Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 5

Report To:	**Community Health & Care Partnership Sub-Committee**	**Date: 1st March 2012**
Report By:	**Robert Murphy Corporate Director Inverclyde Community Health & Care Partnership**	**Report No: CHCP/14/2012/HW**
Contact Officer:	**Helen Watson Head of Service Planning, Health Improvement and Commissioning**	**Contact No: 01475 71539**
Subject:	**Development Plan Update 2012/13**	

1.0 PURPOSE

1.1 The purpose of this report is to present to members the first draft of the CHCP Development Plan Update 2012/13, and to inform of the intention to submit a final draft of the document to the NHS Greater Glasgow and Clyde Corporate Planning Team on 31st March.

2.0 SUMMARY

2.1 The NHS GG&C Planning Guidance 2010 – 2013 determined that an annual update of the CHCP Development Plan is required for submission to the Health Board following agreement from the CHCP Sub-Committee. The Update 2012/13 is now required and has been prepared for approval by Members.

2.2 Update 2012/13 reflects the progress made by the CHCP in the second year of the current plan (2011/12) against the outcomes set out in the NHS GG&C Planning and Policy Frameworks.

2.3 Alongside the statements of progress, Update 2012/13 also includes statements of intended action for 2012/13 with indicators of change/performance listed alongside these actions. Subject to approval, these stated actions will be used during the joint Organisational Performance Review process to assess the performance of the CHCP, in conjunction with key performance targets for both Inverclyde Council and NHS GG&C.

3.0 RECOMMENDATIONS

3.1 That Members note the requirement of the CHCP to submit a final annual Development Plan update in the 2010 – 2013 NHS GG&C planning round.

3.2 That Members note the content of the draft Development Plan update 2012/13 submitted to the NHS GG&C Corporate Planning team on 3rd February 2012.

3.3 That Members approve the content of the draft plan, subject to any required changes determined by the Corporate Planning Team, for final submission on 31st March 2012.

Robert Murphy
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 The Inverclyde CHP Development Plan 2010 – 2013 was written in the context of the NHS partnership and was approved at the final CHP Committee on 6th October 2010. Since that date the process of formally establishing the Inverclyde Community Health and Care Partnership (CHCP) has been completed. The establishment of the CHCP was endorsed via Greater Glasgow and Clyde NHS Board on 17th August 2010 and by the full Inverclyde Council on 26th August 2010. Our first full year of operation has been challenging but the CHCP is already delivering positive opportunities, and results.

4.2 The Development Plan is designed to deliver our key priorities and objectives in relation to the NHS GG&C planning and policy frameworks and those of the Local Authority. Principally, this gives direction for the partnership's health and social work services contribution to strategic objectives in a co-ordinated way, and drives operations to deliver on the agreed outcomes for patients and service users, and to meet performance targets.

4.3 The principal objective of the Development Plan is to articulate the means by which we deliver high quality health and social care services, to act to improve the health of our population and to address the wider social determinants which cause health and social inequality.

4.4 The purpose of the Development Plan Update 2012/13 (hereafter referred to as Update 2012/13) is to; *"reflect on progress from the first and second years of the plan and to identify the level of additional progress that is planned for year three"* (NHS GG&C Planning Guidance October 2011).

4.5 The nature of the Development Plan and its annual updates is focused on an articulation of the key areas of change or development required to be undergone by the CHCP. There are a vast array of activities which take place on a day to day basis in order to deliver our services and manage our business which could be termed 'core business'. To this end, such activities have not been referenced in detail. Rather, we have focused on areas of significant and high impact development, improvement, change or where there is considerable complexity.

4.6 For Inverclyde CHCP core business includes activities such as: delivering statutory services which meet the needs of our local population, achieving financial balance in our budgets, managing our workforce and managing performance to help ensure we meet agreed targets. In addition we continually strive to further develop our local intelligence and understanding of the health and social care system. This includes robust planning and modelling to understand how changes in one part of the system will affect another and Improving information sharing between primary care contractors, community health services, social care and the acute hospital sector.

5.0 PROPOSALS

5.1 A range of proposals for action by the CHCP is set out in each Planning and or Policy framework area of the Update.

6.0 IMPLICATIONS

6.1 Legal: There are no legal implications of the Development Plan Update

6.2 Finance: The finance implications of each action contained in the Development Plan are referenced in each relevant section.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments

6.3 Personnel: There are no personnel implications of the Development Plan Update 2012/13

6.4 Equalities: There are no equalities implications of the Development Plan Update, equalities issues are picked up at various points throughout the plan.

7.0 CONSULTATION

7.1 The Development Plan Update has been written using information from the public, users and carers, and our staff derived from our processes on ongoing engagement such as stakeholder engagement and staff engagement events etc.

8.0 LIST OF BACKGROUND PAPERS

8.1 Inverclyde CHCP Directorate Plan 2011/12.

8.2 NHS GG&C Planning Guidance 2012/13 (October 2011).

INVERCLYDE CHCP Community Health & Care Partnership

Inverclyde CHCP Draft Development Plan Update 2012/13

NHS Greater Glasgow and Clyde

Inverclyde council

This document can be made available in large print, audio tape, computer disk and in a variety of Community Languages, on request.

Arabic

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Gaelic

Tha an sgrìobhainn seo cuideachd ri fhaotainn ann an cànanan eile, clò nas motha agus air teip ma tha sibh ga iarraidh.

Hindi

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई और सुनने वाले माध्यम पर भी उपलब्ध है

Mandarin

本文件也可应要求，制作成其它语文或特大字体版本，也可制作成录音带。

Polish

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formacie audio.

Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਰਾਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

Urdu

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

This document is in font size 14 to improve credibility under the terms of the Disability Discrimination Act

Contents

1. Introduction 1

2. Overview of Progress Made in 2011/12 6

3. Planning Context 12

4. Planning Frameworks 23

5. Policy Frameworks 35

6. Effective Organisation 41

7. Finance and Workforce 44

DRAFT

1. Introduction

1.1 Foreword

In the 21st century it is unacceptable that people should experience poorer health outcomes as a result of the social and economic circumstances that they have been born into. Such health inequalities start early in life and persist not only into old age but impact on subsequent generations. We recognise that some of our communities experience disproportionate levels of these poorer outcomes, and are therefore committed to working to find ways to prevent ill-health, protect good health and promote better health; all closely linked to quality of life and the concept of well being.

Scotland's three linked social polices jointly produced by the Scottish Government and COSLA - ***Equally Well (2008)***, ***Early Years Strategy (2008)*** and ***Achieving our Potential (2008)***, help us understand the underlying causes of health and social inequalities. The Scottish Government's policy and action plan on mental heath ***Towards a Mentally Flourishing Scotland 2009-11*** is another key document which underpins our approach to addressing health inequalities and thereby securing a platform for improved outcomes in the future.

This update therefore not only reflects on progress on the commitments we made in our substantive plan and the 2011/12 Update, but also highlights the actions we will take during 2012/13. Our approach aims to capitalise on our strong Community Planning Partnership, ***The Inverclyde Alliance***, and support an inclusive approach to tackling the underlying social and economic determinants of the poorer health outcomes described. As such the Council and Health Board through the Alliance have identified health inequalities as an area for priority action and continue to operate a Health Inequalities Outcome Delivery Group through the SOA.

1.2 Background

The Inverclyde CHP Development Plan 2010 – 2013 was written in the context of the NHS partnership and was approved at the final CHP Committee on 6th October 2010. Since that date the process of formally establishing the Inverclyde Community Health and Care Partnership (CHCP) has been completed. The establishment of the CHCP was endorsed via Greater Glasgow and Clyde NHS Board on 17th August 2010 and by the full Inverclyde Council on 26th August 2010. Our first full year of operation has been challenging but the CHCP is already delivering positive opportunities, and results.

The Development Plan is designed to deliver our key priorities and objectives in relation to the NHS GG&C planning and policy frameworks and those of the Local Authority. Principally, this gives direction for the partnership's health and social work services contribution to strategic objectives in a co-ordinated way, and drives operations to deliver on the agreed outcomes for patients and service users, and to meet performance targets.

The principal objective of the Development Plan is to articulate the means by which we deliver high quality health and social care services; to act to improve the health of our population and to address the wider social determinants which cause health and social inequality.

The purpose of the Development Plan Update 2012/13 (hereafter referred to as Update 2012/13) is to; *"reflect on progress from the first and second years of the plan and to identify the level of additional progress that is planned for year three"* (NHS GG&C Planning Guidance October 2011).

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1.3 Audience

The intended audience of this update is NHS GG&C, Inverclyde Council, the CHCP Senior Management Team and as a guide document to Services in creating their own more detailed service work plans. It would be expected that other stakeholders, such as staff, patients, service users and the wider community may refer to this document for links to key policies and updates on progress made, but that they would principally refer to the CHCP Directorate Plan as our key strategic document (CHCP Directorate Plan 2011/12).

The Development Plan and yearly updates are reported to NHS GG&C, and to Inverclyde Council, in addition to the Directorate Plan. Over time we will be able to streamline these different processes and harmonise reporting requirements of the two parent organisations.

The plans will contain consistent information presented in the required formats, reflecting the need for our staff to have a coherent narrative which they can follow, explicitly setting out the direction of travel for the CHCP and articulating their place within in it. In addition, service users and our communities can expect a clear document in place which they can use as a guide to our vision, principles and intended outputs and outcomes. To this end we will reference other key publications in all our statutory plans. It is also our intention to provide a summary for wider use.

1.4 Process

The process of developing the 2012/13 Update has been structured using the November 2011 Organisational Performance Review (OPR) as a key reference point for defining our 2012/13 priorities alongside the 20/01/12 Directorate Plan and the revised planning and policy frameworks. This as well as assessing performance against key targets provides a useful body of evidence which has been mapped to outcomes and actions in the 2012/13 Update.

There are a number of important action areas in the Update which reflect the position of the organisation. There are obvious opportunities for potential redesign in creating improved services through the CHCP with staff, unions and other stakeholders. This is being done in the context of a tough financial landscape. Our experience of year 1 as a CHCP has informed our focus and direction of travel.

In the medium term we hope to capitalise on the opportunities, but in the short term we must recognise that this context has had an impact on our ability to plan as creatively and with as much aspiration as would normally be the case. To some extent this limited our delivery against key actions in some areas. This is addressed in the 2012/13 Update, and the tone of the Update is still very much one of consolidation, as was the case in 2011/12.

1.5 Core Business

The nature of the Development Plan and its annual updates is focussed on an articulation of the key areas of change or development required to be undergone by the CHCP. There are a vast array of activities which take place on a day to day basis in order to deliver our services and manage our business which could be termed ‘core business’. To this end, such activities have not been referenced in detail. Rather, we have focussed on areas of significant and high impact development, improvement, change or where there is considerable complexity.

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For Inverclyde CHCP core business includes activities such as; delivering statutory services which meet the needs of our local population, achieving financial balance in our budgets, managing our workforce and managing performance to help ensure we meet agreed targets. In addition we continually strive to further develop our local intelligence and understanding of the health and social care system. This includes robust planning and modelling to understand how changes in one part of the system will affect another and Improving information sharing between primary care contractors, community health services, social care and the acute hospital sector.

2. Overview of Progress made in 2011/12

The following outlines the major achievements and contributions made by the CHCP in 2011 / 2012, grouped by the 5 strategic themes of our Directorate Plan.

2.1 Educated, Informed Citizens

- We have developed a new approach to involving people in the CHCP via the creation of a CHCP Advisory Group involving patients, service users, carers and members of the public.
- The Sexual Health Local Implementation Group is functioning well under the leadership of the Corporate Director for Education. It has produced the Sexual Health Local Action Plan which incorporates the key objectives from the NHS Greater Glasgow and Clyde Planning Framework as well as local imperatives.
- We have progressed the 'health literacy' agenda to ensure understanding of health issues amongst those affected by them. We are continuing with our Books on Prescription Scheme to aid understanding and self help via signposting to useful sources of information in different formats. We have developed the use of non-prescription pads in GP practice whereby patients are given information rather than a pharmacological intervention (i.e. for self limiting illness). This is designed to help patients understand more about common health issues they may be presenting with, and how to mange these in the future. We have also piloted the provision of pre-consultation information in one practice.
- Considerable improvement in attainment rates for LAC.

2.2 Healthy Caring Communities

- We have begun to the roll out of our SmokeFree Play parks initiative across Inverlcyde. When fully completed 40 parks will be SmokeFree.
- We have rolled out the Board-wide ACES programme, including the schools element. 66 qualifying children (BMI of above 91st centile) have completed the programme so far.
- There are 14 internal services provided by Inverclyde CHCP that are inspected by the Care Commission (now part of the Care Inspectorate) on a minimum of an annual basis. Inspection reports overall include 25% of indicators being rated excellent; and 75% rated as very good. This is a further improvement from the previous year and demonstrates a culture of continuous improvement. This includes children's residential units having achieved the grade of excellent across all 4 themes in all of our units. This is the highest grading possible and is an outstanding achievement.
- Inverclyde CHCP was the first in Scotland to achieve the UNICEF Baby Friendly stage 3 accreditation (February 2011).
- The Community Children's Nursing Team won the NHS GG&C Chairman's Award.
- There has been improved engagement with local acute services. Significant changes have been put in place; examples include supporting theatre staff to acquire the skills necessary to care for children and implementation of the MRI knee pilot.

