

**Report To:** Community Health & Care  
Partnership Sub Committee

**Date:** 28<sup>th</sup> August 2012

**Report By:** Brian Moore  
Corporate Director  
Inverclyde Community Health &  
Care Partnership

**Report No:**  
CHCP/43/2012/HW

**Contact Officer:** Helen Watson  
Head of Service – Planning,  
Health Improvement and  
Commissioning

**Contact No:** 01475 715369

**Subject:** Organisational Performance Review (OPR)

---

## 1.0 PURPOSE

To provide Sub-Committee members with an update regarding the most recent Joint Organisational Performance Review (OPR) with Inverclyde Council and NHS Greater Glasgow and Clyde, including our arrangements to ensure that we are monitoring our progress in delivering the required actions.

## 2.0 SUMMARY

- 2.1 It has been agreed that the CHCP will undergo a six monthly Organisational Performance Review (OPR) with the Chief Executives of both NHSGGC and Inverclyde Council, and members of the Board's corporate team.
- 2.2 The CHCP's most recent joint OPR took place on 10<sup>th</sup> May 2012, and a copy of our delivery plan is attached as Annex 1.
- 2.3 During the OPR we provided updates on our commitments relating to the CHCP Directorate and Development Plan; the Council's Corporate Plan; the NHS Planning and Policy Frameworks and the Inverclyde Single Outcome Agreement. The next OPR will take place in October 2012.

## 3.0 RECOMMENDATION

- 3.1 It is recommended that the Sub-Committee agrees:
  - a) To note the delivery plan in respect of the CHCP's joint OPR, May 2012.
  - b) To comment to the Director as required.

**Brian Moore**  
Corporate Director  
Inverclyde Community Health & Care  
Partnership

## 4.0 BACKGROUND

- 4.1 In common with the other CHCP's within the NHSGGC catchment, Inverclyde CHCP undergoes a six-monthly Organisational Performance Review (OPR) with the Chief Executives of both NHSGGC and Inverclyde Council, and members of the Board's Corporate Management Team. The purpose of the OPR is to identify progress against our commitments and also any areas where performance needs to improve.
- 4.2 The CHCP's most recent joint OPR took place on 10<sup>th</sup> May 2012, and a copy of our delivery plan against the actions identified is attached as Annex 1. The delivery plan will be the subject of regular reviews, with actions relating to specific Heads of Service being reviewed and updated at the Quarterly Service Reviews. Overall progress, including overarching actions, will be reviewed by the Heads of Service Meeting which is chaired by the CHCP Director.
- 4.3 During the OPR we provided updates on our commitments relating to the CHCP Directorate and Development Plan; the Council's Corporate Plan; the NHS Planning and Policy Frameworks and the Inverclyde Single Outcome Agreement.

The OPR panel recognised that we had presented a balanced and comprehensive overview of our performance within the context of a continuing process towards further integration at service delivery level, and acknowledged that the OPR process had identified a number of positive examples of progress. In particular, with regard to raising the profile of the CHCP in the local area and our involvement in key areas such as the Nurturing Inverclyde agenda; the Mental Health redesign; the opening of the inpatient acute psychiatric unit at Inverclyde Royal Hospital and our year end financial out-turn.

- 4.4 The next OPR will take place in October 2012 and we will be required to demonstrate progress we have made on specific actions that have been identified through the OPR process. We have begun already to address areas for improvement which include:
- Prescribing
  - Developing Primary Care
  - Interface with the Acute Sector
  - Anticipatory Care Planning
  - Long Term Conditions

- 4.5 Areas where performance has improved since the last OPR, worth drawing particular attention to are:
- Access times to specialist drug and alcohol services.
  - Child and Adolescent Mental Health Services waiting times.
  - Smoking cessation rates.

These represent important strategic areas of development for us, as stated in our Directorate Plan.

- 4.6 Areas where the CHCP was specifically commended include:
- Improvements to Homelessness Services.
  - Triple P Parenting Programme and the Nurturing Inverclyde agenda.
  - Positive work in relation to carers.
  - Mental Health redesign and the opening of the new Langhill Clinic housing the IPCU, SSPU and Day/Assessment Service.

## 5.0 IMPLICATIONS

- 5.1 Legal:

None

5.2 Finance:

None

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>Budget Year</b>	<b>Proposed Spend this Report</b>	<b>Virement From</b>	<b>Other Comments</b>

5.3 Workforce

None

5.4 Consultation

The Return was completed with extensive consultation across a wide range of CHCP staff.

