the West CHCP engages in HWL.	Support the CHCP to identify, register and prepare two service areas for the HWL award.	Record uptake of activity by the two service areas.
Improve health of local employees.	Increase the uptake of programmes relating to obesity, smoking, alcohol and drug misuse by 10% per annum.	Record number taking part in activity and changes in health behaviours.
Improve mental health within workplaces and promote uptake of Work Mental Health Commendation Award for workplaces.	Promote mental health by raising awareness of workplace mental health issues and training for workplaces.	Number of workplaces engaging in training and impact on workforce.

8 Health Improvement Action Plan 2007-08

Objective: Support Community Safety and Injury Prevention

Policy context:

Towards a Healthier Scotland. (1998)
 Tomorrow's Roads - Safer for Everyone. (2000)
 Health for All Children. Hall 4. (2002)
 Integrated Children's Services Plans. (2005-2008)
 Community Safety Action Plans. (2005-2008)
 Child Safety Strategy (Scotland). (2007)
 National Strategy on Violence Against Women. (2004)

Equality issues:

Children and adults from the most deprived neighbourhoods are more likely to have an accident at home and be admitted to hospital as a consequence of an unintentional injury.
 Older people are more likely to be admitted to hospital as a consequence of a home accident, boys are more likely to be involved in a road traffic accident and injury within the home.

What needs to be done?	How will we do this?	How will we measure success?
Develop a local strategy to progress work around gender based violence.	Establish a CHCP area-wide multi-agency gender based violence group.	A coordinated approach to addressing gender based violence will inform planning and delivery of services.
Improve service response to gender based violence.	Support the IMPACT pilot project to work within communities, partners and CHCP services.	Services will have greater understanding, knowledge and access to relevant training to address gender based violence.
Promote improved follow-on responses to rape and sexual assault for ARCHWAY service users.	Support multi-agency response to medium and long term support for survivors of sexual violence.	Survivors of sexual violence and rape will have appropriate response from services.
Promote safe storage and use of medicines.	Work with local pharmacies and communities to raise awareness.	Reduce number of accidents relating to storage and use of medicines.
Develop a local strategy around unintentional injuries.	Establish a CHCP wide multi-agency group.	Reduction in the numbers admitted to hospital due to unintentional injuries.

8 Health Improvement Action Plan 2007-08

Objective: improve access to health information and address issues around literacy.

Policy context:

Improving Health in Scotland – The Challenge. (2003)

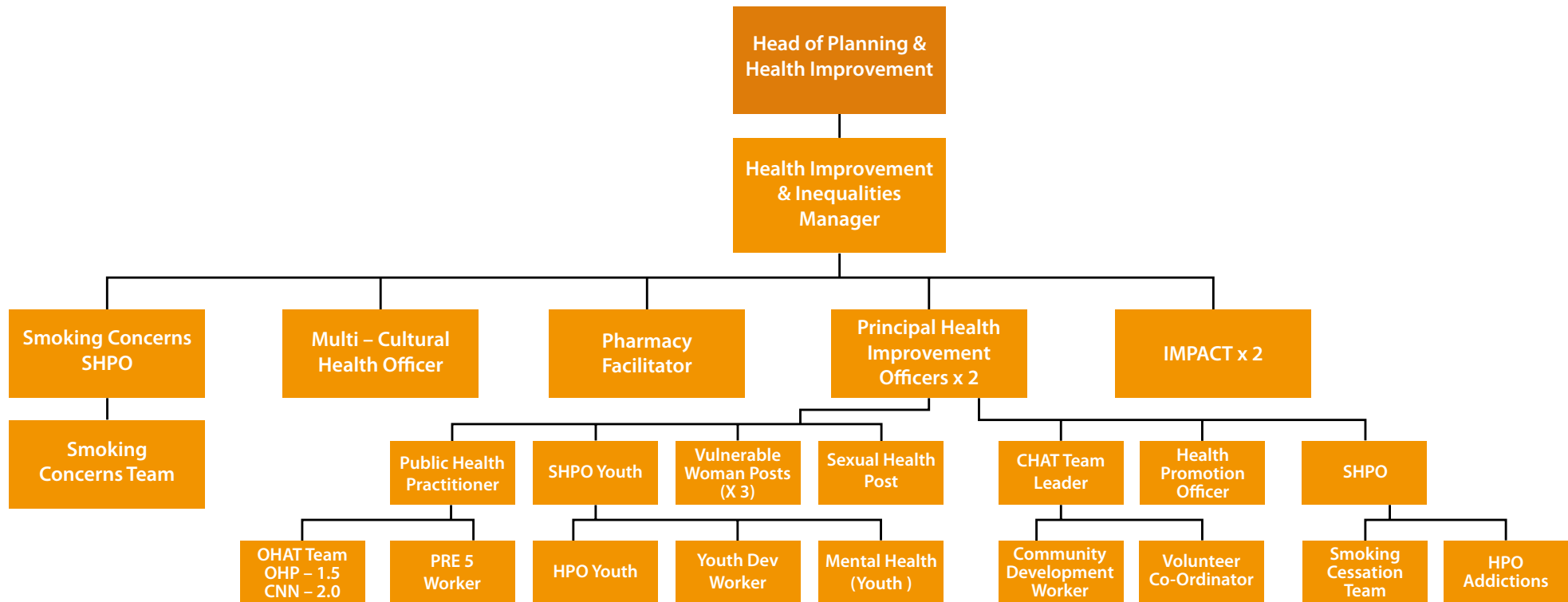
What needs to be done?	How will we do this?	How will we measure success?
Improve access to health information in various formats.	Establish and develop Community Health Information Points within local venues .	Develop monitoring systems to record usage of CHCP.
Raise awareness of literacy/health literacy issues amongst service providers.	Liaise with appropriate agencies/services to establish referral pathways.	Services will be more aware of and responsive to literacy issues.
Improve access to health information in Further Education settings.	Establish links with Further Education and develop access points.	Increase in uptake of information and health related advice by students.

Objective: improve access and service response for vulnerable groups

The West Glasgow CHCP has secured funding from the Scottish Executive and is hosting two demonstration projects.

- The West Glasgow CHCP is hosting the IMPACT project in collaboration with Glasgow Violence Against Women Partnership. The aim of the project is to develop an integrated service response to gender-based violence. The project will act as a demonstration model for informing good practice within other CHCPs in the city.
- The Vulnerable Women project (EMPOWER) has been developed in collaboration with the National Resource Centre for Minority Ethnic Health. The aim of the project is to improve accessibility, sensitivity and effectiveness of mainstream service responses to disabled BME women and/or their carers. The specific services which will be tested for the purpose of this project are homecare provision, transport and health promotion information.

9 Health Improvement and Inequalities Team structure



Team Portfolio	CHCP Service Links
<ul style="list-style-type: none"> • Pre 5 • Children • Youth • Sexual Health 	<ul style="list-style-type: none"> • Disability • Primary Care • Children Services

Team Portfolio	CHCP Service Links
<ul style="list-style-type: none"> • Adults • Employability • Smoking /Addictions • Mental Health 	<ul style="list-style-type: none"> • Addictions • Mental Health • Health & Community Care



West Glasgow

Community Health & Care Partnership

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