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- The transition to CHCP arrangements has provided a firm basis to take forward a number of complex workstreams and redesigns relating to adult mental health including; the modernisation of our IPCU and SPPU on the IRH site, the development of a commissioning plan for adult and older people's mental health inpatient services. This work has been undertaken in a very inclusive way with staff, communities, Community Planning Partners etc., and at the same time we have strengthened our arrangements to improve population mental health in the longer term by establishing the role of Mental Health Improvement Lead.
- A Fast Track referral to specialist services is in place in mental health and homelessness. This ensures a more person-centred holistic approach and better linkages with mental health and addictions.
- We remain committed to achieving the National Delayed Discharge Standard, and view the Change Fund and its associated plan as a key opportunity to reduce our reliance on hospital bed usage, both through reducing unplanned admissions and, where admissions do occur, through working to reduce the length of stay safely and sustainably for each individual. The data indicates moderate reductions in the number of unplanned admissions month on month from 448 emergency admissions for people over 65 in April 2011 to 348 in October 2011.
- Significant progress has been made in our use of SPARRA. (Scottish patients at risk of readmission and admission), specifically in relation to identifying children with complex needs who are now being treated locally rather than travelling to RHSC Yorkhill, and in relation to individuals with persistent and troublesome alcohol misuse resulting in A&E attendance.
- Prevention and Support Service nurses have assisted 14 of the 16 GP practices to establish carers registers and 5 of these have introduced annual health checks for carers. The action continues to be an area of focus in our new Carers Strategy 2012 – 2015.
- Inverclyde Carers Strategy 2012 - 2015 has been developed in co-production with local carers and was launched in early December, on Carers Right's Day. When our new Carers Strategy is published, it will contain for the first time, a tandem document in relation to young carers.
- Carers can access breaks for themselves through CHCP delegated budgets at the Carers Centre (sitting services and group holidays.) The Short Breaks Bureau has actively promoted and arranged alternative types of breaks across various client groups. This has been cited as an example of good practice within the National Carers Strategy 2010 – 2015.

2.3 Safe, Sustainable Communities

- In the area of protecting children, Her Majesty's Inspectorate of Education (HMIE) undertook a multi-agency review of services to protect children and young people where Inverclyde was found to be one of the best performing areas in Scotland with 2 indicators rated as excellent and 15 rated as very good.
- Our Family Placement Strategy was identified as an area of good practice at our last HMIe inspection of services to protect children. We have recruited and approved: 1 adoptive carer, 3 foster carer households and placed 8 Inverclyde children in permanent families (6 adoptive and 2 in permanent foster placements).
- The Social Work Inspection Agency completed a thematic inspection of Prison Based Social Work and a follow-up thematic inspection of high risk offenders. Inverclyde Criminal Justice Social Work (CJSW) was highly commended in both inspection processes.
- Criminal Justice Social Work, along with Action for Children, submitted a self evaluation to the Effective Practice Unit, (Justice Section, Scottish Government) with regards to the delivery of the accredited programme, Constructs. Feedback from this indicated Inverclyde scored the 2nd highest in Scotland with regards to the quality and effectiveness of service delivery and the culture of continuous improvement.

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- Our Criminal Justice Social Work Service submitted 100% of Social Enquiry Reports to court by the due date during 2010 / 2011.
- 100% of probationers were seen by Criminal Justice Social Work Services within one week of sentence during 2010 / 2011.
- An Inverclyde Alcohol Strategy has been completed and launched as a component of Inverclyde Alcohol and Drug Partnership Strategy.

2.4 A Thriving, Diverse Community

- The Financial Inclusion Partnership has been re-established and will report via the SOA 2 Outcome Delivery Group. A Financial Inclusion Strategy is currently being developed and will include an action plan for developing a Financial Inclusion pipeline and ensuring the readiness of the Alliance and partners for the impact of the welfare reform agenda locally.
- We have begun the redesign of our internal financial advice services which will see the merger of three current CHCP advice teams into one. This single team will provide a more co-ordinated, effective service for the public.

2.5 A Modern, Innovative Organisation

- Early and effective intervention. Whole system approach.
- Branding and livery have been created for the CHCP and are being widely used to help embed the CHCP in the locality and with partners
- The construction of the new Short Stay Psychiatric Unit and Intensive Psychiatric Care Unit, Adult Mental Health Day Hospital and Milan Suite is on schedule to be completed by April 2012 with patients to be transferred back to the IRH site thereafter.
- The implementation of the new staffing structure in Homelessness Services on 30 July 2011 provides a much firmer platform from which to make significant improvements to service provision and greater efficiency. Inverclyde Council remains one of the local authorities recording greater than 90% of priority need decisions ahead of the Scottish Government target to abolish the priority need test by December 2012. The Council also recently received praise for our efforts in this area from the influential homeless charity Shelter, which received positive publicity in the local media and beyond. In 2010/11 there were 533 presentations to our homelessness service, 65% of these resulted in a decisino being made within 28 days.
- We have successfully engaged and made substantial progress in major service redesign including Children's Services, CAMHS and Homecare.
- We have began work to improve and modernise processes around commissioning and procurement.
- With the Inverclyde CHCP Reshaping Care for Older People Plan and our Rehabilitation Plan, development of a reablement service as part of the review of homecare services has begun with briefing sessions for inter agency staffing groups. Staff have been appointed to deliver reablement and To date 149 home care staff have undergone the two day training course since September 2011. A further 20 have signed up for the second course in January. Two courses per month are scheduled between February and June giving a further 200 places. New homecare referrals will be taken through this service.
- An additional 5 Chronic Obstructive Pulmonary Disease (COPD) patients have been identified for telecare monitoring system, bringing the expansion of the service up to a potential of 20 service users. This pilot has been nominated for a national award and was awarded joint second place by demonstrating the use of Telehealth to monitor reversible chronic conditions by early intervention and anticipatory care successfully reducing avoidable admissions. This not only impacted on cost it also reflected improved quality of life for the pilot participants

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- We achieved the Silver Healthy Working Lives award in June 2011 and are actively working towards achieving the Gold award.
- Secured partnerhsip agreement which saw £1m of services delivered via Barnardos.
- There is a very positive approach to working corporately across the CHCP in order to minimise the differences in policies, procedures and processes where this is feasible. This is in some ways quite a challenge with 2 parent organisations with very different cultures, however there is emerging a strong feeling of working together within Inverclyde CHCP and a willingness to adopt approaches that will strengthen and develop the CHCP's effectiveness as an organisation.

2.6 Targets and Standards 2011/12 (including HEAT and Social Work Performance Indicators)

Target/standard	Inverclyde Performance 2011/12
Health Improvement	
Achieve agreed completion rates for child healthy weight intervention programme over three years ending March 2014.	Cumulative Numbers completing programme with a BMI >91st centile – 66 children
Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines during 2011/12.	HEAT: 12 of 16 Practices opted in (75%) Apr08 – Sept11 1415 Target: 1696 by March 2 Apr11-Sept11 *279 Target for period *221 *Cumulative figures reset
Reduce suicide rate between 2002 and 2013 by 20%.	Number (and Percentage) of staff trained: Jan-Sept2011 : 19 (38%) Jan-Sept2011 target : 49 (50%)
NHS Scotland to deliver universal smoking cessation services to achieve at least 80,000 successful quits (at one month post quit) including 48,000 in the 40% most-deprived within-Board SIMD areas over the three years ending March 2014.	All Smoke Free Services Apr11-Sept11 – 273 (target: 184)
	Community Smoke Free Services Only Apr11-Sept11 – 62 successful quits of 123 who set quit dates (50% quit rate)
	SIMD (Community Only): Apr11-Sept11 - 184 successful quits from the 40% most deprived areas. Target = 119
Achieve agreed number of inequalities targeted cardiovascular Health Checks during 2011/12.	Cumulative from Apr11: 2645 Dec11(Monthly Snapshot)- 203

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Target/standard	Inverclyde Performance 2011/12
	(Data is now shown as snapshot of each month, however target is still cumulative)
Efficiency	
NHS boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement.	This is a GG&C Board Target
NHS boards to deliver a 3% efficiency saving to reinvest in frontline services.	This is a GG&C Board Target
NHS Scotland to reduce energy-based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction targets set in the Climate Change (Scotland) Act 2009.	This is a GG&C Board Target
Access	
From the quarter ending December 2011, 95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.	Board level only: 31 day target: Oct11 99% (target 95%) 62 day target: Oct11 97.6% (target 95%)
Deliver 18 weeks referral to treatment from 31 December 2011.	This is an acute target
By March 2013, 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.	July11 to Sept11– 76.8% Target: 90% Data being cleansed to reflect more accurate figures
Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services from March 2013; and 18 weeks referral to treatment for Psychological Therapies from December 2014.	Dec11: Min Wait: 2 wks Max Wait: 16 wks Avg Wait: 8 wks Target: 0 children waiting more than 26 weeks from referral to treatment.
Treatment	
Reducing the need for emergency hospital care, NHS Boards will achieve agreed reductions in emergency inpatient bed days rates for people aged 75 and over between 2009/10 and 2011/12 through improved partnership working between the acute, primary and community care sectors.	As reported on Corp. Sharepoint (75+ only) Oct11: total bed days 2842
To improve stroke care, 90% of all patients admitted with a diagnosis of stroke will be admitted to a stroke unit on the day of	Data for IRH By Month – Nov11 = 95%

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Target/standard	Inverclyde Performance 2011/12
admission, or the day following presentation by March 2013.	By Quarter – Jul11 to Sept11 = 93.2%
Further reduce healthcare associated infections so that by March 2013 NHS Boards' staphylococcus aureus bacteraemia (including MRSA) cases are 0.26 or less per 1000 acute occupied bed days; and the rate of Clostridium difficile infections in patients aged 65 and over is 0.39 cases or less per 1000 total occupied bed days.	Acute hospital target.
To support shifting the balance of care, NHS Boards will achieve agreed reductions in the rates of attendance at A&E between 2009/10 and 2013/14.	Dec10 – Nov 11 3156 NHS GGC Target: 3005
National Standards	
NHS Boards to achieve a sickness absence rate of 4% from 31 March 2009.	Nov11 – 5.13% Target: 4%
No people will wait more than 6 weeks to be discharged from hospital into a more appropriate care setting.	Dec11 – 0 patients waiting more than 6 wks Target: 0
Provide 48 hour access or advance booking to an appropriate member of the GP Practice Team	Aug 11 – 90%
To respond to 75% of Category A calls within 8 minutes from April 2009 onwards across mainland Scotland (Scottish Ambulance Service).	SAS target
98% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment.	Acute target
No patient will wait longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census).	Acute target
No patient will wait longer than 9 weeks for inpatient and day case treatment (measured on month end Census).	Acute target
Maintain the number of people with a diagnosis of dementia on the Quality and Outcomes Framework (QOF) dementia register and other equivalent sources.	INA
Social Work Performance Indicators	

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Target/standard	Inverclyde Performance 2011/12
Number of children with a completed IAF	Apr11-Sep11 72
Number of staff trained in child protection	May11 146
Percentage Social Enquiry Reports submitted to court by due date	2010/11 100% (Target 95%)
Percentage of probationers seen by Social Work Services within one week of sentence	2010/11 100% (Target 95%)
Average hours per week to complete Community Service Orders	2010/11 4.4 hours (Target 4 hours)
Numbers of people accessing self directed support	Oct11 - 27
Increase in care at home services – over 65s per 1,000 population	Oct11 – 79.0 Baseline 2010/11: 77.0 +2.0 from Baseline
Number of people in care home placements	Dec11 – 629
Number of new admissions to care homes	Dec11 – 11
Number of presentations to the homelessness service	2010/11 out turn 533
• % Homeless decisions reached in 28 days	2010/11 out turn 65+% Target 2010/11 65-100%
• % Homeless priority need decisions	2010/11 out turn 90% Target 2010/11 90-100%
Number of people in receipt of telecare	Mar11 - 1852
Respite Care for Carers of Adults : 0-17 a) Overnight respite in a care home (nights) d) DAY centre respite (hours) e) Other daytime respite (hours)*	2010/11 a)579 b)0 c)3149
Respite Care for Carers of Adults Aged 18-64: a) Overnight respite in a care home (nights) d) DAY centre respite (hours) e) Other daytime respite (hours)	2010/11 a)1986 b)73658 c)60424
Respite Care for Carers of Adults Aged 65+	2010/11

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Target/standard	Inverclyde Performance 2011/12
a) Overnight respite in a care home (nights) d) DAY centre respite (hours) e) Other daytime respite (hours)	a)2574 b)70188 c)369714

3. Planning Context

3.1 National and Strategic Drivers

At a national level, the election of a majority SNP Government has led to a commitment to the following priorities which have a bearing on the Development Plan Update 2012/13, and have resulted in inclusion of a number of key local actions:

- Further development of the NHS Quality Strategy as the overarching framework for assessing performance
- A personal commitment by the Cabinet Minister for Health and Wellbeing to older people and People with Dementia
- The Government's commitment to integration between health and social care and application of the recommendations of the *Commission on the Future Delivery of Public Services* – the Christie Commission
- Legislative expectations in relation to cancer services, minimum pricing for alcohol and patients rights

At NHSGG&C Board level commitments have been made to the following key streams of work. Again these areas of action have been reflected in our updated deliverables at sections 4 and 5:

- Reshaping Care for Older People and Change Fund:

Partnerships in GGC have received £14.8m to operate as a Change Fund to support reshaping services for older people, Inverclyde CHCP received £1.3 million in 2011/123 and in 2012/13. The intention of the funding is to enable service redesign which will support a shift of care for older people away from inpatient care and care homes to support in the community and at home. The funding is likely to be available for 4 years, after which savings are expected to have been released through service redesign. NHSGGC guidance on Change Fund plans emphasises the need for investment to be evidence based and to make significant and measurable impact on acute hospital care (bed days, delayed discharges and emergency admissions). We have in place a range of activities to support the delivery of the Reshaping Care for Older People agenda. The detail of which can be found the Inverclyde CHCP Older People's Strategy ('Improving Lives' making a difference for older people 2012/13).

