

Report To: Community Health & Care
Partnership Sub Committee

Date: 25 August 2011

Report By: Robert Murphy
Corporate Director
Inverclyde Community Health &
Care Partnership

Report No:
CHCP/34/2011/HW/PR

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Subject: Operational Performance Review

1.0 PURPOSE

To inform Sub-Committee members of the outcome of the recent Joint Organisational Performance Review with Inverclyde Council and NHS Greater Glasgow and Clyde.

2.0 SUMMARY

2.1 It has been agreed that the CHCP along with the other CHCPs within the NHS Greater Glasgow and Clyde area will undergo a six monthly Organisational Performance Review (OPR) with the Chief Executives of both NHSGGC and Inverclyde Council, and members of the Board's corporate team.

2.2 The CHCP's first joint OPR took place on 25th May 2011, and a note of the outcome in the form of a letter from the Chief Executives is attached as Annex 1.

2.3 The letter sets out the principal points arising from the OPR including commendations for progress so far; actions requiring CHCP follow-up, and areas requiring cross system action.

2.4 The next OPR will take place in October 2011. As a CHCP we shall require to demonstrate progress we have made on the specific actions identified.

2.5 Four actions worth drawing particular attention to are:

- Long-term conditions bed days
- Uptake of vaccinations and screenings
- Integration of services for offenders
- Reducing sickness absence

2.6 These represent important strategic areas for development and will be the subject of future reporting to the Sub-Committee.

2.7 Areas where the CHCP were specifically commended include:

- Establishing the CHCP whilst at the same time delivering services
- Achieving this against a backdrop of unprecedented financial and redesign challenges for both the Council and NHS
- Child Healthy Weight Intervention Programme
- Performance measures

2.8 These represent important indicators that the CHCP is embedding well, and is focused on continuous improvement and high quality outcomes for the people of Inverclyde.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Committee agrees:

- (a) To note the comments on the CHCP's first joint OPR:and
- (b) To request the Director to ensure that due action is taken on all of the relevant points.

19 July 2011

Robert Murphy
Corporate Director Inverclyde CHCP
Inverclyde Council
Municipal Buildings
Greenock
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Dear Robert

**INVERCLYDE CHCPs ORGANISATIONAL PERFORMANCE REVIEW:
25 MAY 2011**

Please find attached a copy of the Organisation Performance Review (OPR) action note confirming the actions agreed at the recent OPR. We will consider progress against each of the actions outlined at the next OPR.

We would like to take this opportunity to commend both you and your staff in what has been a very busy and successful year for Inverclyde CHCP. Your success in establishing the CHCP is commendable and most of your headline targets are moving in the right direction; keep up the good work.

Yours sincerely,

John W Mundell
Chief Executive
Inverclyde Council

Robert Calderwood
Chief Executive
NHSGGC



INVERCLYDE CHCPs ORGANISATIONAL PERFORMANCE REVIEW: 25TH MAY 2011

ACTIONS AGREED	
1	CHCP OVERVIEW
1.1	<p>A number of key achievements and challenges were highlighted including:</p> <ul style="list-style-type: none"> - establishing the CHCP whilst at the same time delivering services; - areas for improvement including breastfeeding, smoking cessation and long term conditions; - consolidating the newly formed CHCP and the challenges faced in the re-design of the NHS services alongside the different organisational changes within the Council; and - recognising and building upon the solid foundation that has been developed to date.
2	OLDER PEOPLE
2.1	<p><u>Older People's Strategy</u></p> <p>There had been some slippage in the development of the Older People's Strategy mainly due to the development of the Change Fund Plan. The Strategy will be presented to Committee for approval in June 2011.</p>
3	ADULT MENTAL HEALTH
3.1	<p><u>PCMHT Waiting Times</u></p> <p>The panel recognised that activity around the PCMHT waiting times was still work in progress. The CHCP agreed to link the changes in anti-depressant prescribing to this area of work and confirmed that it expected to see a reduction in waiting times by the next OPR.</p> <p>The benchmarking activity with other areas indicated that the prevalence of psychosis in Inverclyde CHCP was exceptionally high and this needs to be linked to the organisation and development of services.</p> <p>The planning process for the new beds is being concluded and the CHCP are currently examining the Inverclyde Hospital option.</p>
3.2	<p><u>Crisis/Response Service</u></p> <p>The CHCP confirmed the implementation of the Crisis Response Service will be no later than by the end of March 2012.</p>
4	ALCOHOL AND DRUGS
4.1	<p><u>Drug Treatment</u></p> <p>The assessment to treatment performance has deteriorated significantly however, the CHCP is confident this will be addressed once a specialist grade doctor has been appointed following interviews in May 2011. There is need to ensure there is resilience for this important service even where there are staffing issues.</p>
4.2	<p><u>Alcohol Brief Interventions (ABI)</u></p> <p>The CHCP confirmed that the ABI coding issue has now been resolved and that</p>