- The bi-annual Report of the Director of Public Health (PDH) for 2012 focuses on mental health Its aim is to make mental health a priority area for action by all public sector agencies, widen awareness of mental health issues and identify the need for public policies, spending decisions and service design which promote good population mental health and address inequalities. Local actions in response to the DPH report can be found in the Adult Mental Health, Health Improvement and Health Inequalities action sections.

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3.2 Single Outcome Agreement (SOA)

Inverclyde CHCP is driven by priorities and actions from the Councils' Single Outcome Agreement in partnership through the Community Planning forum, **The Alliance Board,** and in particular the agreed eight priority outcomes, which are referenced in table 1 below:

Table 1: Inverclyde SOA Priorities

SOA Reference	Single Outcome Agreement Priorities
SOA1	Inverclyde's population is stable with a good balance of socio-economic groups.
SOA2	Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life.
SOA3	The area's economic regeneration is secured.
SOA4	Economic activity in Inverclyde is increased, and skills development enables both those in work and those furthest from the labour market to realise their full potential.
SOA5	The health of local people is improved, combating health inequality and promoting healthy lifestyles.
SOA6	A positive culture change will have taken place in Inverclyde in attitudes to alcohol, resulting in fewer associated health problems, social problems and reduced crime rates.
SOA7	All our young people have the best start in life.
SOA8	Inverclyde is a place where people want to live now whilst at the same time safeguarding the environment for future generations.

The CHCP has a role to play across the whole suite of SOA outcomes. Identified CHCP senior managers are Lead Officers for two of the outcomes: Health Inequalities and Alcohol.

Alcohol is being driven through our Alcohol and Drugs Partnership, with further strategic underpinning through our Alcohol and Drugs Strategy (Inverclyde Alcohol and Drugs Partnership Strategy, 2010) which has been informed by the NHS GG&C Alcohol and Drugs planning framework.

We have undertaken work to refine the actions related to the health inequalities outcome to ensure greater measurability of indicators and broader reach across the other SOA Outcome Delivery Groups. We also sought to link the SOA health inequalities outcome actions more closely with the NHSGG&C health improvement policy framework.

We have refined our children and young people's services planning ethos within the context of the SOA outcome around Best Start in Life using the *GIRFEC* principles as key strategic pillars. Again we have taken cognisance of the relevant NHSGG&C planning frameworks (children and young people/maternity), and the Healthy Child Programme deliverables, in particular.

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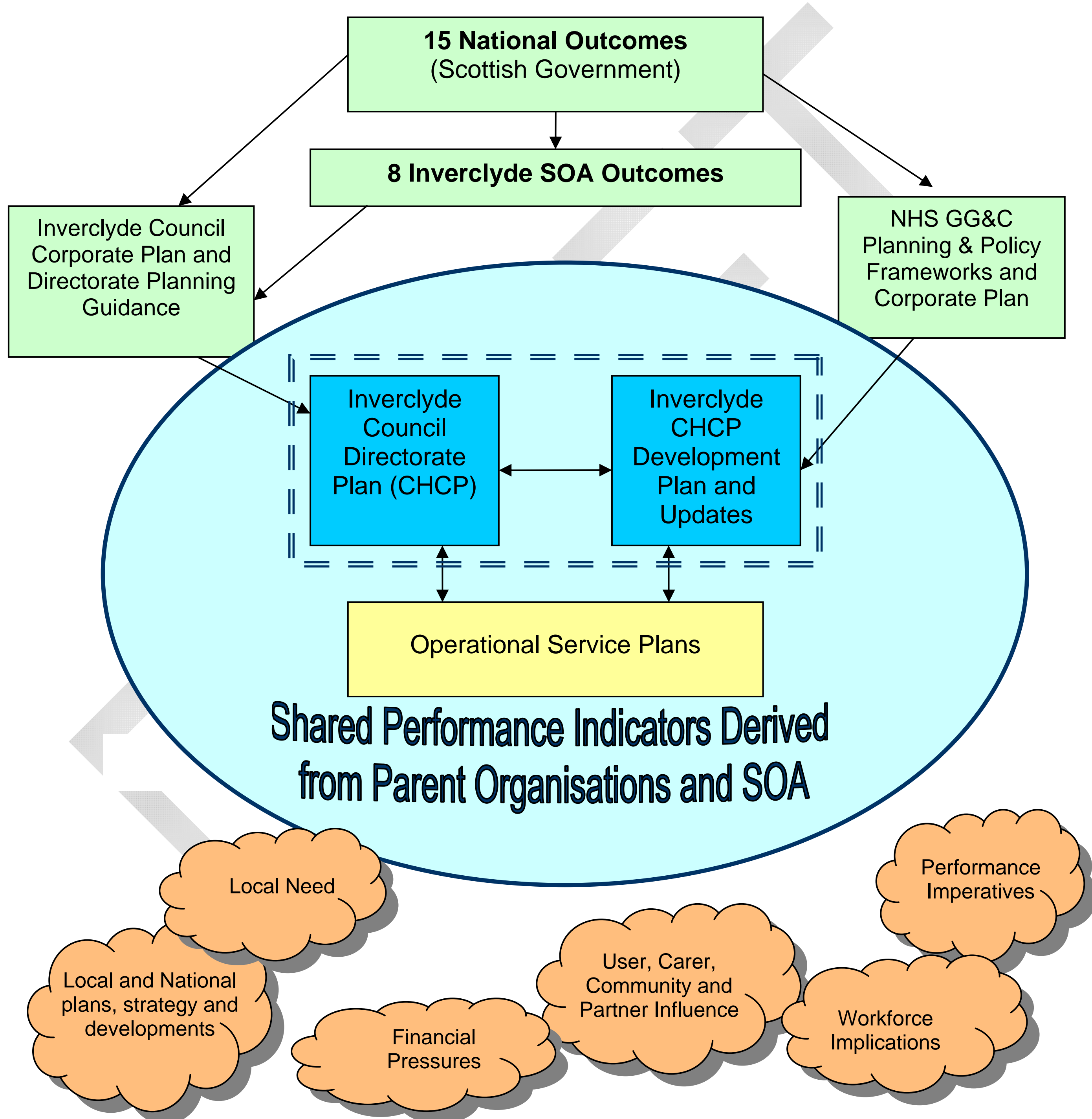
Figure 1 below shows the CHCP planning architecture and describes in pictorial form where the CHCP Development Plan sits. The diagram is not exhaustive of all our planning and policy events, drivers or products.

Figure 1 Planning Architecture



3.3 NHS GG&C Planning/Policy Frameworks and Consolidated Outcomes

The 2010 – 2013 NHS GG&C Planning Guidance confirmed that effective planning was the means for us to deliver on the Board's mission statement to *"deliver effective and high quality health services, to act to improve the health of our population and to do everything we can do reduce health inequalities"* and specifically to:

- Address the substantial financial, health improvement and inequalities challenges which we face.
- Ensure that we do the right things in the most effective way.
- Create coherence across a complex organisation delivering millions of individual transactions in a vast range of settings.
- Have a credible and clear narrative for our population, partners and government on how we are intending to deliver our organisational purpose.
- Engage staff in the development of that narrative to ensure that they can contribute to the direction of the organisation and the services in which they work.

Clearly NHS GG&C as an organisational entity is complex and vast – Inverclyde CHCP is one part of that organisation and will deliver proportionately on these aims by working to the strategic direction set out by the Board, balanced against local need and the aspirations of our co-parent organisation Inverclyde Council.

The twelve policy and planning frameworks developed as part of the October 2010 Planning Guidance, brought together service, care group, disease and delivery system issues and have been revised in line with the issuing of the 2012/13 Planning Guidance. We have taken cognisance of these revisions in the action tables at sections 4 and 5. All of our actions are referenced by the Consolidated Outcomes from the planning and policy frameworks. The consolidated outcomes are below:

Table 2: NHS GG&C Corporate Themes and Consolidated Outcomes

CT	**Corporate Themes**
CT1	Improve Resource Utilisation
CT2	Shift the Balance of Care
CT3	Focus Resources on Greatest Need
CT4	Modernise Services
CT5	Improve Accessibility
CT6	Improve Individual Health Status
CT7	Effective Organisation
CO	**Consolidated Outcomes**
CO1	Efficient and economic services are provided based on best practice and value for money
CO2	Financial resources are allocated recognising the mutual interdependence of primary

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	and secondary care services
CO3	People are supported to live independently through the provision of a full range of care services available locally
CO4	Early intervention is understood by staff, service users and carers and has begun to become the norm, facilitated through supporting services
CO5	Resources are targeted at specific high risk groups in order to mitigate the risk of ill health
CO6	Inequalities are addressed through effective planning, practice and service redesign
CO7	Facilities are planned and invested in to reflect the services and patient requirements and are environmentally sustainable
CO8	Services seek and are responsive to patients views
CO9	Services are provided in a way which maximises quality and safety
CO10	Patients can access services at a time they need in the appropriate location
CO11	The public is informed on issues of public health to enable prevention and early detection of health problems
CO12	Information is managed and disseminated effectively to support planning and service delivery
CO13	The workforce is engaged, feels valued and is representative of the population

3.4 Inverclyde Council Directorate Planning Guidance 2010/11

Inverclyde CHCP is subject, as an operating directorate of Inverclyde Council, to the Council's corporate planning guidance and is required to produce a yearly Directorate Plan in a consistent format with the other Council Corporate Directorates. In common with the NHS planning guidance the Directorate Plan is required to clearly identify strategic objectives for the year and set out the programme of actions required to deliver the set objectives. The directorate plan is intended to:

- Assist accountability to Elected Members.
- Articulate a sense of direction.
- Determine and clarify priorities to be delivered.
- Align planning to resource management.
- Secure political approval and support for programmes and actions.
- Assist in managing and improving service delivery.

The CHCP is governed, in addition to the strategic aims of the NHS GG&C Board, by the Council's corporate vision in terms of how we operate, behave and interact with the public:

- We will be confident and ambitious.
- We will be respectful, caring and trustworthy.
- We will be open, honest and accountable.
- We will listen, engage and respond.
- We will be a supportive and caring employer.

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- We will strive for excellence in all we do.

The CHCP is central to the delivery of the 'Healthy and Caring Communities' strategic outcome of Inverclyde Council (one of the Council's 5 key outcomes, which are references in table X below).

Table 3: Inverclyde Council Corporate Plan Key Outcomes

Strategic Outcome	Action	Reference
Outcome 1: Educated, Informed, Responsible Citizens	• Invest in the renewal of the school estate to ensure that children are educated in modern schools fit for the demands of the 21st century and that are schools are used for a range of community, cultural and leisure activities.	**1A**
	• Improve the educational attainment of all children, particularly that of our most vulnerable young people, such as looked after and accommodated children.	**1B**
	• Work with partner agencies and local communities to develop and support projects that secure an increase in the level of adult numeracy and literacy.	**1C**
	• Identify and address the training and support needs of young people to provide them with more choices and chances to succeed.	**1D**
	• Work with our partners in the Inverclyde Alliance to develop a new, shared approach to community engagement, building community networks that will enable individuals and communities to actively participate in influencing policies and decisions that affect them or the area in which they live.	**1E**

Strategic Outcome	Action	Reference
Outcome 2: Healthy, Caring Communities	• Work with the new Community Health Partnership and our partners in the Inverclyde Alliance to tackle health inequalities, particularly in those areas where specific social, economic and environmental challenges have caused acute health problems.	**2A**
	• Promote the wellbeing and social inclusion of those individuals and groups who, for various reasons, are unable to fully participate fully in the life of their community by working in partnership with the Inverclyde Alliance and the voluntary sector.	**2B**
	• Work with partners including the private sector to promote investment in our sport and leisure infrastructure and support initiatives that improve physical health and increase participation for all age groups.	**2C**
	• Strengthen formal and informal social care networks that meet the needs of the most vulnerable groups.	**2D**

	• Work with partner agencies and the voluntary sector to promote positive mental health and wellbeing, raise awareness of mental health issues and improve the quality of life of people at risk of, or experiencing, mental ill health.	**2E**

Strategic Outcome	Action	Reference
Strategic Outcome 3: Safe, Sustainable Communities	• Work with partner agencies and local communities to reduce fear of crime, as well as actual instances of crime, by implementing initiatives to tackle anti social behaviour.	**3A**
	• Keep vulnerable adults and children safe and protected by working with our partners through the Inverclyde Alliance.	**3B**
	• Work with partners in the Inverclyde Alliance and Scottish Government to tackle the culture associated with alcohol, reduce the negative impact on community safety and change attitudes towards alcohol.	**3C**
	• Facilitate the development of initiatives that encourage communities and individuals to reduce waste and increase recycling to promote environmental sustainability.	**3D**
	• Lead the development of a new Local Housing Strategy and, in partnership with other agencies, increase the supply of new, affordable homes and improve the quality of existing housing stock.	**3E**
	• Protect and care for the environment by addressing climate change by reducing the amount of energy used in Council buildings, street lighting and transport and identifying further opportunities for carbon reduction.	**3F**

Strategic Outcome	Action	Reference
Strategic Outcome 4: A Thriving, Diverse, Local Economy	• Work with partners, the private sector and local communities to promote Inverclyde nationally and internationally as an attractive location to live, work and visit.	**4A**
	• Ensure that our services work in partnership with Riverside Inverclyde to realise the potential of Inverclyde's waterfront to be a driver of economic and social regeneration.	**4B**
	• Work with partner agencies and the voluntary sector to improve the range and quality of services available to new and developing businesses, promote entrepreneurship and support and develop social enterprise.	**4C**
	• Develop through the Inverclyde Alliance, a coherent approach to employability to improve employment opportunities for people furthest from the labour	**4D**

	market.	
	• Develop a distinctive area based approach to regeneration, in partnership with other public agencies and local communities, which recognises that different areas have specific social, economic and environmental challenges that require different solutions, for example, the town centres of Port Glasgow, Greenock and Gourock.	**4E**
	• Work with our partners to expand public transport infrastructure including the development of the Gourock interchange.	**4F**

Strategic Outcome	Action	Reference
Strategic Outcome 5: A Modern, Innovative Organisation	• Focus on modernising services across the organisation to improve responsiveness, increase accessibility and provide a high level of customer service.	**5A**
	• Explore opportunities with other local authorities and public agencies to work in partnership to improve the services we provide to our customers.	**5B**
	• Support and develop our employees through a variety of initiatives including training, flexible working, Scotland's Healthy Working Lives, Investors in People (IIP) to help our employees develop new skills and knowledge that will enable them to provide an improved service to customers.	**5C**
	• Implement a coherent approach to internal and external communications that will keep communities and our employees informed, strengthen our reputation and increase understanding of the role of the Council.	**5D**
	• Ensure that our services do not directly or indirectly discriminate against people on the basis of race, gender, age, disability, sexual orientation, religion or belief by mainstreaming equality and diversity across all services.	**5E**

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3.5 CHCP Key Priorities

We continue to establish a culture, structure and profile for our CHCP and are building on the positive momentum created by the establishment of the CHCP and our successful first year of operation. As expected there are teething problems, and at this stage the CHCP focus is on operational and logistical pressures to ensure that the delivery of frontline services is maintained at a time of continued change for staff. Work has begun with Heads of Service and Service Managers to determine the actions to be taken to bring about effective change. The 'Embedding the CHCP – Action Plan' (December 2010) is being implemented via the new CHCP Development Group, and via staff engagement events.

We have developed the mission statement of the CHCP, and we are communicating the key principles for operation with staff and our communities. This work is in essence about bringing together the Social Work principles and the NHS GG&C Transformational Themes (shown in figure 3 below).

The CHP Development Plan 2010 – 2013 reflected the following specific priorities which remain relevant to us as a CHCP:

- Reduce health inequalities
- Improve performance
- Understand our customers/patients
- Manage the impact of demographic change
- Manage our finance
- Influence key stakeholders and partners
- Plan how we develop as a new organisation
- Plan how the SMT develops as a team
- Improve information systems
- Engage with staff

Our core objectives and principles are consistent and provide a firm foundation for the agreed set of values for the CHCP – figure 4 below shows the principles and values developed for the CHCP.

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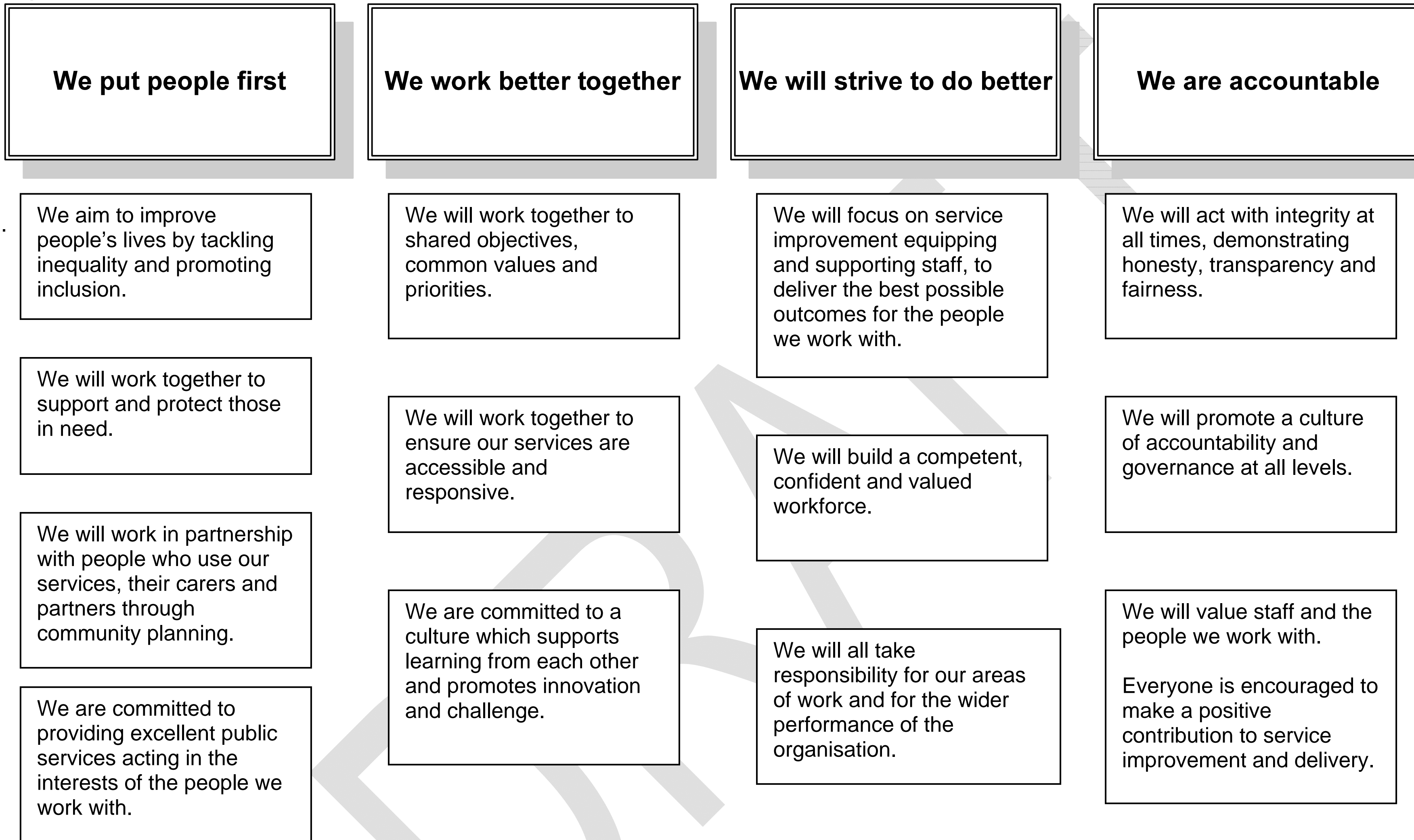
Figure 2 – CHCP Vision and Values



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3.6 The economic climate and impact on our planning context

The changing economic environment continues to place major challenges on all public sector organisations both in terms of available resources and in relation to the impact on the population. The recession is an aggravating factor to pre-existing inequality caused by unemployment and poverty.

Given this context it is prudent to focus on consolidating best practice; focusing on improving quality through efficiency, and reducing waste rather than looking to develop new cost-hungry initiatives. We must continue to achieve our savings targets across the CHCP, which comprise our share of NHS savings for the Board, as well as our share of savings for Inverclyde Council.

However we must also take account of, and respond to, particular key local factors. The Inverclyde job market is particularly dependent on the public sector, and the private sector has relatively few good quality jobs with career pathways or even regular contracted hours. The James Watt College published its Inverclyde Skills Survey (2010) indicating that around 65% of local companies had either paid off employees or had stopped recruiting. Alongside this, Inverclyde residents have a higher than average reliance on benefits as outlined below in table 4.

Table 4: Benefit Uptake in Inverclyde

Headline	Inverclyde	Scotland
JSA Claimant Count	5%	3.8%
Incapacity Benefit	13%	9%
Economic Inactivity	23.9%	20.4%
Unemployment Rate	9%	6.6%
Employment Rate	71%	73.9%
% of population in 15% most deprived datazones	36%	15%

Source: Employability Case Study 2: Inverclyde Council Integrated Employability Programme

With job losses in both sectors, and an already high reliance on benefits, families are experiencing additional pressures that can impact on both physical and mental health.

The Westminster Government's welfare reform programme is already having an impact on some of our most disadvantaged communities and we are seeing an increase in demand for our Advice Services and WRO appeals. We are watching closely to see if there will be an increase in demand for other services, in particular, primary care and in relation to presentations by individuals seeking assistance in kind or, in emergency situations, in cash, in relation to the Social Work (Scotland) Act 1988 Section 12.

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4. Planning Frameworks

1.1 ACUTE SERVICES

Engagement with local acute services has improved as the CHCP has evolved and developed. Changes put in place include:

- Supporting theatre staff to acquire skills necessary to care for children
- Implementation of the MRI Knee Pilot
- Participation in the development of the Reshaping care for Older People Change Plan

These workstreams will be further enhanced once Track-Care is fully implemented.

Outcome				Actions 2012/13		Change/Progress/Performance Indicator
IC Corporate Plan	SOA	OPR	ICHCP Directorate Plan	Ref.		
2A	SOA5	CT2 CO4	2	OPR Nov 2011	Evaluate the implementation of our local solution for GP Notification of Death (NOD)	Evaluation concluded
2A	SOA5	CT2	2	OPR Nov 2011	Establish routine access to Acute data after implementation of Track Care	Routine access established
2A	SOA5	CO4	2	OPR Nov 2011	Reduced bed days through the implementation of Anticipatory Care Plans	Bed days are reduced Number of ACP's completed
2A	SOA5	CT2	2	OPR Nov 2011	We will build on existing relationships with acute to improve the patient journey.	Reduced DNA rates Reduced A&E attendance Reduced LOS for people with LTCs Reduced unplanned admissions

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Financial Update ACPs are a primary action within ICHCP Change Plan 12/13 and the Inverclyde Palliative and End of Life Care Action Plan. Training requirements need to be scoped and management implications assessed.
Workforce Implications The training needs assessment may highlight skill mix or skill gaps issues within our current workforce which will need to be addressed subsequently.

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1.2 ADULT MENTAL HEALTH

Local work on antidepressant prescribing has resulted in a move to formularly anti depressant medication which is reducing costs. The input of the PCMHT is showing early indication of reducing waits, and we anticipate that as the service beds in, this will also reduce pressure on specialist MH services. The transition to CHCP arrangements has provided a firm basis to take forward a number of complex workstreams relating to adult mental health. We have undertaken some major redesign in a very inclusive way with staff, communities and Community Planning Partners. However, we face significant challenges relating to inherited cost pressures from the transfer of Adult Mental Health Inpatient Services.