	ACTIONS AGREED
	performance is almost double that reported in the OPR submission.
5	CANCER
5.1	<p><u>Uptake of HPV</u></p> <p>There has been a decline in the HPV uptake rate when compared with the previous years' performance. The CHCP agreed to examine the reasons for this and identify any potential action.</p>
5.2	<p><u>Bowel Screening</u></p> <p>Whilst performance is above the Board average in relation to bowel screening, it still remains below target. The CHCP agreed to continue to work towards improving levels of screening.</p>
5.3	<p><u>Third Sector Commissioning</u></p> <p>Whilst recognising the good work with Marie Currie and Macmillan the CHCP accepted that there is a need to work to conclude the Council's third Sector commissioning process.</p>
6	CHILDREN AND YOUNG PEOPLE
6.1	<p><u>Child Healthy Weight Intervention Programme</u></p> <p>The panel noted the CHCPs excellent performance in relation to the Child Healthy Weight Intervention programme.</p>
6.2	<p><u>Integrated Assessment Framework (IAF)</u></p> <p>The CHCP will have resolved the technical issues to enable electronic IAFs to be carried out by the next OPR.</p>
6.3	<p><u>Parenting Strategy</u></p> <p>The CHCP confirmed that there is now have a Parenting Strategy in place.</p>
6.4	<p><u>Triple P</u></p> <p>The CHCP confirmed that Triple P is the agreed model for universal provision and the use of other parenting programmes will be discussed through the Board's Parenting Group.</p>
6.5	<p><u>Breastfeeding at 6-8 weeks</u></p> <p>Whilst breastfeeding rates at 6-8 weeks are showing a slight increase, albeit starting from a very low base rate, the CHCP agreed to follow-up the key actions from the breastfeeding summit and the linkages with Acute Services to ensure improvement by the next OPR.</p>
6.6	<p><u>MMR 24 months</u></p> <p>The CHCP will ensure GPs are focused on MMR uptake and that parents are provided with appropriate information.</p>

	ACTIONS AGREED
6.7	<p><u>Oral Health</u></p> <p>Rab Murphy will work with Karen Murray to ensure that the oral health paper being drafted reflects the views of Inverclyde CHCP.</p>
7	CRIMINAL JUSTICE
7.1	<p><u>Offenders</u></p> <p>It was confirmed that there is the opportunity within the CHCP to look at the potential integration in the provision of services for offenders.</p>
8	DISABILITY
8.1	<p><u>Personalisation Work</u></p> <p>The CHCP confirmed that there has been an increase in the number of applications but this has not translated into an increase in the uptake of people being able to direct their own care. The panel look forward to learning more as this work progresses further.</p>
9	LONG TERM CONDITIONS
9.1	<p><u>Long Term Conditions Bed Days</u></p> <p>The CHCP acknowledged that this is a significant piece of work that will require considerable effort to get performance back on track. The CHCP agreed to complete the agreed actions to drive bed days down and ensure effective links with MCNs.</p>
10	MATERNITY
10.1	<p><u>Smoking In Pregnancy</u></p> <p>The CHCP agreed to have a dialogue with Acute with a view to reflecting the Glasgow model in the Clyde maternity units.</p>
11	SEXUAL HEALTH
11.1	<p><u>SNIPS</u></p> <p>It was agreed that the SNIPs issues were not satisfactorily resolved. The CHCP agreed to ensure that it participates in the Child and Maternal Health Strategy Group in order to influence the Maternity Services Framework approach in moving forward. Catriona Renfrew will seek clarification on the SNIPs future plans.</p>
12	OLDER PEOPLE
12.1	<p><u>SPARRA</u></p> <p>The panel confirmed there is the expectation that each partnership will respond to the findings of the SPARRA review carried out by Anne Scoular.</p>
13	PRIMARY CARE
13.1	<p><u>Primary Care Prescribing</u></p> <p>The panel outlined the Board's new approach to monitoring primary care prescribing. Inverclyde CHCP has a prescribing over-spend that will require a</p>

	ACTIONS AGREED
	whole team focus and a comprehensive programme of actions to address.
13.2	<p><u>GP Advance Booking</u></p> <p>The CHCP agreed to ensure that the GP advance booking features as an item on the GP Forum agenda and will report back at the next OPR on the plans for ongoing monitoring.</p>
13.3	<p><u>Nursing Homes</u></p> <p>The CHCP confirmed that there is a need to revisit the nursing home GP support to ensure it focuses on patient needs and the best service delivery model.</p>
14	SEXUAL HEALTH
14.1	<p><u>Teenage Pregnancy</u></p> <p>The CHCP confirmed that there will be a Sexual Health Local Action Plan in place by Summer 2011 which picks up the issue of teenage pregnancy.</p>
14.2	<p><u>Sandyford</u></p> <p>The CHCP confirmed the Sandyford accommodation issue had now been resolved. The panel recognised the need for a review of the location in the longer term.</p>
15	HEALTH IMPROVEMENT
15.1	<p><u>Smoking Cessation</u></p> <p>Whilst performance was below target the CHCP is confident the numbers had improved in January and confirmed that the issue of GPs prescribing NCT without counselling had been resolved. It was also confirmed that the GP data will continue to be monitored.</p>
16	SUSTAINABILITY
16.1	<p><u>Performance Measures</u></p> <p>The Performance Team will look at identifying how local targets can be set for CHCPs.</p>
17	TACKLING INEQUALITIES
17.1	<p><u>EQIAs</u></p> <p>The CHCP confirmed that EQIAs are now aligned with the Council's EQIAs.</p>
18	UNPAID CARE
18.1	<p><u>Performance Measures</u></p> <p>The panel were impressed with the range of activity underway and the suite of performance measures.</p>

19	EFFECTIVE ORGANISATION
19.1	<p><u>Sickness Absence</u></p> <p>The CHCP agreed to keep a focussed effort on reducing sickness absence levels particularly the multiple non-certified absences. It is useful that both the Board and the Council are moving to have the same target of 4%.</p>
19.2	<p><u>e-KSF</u></p> <p>Whilst the e-KSF performance just fell short of target the CHCP agreed to continue to ensure this was a standing item on the management team agenda.</p>
19.3	<p><u>2010 Staff Survey</u></p> <p>The CHCP's results from the 2010 Staff Survey were commendable. Inverclyde achieved some of the most positive results across the Board, despite undergoing a period of major change. In moving forward it was confirmed that the CHCP were aiming to adopt a similar approach for Social Work staff.</p>