Outcome				Actions 2012/13		Change/Progress/Performance Indicator
IC Corporate Plan	SOA	OPR	ICHCP Directorate Plan	Ref.		
2E	SOA5	CT2	2	Directorate Plan (revised)/ OPR Feedback 15.11.11	Complete Phase 2 of the local mental health service redesign in line with the Clyde Mental Health Strategy • Partnership Beds (Older People and Adult Mental Health) • Extended Hours - Community Mental Health Team • Psychological Therapy Project • SSPU and IPCU Renovation Project • Modernisation of day hospitals (Argyll Unit, SSPU/ Adult Mental Health Day Hospital)	Action Plan on Track as per timescales

2E	SOA5	CT2 CO1	2	OPR Feedback 15.11.11	We will take action to implement the recommendations contained within the review of PCMH services, November 2011.	Review completed and action plan in place to implement identified changes.
2E	SOA5	CT2 CO4	2	Planning Guidance/ OPR Nov 2011	We will further develop our local mental health improvement action plan (in line with 'No Health Without Mental Health') and the forthcoming publication of CH(C)P Mental Health Profiles	MHI AP completed by March 2013
2E	SOA5	CT5 CO10	2	OPR Nov 2011/ Planning Guidance	Complete local implementation of the Psychological Therapies Action Plan, including health inequalities dimensions related to access	Plan implemented.
2E	SOA5	CT6	2	OPR Nov 2011	Progress work to develop a suite of wellbeing indicators to be used across the CHCP and local community planning partnership, at individual and community level	Suite of measurement agreed by March 2013.
5A	SOA5	CT4	2	OPR Nov 2011	Complete evaluation of Inverclyde Community Mental Health Team as per agreed Terms of Reference: • To study the impact that Inverclyde CHCP's Primary Care Mental Health Care Team (PCMHT) has had on other areas of Mental Health Services. • To assess how this team has contributed to Inverclyde having the lowest numbers of acute admissions and lengths of stay across all of GG&C. • Impact on antidepressant prescribing	Review complete

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					which is the highest in the GG&C Board area. • Impact on referrals to psychology to reflect the need to address the forthcoming psychology HEAT target	

Financial Update There are financial implications in relation to Mental Health Adult Inpatient services with pressures relating mainly to pay costs from redeployment currently funded non recurringly but potentially could cost £385,000. There may be further cost pressures from redesign of Mental Health Services.
Workforce Implications We will continue to address workforce development issues related to the service redesign, redeployment and skill mix programmes related to modernising Mental Health.

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1.3 ALCOHOL AND DRUGS

The integration of health and social work teams for Alcohol at Wellpark and Drugs at Cathcart Centre is developing well. The accessibility of the new service locations being in the centre of Greenock has improved attendance. The new on-line system of recording drug interventions has been challenging, however we are confident that once fully embedded, it will work well.

Outcome				Actions 2012/13		Change/Progress/Performance Indicator
IC Corporate Plan	SOA	OPR	ICHCP Directorate Plan	Ref		
2D 3C	SOA 6	CT4	1.3	Directorate Plan	Strengthen initiatives aimed at promoting cultural change and attitudes to alcohol.	Various as per ADP Performance Framework
2A	SOA 6	CT7	1.3	Directorate Plan	Deliver faster access to specialist drugs and alcohol services and focus on improving recording processes	21 days target for access to specialist drugs and alcohol services
2A	SOA6	CT6 CO11	2	OPR feedback 15.11.11	Focus on increasing the number of Alcohol Brief Interventions.	ABI Performance measure
3C	SOA6	CT7	2	OPR feedback 15.11.11	Positively influence processes around licensing applications.	Number of licences which may have a significant detrimental effect on health in reduced
2A	SOA6	CT7 CO4	2	OPR Nov 211	Complete implementation of the alcohol prevention and education framework, based on the completion of a needs assessment to be undertaken by March 2012	Needs assessment complete by March 212 Framework implementation complete by March 2013

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Financial Update The new Alochol money of £300k has increased investment in delivering local alcohol and drugs service. The emphasis on alcohol through the SOA has profiled on a number of key partnership projects that have been jointly funded with partners. Funding from Inverclyde Council [FFSF] has contributed to these developments while the Inverclyde Alcohol and Drug Partnership has been developed and supported by key staff funded for this purpose.
Workforce Implications New money released by Scottish Government via the NHSGGC Board has been used to support the development of the Integrated Drug and Alcohol Teams in order to deliver on the National strategies, 'The Road To Recovery' and 'Changing Scotland's Relationship to Alcohol'. Key staff have been recruited to promote recovery and to challenge and change the cultural acceptance of alcohol related harm.

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1.4 CANCER

The CHCP fully recognises its role in helping to prevent avoidable cancers, and in those cases where cancer has been diagnosed, helping patients and their families to achieve the best possible medical and social supports. Our work to support NHS screening programmes consititutes an important investment, therefore access to more timely data on uptake rates would help us understand whether that investment is being appropriately targeted, and if it is making a difference.

Outcome					Actions 2012/13	Change/Progress/Performance Indicator
IC Corporate Plan	**SOA**	**OPR**	**ICHCP Directorate Plan**	Ref		
2A	SOA 5	CT4	2	Directorate Plan / OPR Nov 2011	Implement 2012/13 actions from the Inverclyde Palliative and End of Life Care Action Plan.	Action plan on track as per timescale.
2A	SOA 5	CT6 CO11	2	OPR Feedback 15.11.11	We will work closely with independent contractors to improve rates of cervical screening	Rates have increased.
2A	SOA 5	CT7	2	OPR Nov 2011	Once the system-wide review of intelligence re specialist services and primary care in relation to cancer is completed it will be implemented by local actions.	Location actions implemented

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Financial Update Funding has been sought from the Change Fund to support key developments in relation to End of Life Care linked to our local Palliative and end of Life Care Action Plan.
Workforce Implications As we move to effect the required shifts in focus we will monitor skills issues through the Appriasal and KSF processes.

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1.5 CHILD AND YOUNG PEOPLE & MATERNAL HEALTH

There has been important progress in key areas of Children and Young People's Services. Examples of this include; developments between the 3 key agencies and the 3rd sector; Developments of the Nurturing Inverclyde approach; further implementation of GIRFEC, and the Parenting Strategy. Particular emphasis should be put on the significant increase in performance in CAMHS waiting times. Performance monitoring of CAMHS reported that the 'over 26 weeks' target valid until March 2012, shows that significant improvement is evident, decreasing from 33 people in April 2011 to 3 people in October 2011 (-50%). Our CCN team also won the Chairman's Award, and our children's residential units have achieved the grade of excellent across all 4 themes in all of our units. This is the highest grading possible and is an outstanding achievement.

The above has been delivered within the context of a challenging period of change in the Children's Services Management Structure, underpinned by the commitment and resilience of staff across children's services.

Outcome				Actions 2012/13		Change/Progress/Performance Indicator
IC Corporate Plan	SOA	OPR	ICHCP Development Plan	Ref		
1B	SOA7	CO4	1	Directorate Plan	Introduction of Imagination Library for Looked After Children	All Looked After Children under 5 years old to receive 1 book a month
2A	SOA7	CT4	2	Directorate Plan	Implement the 'Healthy Child' programme	Heath Visitor Audit completed
3B	SOA7	CT4	3	Directorate Plan	Roll out the 'Nurturing Inverclyde' programme via SOA 7 to ensure every child and young person is nurtured to have the best start in life, and articulate	Various as per SOA 7 Outcome Delivery Plan

					this in our new Childrens Service Plan.	
2D	SOA7	CT4	2	Directorate Plan/ OPR Feedback 15.11.11/ DHP Report Recommendations	Implement the population wide Parenting Strategy, focussing on ensuring staff trained in Triple P are actively using their training, and on key transitions stages for families	Number of staff trained to deliver. Lisa Number of programmes delivered to parents.
2B	SOA7	CO4	2	Directorate Plan/ DPH Report Recommendations	Continue to support the implementation of the Curriculum for Excellence, focusing on working jointly with schools to prepare young people for life in the current economic climate (e.g. avoiding mental ill health and unemployment or inactivity)	Measurable improvement in learning and achievement, particularly amongst Looked After and Looked After/Accommodation Children
3B	SOA7	CT2	2	Directorate Plan 3	Extend the provision of the Family Placement Strategy	Improved quality and speed of kinship care Assessments Increased number of foster carers in the Inverclyde area Earlier access to adoptive placements for children that require them.
3B	SOA7	CO4	3	Directorate Plan	Establish Early and Effective Intervention (EEI) process across Inverclyde to ensure children and young people engaged in offending and anti-social behaviour receive appropriate intervention	Number of children and young people receiving appropriate intervention

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3B	SOA7	CT4	3	Directorate Plan	Develop whole system approach to responding to young people involved in offending currently being dealt with by Criminal Justice Services and/or Children's Hearings	Develop Integrated processes and services across children and adult services and opportunities for alternatives to custody and secure care for young people
5A	SOA7	CT2	5	Directorate Plan (revised wording)	Replace our Redholm Children's Unit with a new purpose built facility to accommodate 6 young people	Tender complete and construction started
3B	SOA7	CT7 CO12	3	OPR Feedback 15.11.11	We will effectively use and monitor our electronic solution to sharing IAFs	Numbers of IAFs is effectively monitored
2A	SOA7	CT6 CO11	2	OPR Feedback 15.11.11	We will undertake the following actions to improve 6-8 weeks breastfeeding rates, including: • A Rapid Improvement Event; • Breastfeeding as a key focus of the Alliance Board; • Breastfeeding included as part of the Curriculum for Excellence; • Exploring the potential to develop an incremental improvement target to provide a realistic focus for change.	Breastfeeding rates increase

Financial Update

Delivery of children's services have continued to be delivered and contained within existing budgets as far as this relates to Council budgets. Funding has been attracted to children's services via implementation of the whole systems approach and via a Big Lottery funding partnership bid with Barnardos . A number of board wide service redesigns are progressing or are nearing completion .This may result in significant challenges, including CAMHS, Speech and Language Therapy and Community Children's Nursing.

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Workforce Implications
A number of board wide service redesigns are underway or are nearing completion .These will impact on workforce issues. It is planned that there will be CHCP specific redesign during this financial year.

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1.6 CRIMINAL JUSTICE

The CHCPs Criminal Justice Service aims to reduce re-offending and contribute to Public Protection. This represents an important dimension of social inclusion as the clients of this service are amongst the most vulnerable of our population. We know that this group is also vulnerable to health inequalities, as are hoping that our work will help to reduce the gaps between this group and the wider population.

Outcome				Actions 2012/13		Change/Progress/Performance Indicator
IC Corporate Plan	SOA	OPR	ICHCP Directorate Plan	Ref		
3B	SOA2	CO9	3	Directorate Plan (revised)	Implement our improvement plan in relation to high risk offenders	Fully implement improvement plan
3B	SOA2	C09	3	Directorate Plan	Inverclyde are leading on the development of a performance management system that includes NSCJA MAPPA responsible authorities.	Performance measures have been agreed and a quarterly report is being submitted to the Strategic Oversight Group.
2B	SOA5	CT1 CO9	2	OPR Feedback 15.11.11	Develop an agreed operating model and implementation plan in relation to prison health services at HMP Greenock.	Operating model and implementation plan agreed
Financial Update Criminal justice services continues to be subject to a service review being carried out across the North Strathclyde Criminal Justice Authority . The financial implications of this are not yet clear, however this will result in efficiency savings being realised across the CJA						

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Workforce Implications The financial issues arising from the review noted above may result in efficiencies within the staffing structure across the CJA .These are likely to be driven by changes arising from legislative and policy changes e.g. meeting the national requirement for speed and immediacy in commencing court orders.

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1.7 HOMELESSNESS

Outcome				Actions 2012/13		Change/Progress/Performance Indicator
IC Corporate Plan	SOA	OPR	ICHCP Development Plan	Ref		
5A	SOA2	C01		OPR Feedback 15.11.11	We will conclude and implement the redesign of our homelessness service	Redesign implemented.
2A	SOA5	C010		New	We will continue to deliver on our Health and Homelessness Action Plan (HHAP)	Action plan on track as per timescales.

Financial Update

The efficiencies created by the introduction of the new homelessness staffing structure outlined in the **service re-design**, projected an annual saving of £120k. This was made up of savings from staffing, agency staffing, security and cleaning budgets. Due to a delay in the recruitment process, the new staffing structure was not implemented until 30 July 2011. Further delays in the recruitment process resulted in the continued use of agency staff to provide essential shift cover until full staffing complement was established on 4 January 2012.

There are no financial implications resulting from the implementation the **Health and Homelessness Action Plan (HHAP).**

Workforce Implications

The recent redesign of Homelessness Services created two teams within the service – Assessment & Support Team and Furnished Accommodation Team – this has more clearly defined the staffing structure whilst retaining the same staffing numbers overall.
All posts within the new structure have now been filled, although one post has subsequently become vacant due to an internal

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promotion. The current vacant post does not involve shift cover and therefore does not impact on any requirement to recruit agency staff. Workforce position now settled at present. Further business case for future operational requirements of the service to be submitted to SMT in due course.

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1.8 LONG TERM CONDITIONS, OLDER PEOPLE AND DISABILITY

Our Reshaping Care for Older People Change Plan will continue to provide impetus to improving services relating to older people including those older people with LTCs and disability. However we do anticipate cost pressures relating to the continence service and the Sheltered Housing Warden Service, and are working to develop sustainable solutions to these pressures.

Outcome				Actions 2012/13		Change/Progress/Performance Indicator
IC Corporate Plan	SOA	OPR	ICHCP Directorate Plan	Ref		
2D	SOA5	CT4	1.6	Directorate Plan/ OPR Feedback 15.11.11/ Planning Guidance)	We will deliver on the year 2 priorities of our Reshaping Care for Older People Plan, and focus on performance measurement and evidencing improvement (particularly in relation to delayed discharged, acute bed days and shifting the balance of care)	Change plan actions on time as per timescale.
2D	SOA5	CO4	1.6	Directorate Plan/ OPR Nov 2011	We will ensure there is early intervention and support for people with dementia and their carers by developing our local dementia action plan and approach to National Standards for Dementia Care	Plan developed and agreed.

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5A	SOA5	CT2	1.6	Directorate Plan (Revised)	We will fully implement the re-ablement model of homecare in line with the “Reshaping Care for Older People” agenda, ensuring all new homecare clients receive a re-ablement assessment	Number of clients in receipt of re-ablement services. Number of re-ablement assessments.
5A	SOA5	All Outcomes	All Outcomes	Directorate Plan	We will agree and implement Eligibility Criteria and the Personalisation / Self Directed Support Agenda.	Eligibility Criteria agreed Number of people in receipt of SDS
2A	SOA5	CT4 CO3	2	New	Implement locally relevant actions from the NHS GG&C Learning Disability Strategic Forum’s strategy on the role and function of the NHS in supporting people with learning disabilities achieve good outcomes.	Strategy produced by end March 2012 Service review March – Sept 2012-01-07 Workforce plan to inform financial framework and savings Strategy implementation from October 2012
5A	SOA5	CT7	5	OPR Nov 2011	Agree the parameters for a review of local older people’s day services. Conclude the scoping of terms of reference for a review of local day services	Parameters reviewed and way forward agreed.

Financial Update

A range of initiatives and developments to positively impact on delayed discharge performance and prevention of admissions to hospitals will be funded by Change Plan Funding 12/13. These strategic objectives will continue to focus on Change Plan activity whilst also recognising the need to shift resources to preventative and anticipatory care. Review of day care provision will be progressed through commissioning plans.

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Due to cost and volume the Continence Service is reporting substantial pressure, current overspend £65,000
Workforce Implications A number of workforce development programmes linked to these services are underway including briefings for staff on Self Directed Support and training on reablement.

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1.9 PRIMARY CARE

Outcome				Actions 2012/13		Change/Progress/Performance Indicator
IC Corporate Plan	SOA	OPR	ICHCP Directorate Plan	Ref		
2A	SOA5	CT1 CO1	2	OPR Feedback 15.11.11	We will develop a Prescribing Savings Plan for the CHCP.	Plan developed.
2A	SOA5	CT1 CO1	2	Planning Guidance	We will support the conclusion work to improve discharge information and access to diagnostics.	Discharge information is improved. Access to diagnostics is improved.
2A	SOA5	CT1 CO1	2	OPR Nov 2011	Improve processes in primary care to gather and act on patient feedback, making use where possible of the Better Together Programme (Primary Care)	Patient experience of primary care is improved.
2A	SOA5	CT1 CO1	2	OPR 2011	Continue to develop the use of SPARRA and anticipatory care planning for patients with COPD, MS and children and complex healthcare needs	Reduce number of bed days in these categories
2A	SOA5	CT1 CO1	2	OPR 2011	We will strengthen relationships between independent contractors and the CHCP Management Team.	Relationships are strengthened.
Financial Update Prescribing costs remain a significant challenge, with a projected overspend of £454,000. Practice pharmacy support teams are engaging with all practices, assisting with their efforts to achieve whatever savings are possible. We also recognise that the FHS						

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budget is potentially another area of cost pressure and are scoping options to address this. The Family Health Service budget is currently forecast to be £59,000 in excess of budget.
Workforce Implications None identified at this stage.

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1.10 SEXUAL HEALTH

The Sexual Health Local Implementation Group (SLIG) is functioning well under the leadership of the Corporate Director for Education. It has produced the Sexual Health Local Action Plan which incorporates the key objectives from the NHS Greater Glasgow and Clyde Planning Framework as well as local imperatives.

Outcome				**Actions 2012/13**		**Change/Progress/Performance Indicator**
IC Corporate Plan	**SOA**	**OPR**	**ICHCP Directorate Plan**	Ref		
2A	SOA5	CT4	2	Directorate Plan	Implement the 2012/2013 Inverclyde Sexual Health LIG Action Plan	Action plan on track as per timescales.
Financial Update Service aspects are predominantly clinical and are therefore resourced through Sandyford. The CHCP's role is to raise awarenmess and promote Sandyford services and how these link to health improvement. On that basis we do not invest financially in sexual health, therefore there should be no financial implications.						
Workforce Implications As above the staffing resource required to deliver clinical services sits within Sandyford. However, we continue to promote sexual health and safety and secual health awareness through the CHCP health improvement team. Staff developmental issues are picked up through PDPs and the health improvement team workplan.						

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1.11 UNPLANNED CARE

We are continuing to develop good practice in relation to key interface areas such as SPARRA and the high-impact dimensions of Reshaping Care for Older People. We anticipate further opportunities once Track-Care is implemented.

Outcome				**Actions 2012/13**		**Change/Progress/Performance Indicator**
IC Corporate Plan	**SOA**	**OPR**	**ICHCP Directorate Plan**	Ref		
3C	SO A6	CT1	3	OPR Nov 2011	Progress implementation of the agreed pathway into addictions services for persistent presenters at A&E with alcohol issues, when capacity permits in Secondary Care following successful implementation of Track Care	Direct referral pathway is implemented.
2A	SO A5	CT5	2	OPR Nov 2011	Support the Board's consultation with local stakeholders in respect of the proposed move of Out Of Hours (OOH) services to IRH from Greenock Health Centre	Model for OOH service relocation is agreed and implemented.
Financial Update The pathway into addiction services might result in an increased demand on community services. To respond to this, we will have to consider either an increase in capacity or a drop in waiting times performance. It should be noted that waiting times for addiction services are part of the HEAT target framework.						
Workforce Implications As above, staff capacity will have to be monitored.						

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5. Policy Frameworks

5.1 EMPLOYABILITY, FINANCIAL INCLUSION AND RESPONDING TO THE RECESSION

Good progress has been made with the CHCP driving the Financial Inclusion agenda locally. This is against a backdrop of impending Welfare Reform changes which we will require to monitor very closely and ensure our services meet clients needs. However, our work to raise awareness of the importance of financial inclusion through the Community Planning Partnership has led to a rounded and inclusive approach to developing the Financial Inclusion pipeline, and the CHCP Director now leads a Council-wide working group to evaluate the potential impacts of the Welfare Reform Bill in Inverclyde.

Outcome				Actions 2012/13		Change/Progress/Performance Indicator
IC Corporate Plan	**SOA**	**OPR**	**ICHCP Directorate Plan**	**Ref**		
4D	SOA4 SOA5	CT4	4	Directorate Plan	Continue to maximise the health and social benefits of being in work through the Employability Agenda.	As per SOA 4 Outcome Delivery Plan
4D	SOA4 SOA5	CT4	4	Directorate Plan/ OPR Nov 2011	Reinvigorate the Inverclyde Financial Inclusion Partnership and develop a Financial Inclusion Strategy, and financial inclusion pipeline	Partnership up and running and strategy in place. Pipeline agreed and implemented.
4D	SOA2	CT7	4	Dev Plan Update 11/12	Continue to roll out employability and health training to all staff, including the Community Development Trust as our training partners and as the one stop shop for referrals.	Number of staff trained.
4D	SOA2	CT7	4	Dev Plan Update 11/12	We will undertake an analysis of the likely impacts of the Welfare Reform Bill and develop a local action plan to address these.	Analysis complete and action plan agreed.

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5.2 HEALTH IMPROVEMENT

We are continuing to work closely with our Community Planning Partners particularly in relation to Smoking, Nutrition and Physical activity to affect long term change, in particular, our population's health and our attitudes towards smoking. Our work with the local RSLs in tobacco has been extremely positive and we plan to further develop our joint working with these organisations. However, we also remain alert to the possibility that changes brought about by the Welfare Reform Bill are likely to have a detrimental impact on our work to narrow the health inequailities gap. We are therefore working with Community Planning Partners to try to scope the extent of these impacts and develop options to try to address them.

Outcome				Actions 2012/13		Change/Progress/Performance Indicator
IC Corporate Plan	**SOA**	**OPR**	**ICHCP Directorate Plan**	Ref		
2E	SOA 5	CT2	2	Directorate Plan	We will further develop our local mental health improvement action plan (in line with 'No Health Without Mental Health') and the forthcoming publication of CH(C)P Mental Health Profiles	Improvements in population wellbeing and reduced incidence of suicide and mental illness
2A	SOA 5	CO10	2	Directorate Plan (revised)/ OPR Nov 11	We will undertake a review of Smoke Free Services and implement the Inverclyde Tobacco Action Plan to ensure effective and evidence based intervention.	Action Plan in place and rates of smoking reduced. Tobacco HEAT Target is met
2A	SOA 5	CT6 CO11	2	OPR Nov 2011	Extend our Smoke Free Play parks initiative	Number of parks increased.

2A	SOA 5	CT6 CO1 1	2	OPR Nov 2011	Finalise and implement the Inverclyde Nutrition Policy	Policy approved and implemented.
2A	SOA 5	CT6 CO1 1	2	OPR Nov 2011	Implement the Inverclyde Active Living Strategy	Strategy approved and implemented.

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5.3 QUALITY – Creating a person-centred and mutual NHS

We are actively working to bring together the strongest aspects of the NHS Quality Strategy and existing Social Work Quality Assusrance processes. We have also brought care governance and clinical governance together under the established Clinical Governance Committee, thereby ensuring that there is a formal forum for issues to be raised and followed through while we continue to have a real focus around user and carer feedback and community engagement, we believe that the development of our People Involvement Framework and its roll-out across the CHCP will really strengthen this.

Outcome				Actions 2012/13		Change/Progress/Performance Indicator
IC Corporate Plan	SOA	OPR	ICHCP Directorate Plan	Ref.		
1E	SOA2	CT4 CO8	1	Directorate Plan	Create and implement the CHCP People Involvement Framework.	Number of VOiCE plans in place.
2D	SOA	All outcomes	All outcomes	Directorate Plan	Secure the best possible outcomes for service users by piloting the use of the IRISs outcomes tool in Homelessness Services	IRIS outcomes tool pilot concluded.
5C	SOA4	CO9	5	Directorate Plan	Adopt a systematic approach to self assessment.	Number of SEQs undertaken.
5A	SOA5	CO9	5	Directorate Plan/ OPR Nov 2011	Develop an integrated approach to care governance and clinical governance and develop a CHCP Quality Assurance Framework.	Framework agreed and implemented.

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5A	SOA5	CO9	5	Directorate Plan	Implement a risk management process.	CHCP Risk Register implemented.
5A	SOA5	CT7	5	Directorate Plan	Develop a Commissioning Strategy for the CHCP that outlines our priorities.	Commissioning Strategy in place

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5.4 SUSTAINABILITY

The CHCP fully supports the sustainability agenda and we keen to participate in implementing the recommendations from the Sustainability PIG and the SOA Green Charter Group once these are avilable. We antiicpate that this approach will support a co-ordinated, consistent and coherent approach to susatinability across Invecrlyde, and in line with the policies and priorities of both parent organisations.

Outcome				Actions 2012/13		Change/Progress/Performance Indicator
IC Corporate Plan	SOA	OPR	ICHCP Directorate Plan	Ref		
3F	SOA8	CT7	3	Dev Plan Update 11/12	We will develop local actions from the outputs of the Sustainability PIG and the SOA Green Charter working group.	Outputs received and local actions developed.
3F	SOA8	CT7	3	Dev Plan Update 11/12	We will progress local work in relation to the Good Corporate Citizen – Travel programme, including carrying out a travel plan for at least one major site in the area	Travel plan in place for Kirn House by March 2013.

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5.6 TACKLING INEQUALITIES

Our EQIA process is well established across the CHCP and the lead reviewers model which we now have for each service will allow all equalities work to be progressed in a structured way. We are pleased with our work in relation to Accessible Information, but are not complacent as much needs to be done. As reported elsewhere we will continue to have a focus on engaging with and hearing from hard to reach groups, making use of Voice, through our People Involvement Framework.

Outcome				Actions 2012/13		Change/Progress/Performance Indicator
IC Corporate Plan	SOA	OPR	ICHCP Directorate Plan	Ref		
5A	SOA 5	CO6	5	Directorate Plan (extended)	Strengthen and embed our approaches to Equalities in line with new legislation, and focus on weaving the 10 Inequalities Goals through all we do	Routine review of EQIAs Number of staff trained in equalities.
5E	SOA 5	CO6	5	New	We will complete our 2012/13 programme of Equalities Impact Assessments, and continue to embed the approach	2012/13 EQIAs are completed and signed off
5E	SOA 5	CO6	5	New	We will embed the CHCP's approach to Inequalities Sensitive Practice	Number of staff trained in ISPI
3A	SOA 2	CT3 CO5	3	Directorate Plan	We will support work to raise awareness of Gender Based Violence (GBV) and support the roll out of training across our services by the NHS GG&C Violence Against Women team	Number of staff trained in GBV

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5.7 UNPAID CARE

We are pleased with our progress in relation to ‘Unpaid Care’. Notable successes have included the development of a self assessment model of carer’s assessment to be implemented via our local Carers Centre, and the development via a true partnership approach with carers of our new Carers Strategy and Young Carers Strategy, both of which were produced through co-production. The two companion strategies were formally launched on Carers’ Rights Day in December 2011, and map out our course of direction in important areas such as Short Breaks and Carers assessment implementation.

Outcome				**Actions 2012/13**		**Change/Progress/Performance Indicator**
IC Corporate Plan	**SOA**	**OPR**	**ICHCP Directorate Plan**	Ref		
2D	SOA2	CT2	2	New	Implement the year 1 actions of the new Carers and Young Carers Strategies	Actions as per the Carers Strategy, per agreed timescales.
2D	SOA2	CT2	2	Directorate Plan	Develop a Local Respite Strategy to support carers in their caring role. Agree a core data set for the measurement and accurate reporting of respite/breaks	Respite Strategy in place and measures agreed. Increased provision of alternative short breaks and respite.
2A	SOA5	CT2	2	New	Relocate our Short Breaks Bureau to Assessment and Care Management Services, and continue to develop the Bureau as a one stop shop/ broker for arranging breaks for carers and cared for people based on agreed criteria.	Short Breaks Bureau relocated.

DRAFT

2A	SOA5	CT2	2	New	Implement a revised model of Carers Assessments, including the use of Carer Self Assessments. Develop a solution via SWIFT to record carers assessments.	Increased numbers of carers assessments evidenced

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6. EFFECTIVE ORGANISATION

6.1 Effective Organisation

There is a very positive approach to working corporately across the CHCP in order to minimise the differences in policies, procedures and processes where this is feasible. This is in some ways quite a challenge with two parent organisations with very different cultures, however there is emerging a strong feeling of working together within Inverclyde CHCP and a willingness to adopt approaches that will strengthen and develop the CHCP's effectiveness organisationally.

Outcome				Actions 2012/13		Change/Progress/ Performance Indicator
IC Corporate Plan	**SOA**	**OPR**	**ICHCP Directorate Plan**	**Ref**		
5C	SOA5	CT7	5	OPR Feedback 15.11.11	We will improve on performance in relation to e-KSF and the Council approval programme.	eKSF KPI approved.
5A	SOA5	CT7	5	OPR Feedback 15.11.11	We will adhere sickness absence targets.	Targets achieved.
5A	SOA5	CT7	5	Directorate Plan (revised)	Implement the review of the CHCP Admin and Business Support Service	Phase 1 complete, ongoing review process.
5A	SOA5	CT1	5	Directorate Plan	Finalise an Accommodation Strategy for the CHCP in line with requirements of Council and NHS GG&C accommodation and agile working aims	Accommodation review and strategy complete

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6.2 Priorities

The Learning and Organisational Development functions will focus their resources and skills in supporting the CHCP Director, managers and staff to further embed effective joint work across Health and Social Care services. In particular Inverclyde CHCP's Learning and Organisational Development priorities are:

- Developing ways of working which are consistent with NHSGG&C's change initiative 'Facing the Future Together' and Inverclyde's Council's Transformation Programme
- Continue to develop our staff to enable them to meet the statutory and regulatory requirements that apply to CHCP staff and services. This encompasses preparing for staff registration with the SSSC, implementing new legislation and meeting all regulatory requirements set by bodies such as the Care Inspectorate.
- Implementing Learning & Development initiatives that will enable the CHCP to achieve its strategic objectives, vision and values. This includes development work and service improvement which can support the Heads of Service to build the capacity and capability to achieve change within their services
- Helping managers and staff to meet the challenge of delivering efficiency savings whilst maintaining the quality of care
- Building on the capacity of staff to deliver best practice in their work with service users and patients.
- Use the People Involvement Framework to develop an integrated approach to involving user's carers and the public.

6.3 Activities

To achieve these priorities the CHCP will do the following:

- Co -ordinate development activity across the CHCP through the newly formed CHCP Development Group
- Establish a People Development Plan that will provide an integrated approach to organisational development and learning activities
- Review existing leadership development programmes from parent organisations with a view to supporting managers to develop their leadership practice within the CHCP
- Deliver learning programmes to equip staff to reflect on their practice and continue to improve and update their professional development
- Review internal communication and in particular the effectiveness of the Team Brief
- Support whole system developments across the CHCP through providing appropriate developmental interventions
- Monitor the impact and effectiveness of developments activities during the next year. These will be aligned to existing CHCP reporting processes and structures

6.4 Change Outcomes

NHSGG&C's organisation wide approach to change through the Facing the Future Together initiative has been endorsed by the CHCP and gives six areas to focus on in any change process and these areas will inform the CHCP approach to organisational effectiveness and change.

1. Our Patients

The expected outcome is that we make real changes to the patient experience. Much of this work will be achieved through meeting the Quality Strategy and is described in the Quality Policy Framework. However there are a variety of initiatives to engage patients/ the public across the CHCP. To support staff to work with this there is an expectation that there will be an increase in the levels of completion of KSF core outcomes including Quality Service improvement. The examples of learning from patient and public feedback will be disseminated and shared on the Facing the Future together website.

The work to develop older people's services will reflect an increase in numbers of staff who understand the quality aspects of the Older People's strategy by applying it to their everyday service delivery

2. Our People

The expected outcome for this is that our workforce feels positive to be part of Inverclyde CHCP, staff feel listened to and valued and staff take responsibility to identify and address issues in their area of work. This can be evidenced through the application of the Staff Governance Standards and actions are described in the Staff Survey Action Plan. This will be builded on and expanded when the results of the Inverclyde's Council's Staff Survey, that is due to take place this year, are availalve

Specifically there will be an increase in number of teams with development plans and these are described in local OD plans. There will be examples of changes and service improvements made based on staff feedback and shared across the sectors.
Return on investment will be calculated on Learning and Development activity, and fed back to staff through the CHCP's Development group.
It is also planned that there will be an increase in senior management visibility and staff engagement through regular events and attendance at local team meetings.

3. Our Leaders

The NHS National leadership strategy scopes out how our leaders can be expected to behave but feedback has expressed an expectation that managers and leaders need to feel better equipped and supported, and that more consistent requirements for delivery and performance are pushed to a higher level.

Our managers self assess against internal leadership behaviours as described on Facing the Future Together but also through PDPs there will be evidence of effective leadership development
The access to leadership development opportunities and uptake will be monitored and measured through the CHCP's Development Group

4. Our Resources

There is a consistent focus on efficiency and effectiveness through the application of improvement methodologies to support the evidence for change. The impact of this will be measured and shared.

The plans for the delivery and application of Releasing Time To Care in the Community and subsequent changes to service will describe expected outcomes for each team.

A data base is to be developed to show the numbers of staff with service improvement skills and evidence of how staff are being used will be included in the overarching view of change programmes in the CHCP.
Staff will describe a culture of continuous improvement through their local team development sessions.

5. Our Partners

Our partners have a positive perception of Inverclyde CHCP and work with us effectively to deliver a shared agenda of change. This outcome will be supported by a number of exploratory sessions and joint projects. For example joint leadership development supported by the Community Planning Partnership and a number of linked health improvement projects.

6. Our Culture

There is a measurable change in culture reflected in the experience of staff patients and managers. Work on embedding the CHCP's Vision and Values will continue. It is not expected that one single culture will be developed but a clear set of values which link to the CHCP's values will be developed.
This will be shown by Staff being able to describe what the CHCP is trying to achieve when asked.

There will also be recognition for effective team working within the sector and specialist services as teams complete there development plans and can descibe achievement of shared objectives.

The numbers of completed KSF outlines and PDP's implemented will be increased through improved conversations between staff and their managers and supported by local Learning and OD plans.

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6.5 Customer Focus

Putting the people who use our services or potential users of our services at the heart of all we do is central to the core values of the CHCP.

We continue to build on the successes of both the former Social Work Directorate and CHP in respect of customer focus and are developing a new People Involvement Framework for the CHCP. We have an excellent track record in respect of involving the public in our business and the creation of the CHCP provides an opportunity to enhance this record.

In line with legislation the CHCP will have a Public Partnership Forum (PPF) which acts as the main formal vehicle for the involvement of patients, service users, carers and the general public in the work of the CHCP. Inverclyde CHCP's PPF will however, be a far larger and more inclusive structure than is in place in other CHP and CHCP areas. Our planned approach has been commended by the Scottish Health Council.

A CHCP / PPF Advisory Group is being established to act as a forum of public partners and officers to direct and review the work of the CHCP in respect of people involvement. The Advisory Group will support the initiation and review of people involvement work, with users, carers and members of the public at the heart of this, in line with the People Involvement Framework. The CHCP will work closely with Your Voice (Inverclyde Community Care Forum) in running the PPF network and CHCP Advisory Group. The Chair of the Advisory Group will have a seat on the CHCP Committee as a core part of the governance of the CHCP.

Internal, service level people involvement in respect of patient stories, user feedback and ongoing engagement is being strengthened. The People Involvement Framework will help us develop an integrated approach to involving users, carers and the public internally and be a means of supporting staff to do this, and share practice.

The CHCP will continue to be a leading participant in the Inverclyde Alliance Community Engagement and Capacity Building Network (CECBN) and have a focus on Communication with all partners, including the general public, through our Communications Group which is supported by the Communications teams of both parent organisations. We are committed to the use of Visioning Outcomes in Community Engagement (VOiCE) and Viewpoint as key tools in harnessing the engagement of the users of our services and communities in what we do.

6.6 Equality and Sustainability

Equalities

A focus on tackling inequality is at the core of how we deliver local health and social care services. We are obliged through Equalities Legislation to routinely examine our services and other business to ensure that what we do

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does not adversely affect or discriminate against anyone who uses or may use our services. The new Equality Act 2010 received Royal Assent on 8th April 2010, and came into effect on 1 October 2010, bringing together and strengthening the previous equalities legislation. The Act gives the UK a single Act of Parliament, requiring equal treatment in access to employment and provision of public services, irrespective of age, disability, gender reassignment, marriage, maternity or pregnancy, race, religion or belief, sex and sexual orientation.

Inverclyde CHCP reports to both NHS GG&C Equalities Scheme and Inverclyde Council's Corporate Equalities Group, in terms of progress of the equalities agenda. It is our aspiration that Equalities Impact Assessments are carried out on any new policies, strategies, existing and redesigned services. In 2011/12 33 EQIAs were 'live' reflecting this drive to assess the impact of our business.

Sustainability

We are committed to the shared corporate aspirations of both our parent organisations in respect of sustainability. We aim to ensure there is a sustainable approach to new capital developments, as evidenced by the building and refurbishment of our new mental health and addictions services centres. In addition we aim to reduce the impact on the environment of our business, specifically with regards to carbon footprint by encouraging reduced private car use wherever possible in the delivery of our services. This is in line with the Good Corporate Citizen – Transport worksteam with which we are engaged.

We are participating in the Clyde Valley Social Transport Review which further aims to reduce Carbon Footprint impact, and bring increased efficiency and value for money in respect of service user transport.

We will continue to progress sustainability actions in the areas of waste reduction, recycling and reduced energy consumption in the lifetime of this plan. We will also participate in the NHS GGC Sustainability Planning and Implementation Group and deliver on the actions derived through that forum In addition we participate in the local Green Charter Working Group.

The CHCP is participating in the programmes of both parent organisations to look at agile/ mobile working to ensure a more modern, sustainable approach to staff accommodation and office facilities for the future.

6.7 Competitiveness

The CHCP recognises the need to review our commissioning arrangements and are participating in the Corporate Commissioning Work Stream. In addition, in the lifespan of this plan, we will put in place an overarching Commissioning Strategy for the CHCP.

DRAFT

Whilst a significant proportion of our services are currently externally commissioned, the foregoing will allow us to determine which of our own services are ‘market ready’, thus delivering on our requirement to identify services which could be made available for tender from third sector and other organisations.

We are engaging in the Scotland Excel commissioning programme, and the Clyde Valley partnership schemes. We are part of the national contract that has been agreed via Scotland Excel for Secure Care and Foster Care. Work is in progress via the Clyde Valley partnership in respect of fostering, Autistic Spectrum Disorder services and alternatives to secure care for girls, and via Scotland Excel in relation to prepared meals and telecare.

7. Finance and Workforce

In this section we explain the key workforce and financial challenges facing the CHCP in 2012/13.

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7.1 Finance

Revenue Budget

It is forecast that the CHCP will incur a minor overspend of £0.3m against its allocated revenue budget of £122.2m for the financial year 2011/12. This overspend is due to the costs of prescribing.

The revenue budget for the year 2012/13 has yet to be finalised. The following table presents an outline draft budget based on the existing budget rolled forward to exclude non-recurring expenditure and includes assumptions of changes based on best estimates available at this time. Health savings are not included as not yet quantifiable (please see note 2).

2012/13 Draft Budget			
	Health **£m**	**Social Work** **£m**	**Total** **£m**
Recurring Base Budget	69.9	49.0	118.9
Less Social Work savings agreed (see note 1)		(0.5)	(0.5)
Less Health Savings Targets (see note 2) (Proportion of £10.8m to be agreed)	TBC		TBC
Draft 2012/13 Opening Budget	**69.9**	**48.5**	**118.4**
Change Fund (see note 3)			1.4
Draft 2012/13 Budget			**119.8**

Notes

1 Social work savings were agreed by Council as part of the 2 year budget set for the period 2011-13. The total savings for this

DRAFT

period were £1.9m with £1.5m applied in 2011/12 and a further £0.1m efficiencies included for 2012/13.

2 It is estimated that a £10.8 million savings target will be applied to the NHSGGC CHP/CHCP allocation, to be achieved through a number of board wide and local initiatives.
The savings target cannot yet be allocated to partnerships, although the current indication is that £6m savings will be achieved through board wide reviews of service provision, with £4m coming from local savings plans. The indicative local target for Inverclyde CHCP is £0.3m to be achieved from recurring allocation.

3 This is year 2 of 4 of the Government's Change Fund initiative, to facilitate the reshaping of services for older people, and is assumed at £1.4m, based on 1.75% of the national allocation (per 2011/12). This is subject to confirmation following approval of plans to be submitted to Government in February 2012.

For the 2011/12 financial year the CHCP faced a total of £2.1m savings challenge (£0.5m health and £1.6m social work) delivered through a variety of approved efficiency schemes and restructuring of services targeted at areas where service delivery would not be affected.

Whilst an overspend of £0.3m is forecast for 2011/12 it is important to recognise that a number of financial pressures exist within the system which will be addressed throughout 2012/13 and these include:-

- Prescribing costs overspent against budget, current projected overspend £454,000.
- Mental Health Adult Inpatient services with pressures relating mainly to pay costs from redeployment currently funded non recurringly but potentially could cost £385,000. There may be further cost pressures from redesign of Mental Health Services.
- Due to cost and volume the Continence Service is reporting substantial pressure, current overspend £65,000
- The Family Health Service budget is currently forecast to be £59,000 in excess of budget.

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Outlook for 2012/13

In preparing a Financial Plan for 2012/13 there are a number of factors which will need to be taken in to account and will include the following.

Efficiency Challenge

Health; it is considered likely that there will be a requirement to release somewhere in the region of 3% of resources to be redirected to achieving significant service redesign. The CHCP will continue to work both locally and system wide to ensure that service redesign is delivered to best effect for all NHSGG&C patients a. At present the proportion of the £10.8 million Board wide target for Inverclyde is not available.

Social Work; budgets are reduced by a further 1% on top of a 3% reduction in 2011/12. Social Work budgets were set in February 2011 as part of a two year budget covering financial years 2011/12 and 2012/13. Impact to the service users within Inverclyde has been minimised.

Linking Finance to workforce – the requirement to ensure that financial and workforce plans are properly linked to ensure that the impact on service quality and delivery is fully considered for both short and long term planning.

Focus on local/national priorities – this is integral to the development of plans to ensure that planned changes are directed as required. This includes for example to provision of mental health services which are recognised as a priority area for action.

Equality Issues - ensuring that equality issues are considered as part of all proposed changes is included as part of the planning process in order to ensure that resource shifts impact unfairly on any particular group of our patients.

Older Peoples Change Fund – in 2011/12 the CHP received a £1,228,000 allocation as the first year of a four year plan targeted at changing the balance of care for older people from an institutional setting to an at home or in a homely setting. It is anticipated that the allocation to the CHP will increase to £1,400,000 for 2012/13 (representing a proportionate share if the £80 million total funding). A substantial joint planning structure with partners, the Independent and the Voluntary sector has been introduced to develop and deliver changes as detailed elsewhere within this plan. A strategic working group, chaired by the CHCP Head of Health & Community Care has been established to ensure that robust financial plans are developed as part of this process. Financial representation is also included in the membership of all the service planning groups.

GP Prescribing – it is recognised that pressures on the provision of medicines is going to continue throughout the coming years. The CHCP will continue to ensure that there is a major focus on ensuring that resources are used to best

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effect whilst ensuring that there is no diminution on the quality of care provided.

Capital/Accommodation

In order to ensure maximum use of resources the CHCP has undertaken a complete review of all accommodation, including both leased and owned properties, with a view to maximising use of available space and achieving a reduction in the use of leased properties.

Substantial redevelopment of the Short Stay Psychiatric Unit at Inverclyde Royal Hospital will be completed by April 2012.

The CHCP is signed up to the principle of agile working with a view of changing the way in which office accommodation is utilised and as a consequence of this rationalised.

For 2012/13

Changes made or planned include:-

Adult Mental Health Inpatient Beds Services to be relocated from temporary accommodation at Ravenscraig to Inverclyde Royal Hospital.

Elderly Mental Health Inpatient Beds A procurement exercise is ongoing within the CHCP to commission a joint service to provide continuing care and nursing home care for Elderly clients with higher end needs.

Children's Residential Care Home The new facility, Kylemore, is scheduled to open in May 2012. The project build is well underway and no unexpected difficulties have arisen.

7.2 Workforce Development

The CHCP is fully committed to working with its staff to developing a workforce within Inverclyde which can effectively deliver high quality services to the population it serves. Bringing two separately governed workforce sectors together remains challenging however the CHCP has taken forward a number of initiatives as described below and elsewhere in this document to engage staff across the CHCP jointly. The interface between workforce and finance enables both costs and savings opportunities to be addressed.

A main area for development is the establishment of a Service Level Agreement between NHS GGC and Inverclyde Council HR to provide a more integrated approach to HR for all staff located within the CHCP. It is appreciated that account also must be taken of other initiatives to develop shared services within the HR public sector community across Scotland, and it

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is hoped that discussions locally will deliver the SLA in the course of the next 12 months.

Attendance Management

The CHCP continues to focus on improving attendance management. In terms of NHS staff, the CHCP achieved the 4% sickness absence HEAT standard on 4 occasions in the past 12 months and averaged at 3.94% over that period. The CHCP performed above average when compared with other CHP/CHCPs and has been consistently below the NHS GGC average sickness absence levels.

Whilst monthly reports in relation to health staff have continued, arrangements have been put in place to provide monthly statistics for social work staff as well. The latest available social work figure for September 2011 is 7.24%. The focus over the next 12 months is to bring together attendance management across the CHCP which includes both health and social work staff in the same initiatives, with monthly reports covering all staff groups. It is hoped that future attendance management training will be carried out jointly.

It is also noted that both NHS GGC and Inverclyde Council are implementing new electronic employee information systems which will hopefully support these initiatives and provide managers with timeous, accurate and up to date reports.

KSF and Appraisals

During the course of the year the CHCP has retained a focus on embedding both the Knowledge and Skills Framework (KSF) for health staff and Appraisals at Inverclyde for social work staff. Monitoring of both systems is in place to ensure that reviews and Personal Development Plans for all staff are completed.

In terms of the KSF system which is subject to a HEAT standard and national monitoring, the focus has shifted to ensuring the system delivers on quality and over the next 12 months staff will be encouraged to take ownership of their eKSF accounts, updating their own PDPs and reviews. This is part of the culture change supported by Facing the Future Together. Quarterly monitoring will continue.

Engaging with Staff

Effective engagement with staff is regarded as key to the success of the CHCP. This has been achieved in a number of ways as follows:

a) The CHCP's **Staff Partnership Forum** (SPF) continues to meet regularly with membership reflecting the integration of health and social care services and staff within the CHCP. Meetings generate debate on a range of topics including service redesign, staff governance and Facing the Future Together. It is recognised by the SPF that as NHS GGC and Inverclyde council are separate employers

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it is not possible to influence changes to terms and conditions and HR Policies and Procedures, however it is hope to progress the development of joint protocols covering certain aspects of terms and conditions, policies and procedures in order to agree appropriate and practical working arrangements.

The SPF co-chairs remain the CHCP Director and a Unison staff representative who also sits on the CHCP Committee.

b) The **NHS Staff Governance Standard** was adopted across the CHCP in October 2010 and a Staff Governance Action Plan put in place for 2010-11. this was monitored via feedback from departments involving staff in focus groups and team meetings with 12 departments and 151 staff directly involved. This information which included suggestions for improvement. The 2012 plan includes a zero tolerance approach to discrimination and bullying and harassment at work, along with the intention to optimise communication and staff engagement. The 2012 plan will be monitored differently on a quarterly basis and a sub-group of the SPF is being established to carry out this task.

c) **Staff engagement events** were held in November 2011 which both enabled a significant number of staff to engage with the CHCP Director but which also involved staff in discussion on the CHCP's visions and values, identifying good practice and suggestions for future improvements. This form of engagement has been received positively by staff and will help to underpin Facing the Future Together as this gains momentum across the CHCP.

Service Redesign

Service Redesign is a significant feature across most service areas in the CHCP. Managers and their staff have been involved in the following redesigns which have focussed on delivering effective, high quality services based on identified need, whilst delivering cost savings:

a) Podiatry – from April 2012 this service becomes single system, with a new management structure, hosted by Renfrewshire CHP.

b) Adult Mental Health and EMI In-patient Services – the final redesign phase is in place and staff are being supported through redeployment either to posts in the redesigned service or to other services.

c) Community Paediatric Speech & Language Therapy – following a system-wide redesign the new service will be operational from 01 April 2012. New ways of working have been introduced included system-wide KPIs, closer working with children and families teams, and a change in skill mix to support service delivery against identified needs. There remain financial issues to be resolved in 2012.

d) Administration – a review of administrative services across the CHCP was launched in 2011 and a number of changes agreed and implemented during 2011-12 to streamline administrative services. This redesign will continue during 2012-13 to explore agile working opportunities and the scope for other changes to improve services and achieve cost benefits.

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e) **District Nursing** – the review of district nursing services across NHS GGC commenced in 2011-12. A Local Implementation Group has been established in the CHCP to lead on this locally, including implementation of Releasing Time to Care and Leading Better Care as well as the implications of service change arising from the Change Fund and the aim to care for more complex cases within the community setting. A number of staff and staff representatives sit in the LIG and will be involved in taking this forward within the CHCHP during 2012-13.

f) **Childrens and Families** - a number of NHS GGC system wide service redesigns are underway or are nearing completion which will address and impact on other aspects of childrens and families service including CAMHS and CCN. CHCP specific redesign is planned to take place during 2012-13.

g) **Criminal Justice** - criminal justice services are part of a service review being carried out across the north Strathclyde Criminal Justice Authority . The financial implications of this are not yet clear, however this will result in efficiency savings being realised across the CJA. This could impact on the staffing structure across the CJA linked to legislative and policy changes e.g. meeting the national requirement for speed and immediacy in commencing court orders.

h) **Alcohol and Drugs** - new money released by Scottish Government via the NHSGGC Board has been used to support the development of Integrated Drug and Alcohol Teams in order to deliver on the National strategies, 'The Road To Recovery' and 'Changing Scotland's Relationship to Alcohol'. Key staff have been recruited to promote recovery and to challenge and change the cultural acceptance of alcohol related harm. Funding from Inverclyde Council [FFSF] has contributed to these developments while the Inverclyde Alcohol and Drug Partnership has been developed and supported by key staff funded for this purpose.

i) **Other Services** – service redesign is being taken forward in Inverclyde by services outwith the CHCP but which will impact on Inverclyde CHCP. This includes acute hospital care, cancer services and sexual health. As with other service redesigns referred to above, the CHCP requires to maintain a focus on the impact on staffing and services within the CHCP.

transfers Discussions about workforce planning within the context of the CHCP have commenced and will be progressed during 2011-12 reflecting both health and social care staff and services.

Staff Development remains a priority and will be managed through personal development planning, redesign projects and priorities set by the CHCP Development Group and Senior Management Team. Through the Development Group the CHCP will identify ways to take staff development forward cost-effectively, minimising any duplication in delivery between the two parent oganisations.

Healthy Working Lives - Inverclyde CHCP achieved the HWL Silver award in 2011 and is now working on its plan to achieve Gold in 2012-13 with a focus

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on the health and wellbeing of CHCP staff, including their mental wellbeing. The HWL group is a sub-group of the SPF.

Health and Safety is another priority area for the CHCP and during 2011-12 the health and safety committee was restructured with the Head of Planning, Health Improvement & Commissioning in the Chair. The focus is to take a CHCP approach to health and safety which streamlines processes for CHCP managers and staff whilst meeting the policy and procedural requirements of both NHS GGC and Inverclyde Council.

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