**6.0 LIST OF BACKGROUND PAPERS**

6.1 Inverclyde CHCP's OPR submission.

Framework Area	Action	Lead Officers	Performance
Finance	<p><u>Finance Report</u> You agreed to look at the profile of the budget across the year. Going forward prescribing was the main budgetary issue identified. We will expect to see action and progress on primary care spending as a key area of progress at your next OPR.</p>	<ul style="list-style-type: none"> <li>•Clinical Director</li> <li>•Head of Health &amp; Community Care</li> </ul>	<ul style="list-style-type: none"> <li>•Heads of Service Meeting to maintain an overview of progress.</li> <li>•Specific issues to be addressed through Quarterly Service Reviews (QSRs).</li> </ul>
Lead Area of Responsibility	<p><u>Transfer Prison Health Service</u> We noted the completion of the transfer of prison health services and identified a number of good initiatives. You agreed to focus on how the gains from these initiatives are delivering at your next OPR.</p>	<ul style="list-style-type: none"> <li>•Head of Mental Health, Addictions and Homelessness</li> <li>•Clinical Director</li> </ul>	Updates at Head of Mental Health, Addictions and Homelessness QSR.
	<p><u>Children's Service Planning Arrangements</u> You agreed to provide a map of the Children's Services planning arrangements so that we could understand the inter-linkages better.</p>	Head of Children & Families and Criminal Justice	Support from the C&F link Planning Officer.
Capital	<p><u>Estates</u> There is positive progress on looking at the CHCP and Council estate. We noted our support for this work.</p>	CHCP Director	Heads of Service support as required.
	<p><u>Elizabeth Martin</u> We agreed to work together to secure the closure of the dental chair at the Elizabeth Martin Clinic.</p>	CHCP Director	Heads of Service support as required.
Acute	<p><u>Interface with Acute</u> No progress on anticipatory care which has to be CHCP led and a major priority. We will expect to see progress against this at your next OPR.</p>	Head of Health & Community Care	Specific opportunities to be identified through all QSRs.
Adult Mental Health	<p><u>Anti-Depressant Prescribing/Psychological Services</u> <u>Waiting Times</u> We noted the good performance in relation to anti-depressant prescribing indicating the focus on prescribing is making a difference. We also noted the good performance around psychological therapies</p>	Head of Mental Health, Addictions and Homelessness	Updates at Head of Mental Health, Addictions and Homelessness QSR.

	waiting times.		
Drugs and Alcohol	<u>Integrated Service Model</u> You confirmed the NHS and Social Care Drug and Alcohol teams were fully integrated with one entry point and fast track drugs and alcohol access. Homelessness and mental health workers are now operating as part of an integrated team. This is good progress.	Head of Mental Health, Addictions and Homelessness	Updates at Head of Mental Health, Addictions and Homelessness QSR.
Cancer	<u>Cancer Screening</u> The CHCP agreed to the following actions: <ul style="list-style-type: none"> <li>• Develop initial work to focus on targeting lower SIMD areas for bowel screening into a full programme; and</li> <li>• Provide re-assurance that GP targeting for cervical screening will be progressed before the next OPR.</li> </ul>	<ul style="list-style-type: none"> <li>•Head of Planning, Health Improvement &amp; Commissioning</li> <li>•Clinical Director</li> </ul>	<ul style="list-style-type: none"> <li>•Updates at Head of Planning, Health Improvement &amp; Commissioning QSR.</li> <li>•Updates at Clinical Director QSR.</li> </ul>
Child & Maternal Health	<u>CAMHS</u> Whilst noting the significant improvement in performance since previously reported, waiting times are still long. You agreed that there will be a focus on further reducing the length of time waiting and we will revisit performance at your next OPR.	Head of Children & Families and Criminal Justice	Updates at Head of Children & Families and Criminal Justice QSR.
	<u>Smoking in Pregnancy</u> You agreed to work with Smokefree Services in Acute to consider what else could be done to improve performance.	<ul style="list-style-type: none"> <li>•Head of Children &amp; Families and Criminal Justice</li> <li>•Head of Planning, Health Improvement &amp; Commissioning</li> </ul>	Updates at both Heads of Service QSRs.
	<u>Integrated Assessment Framework</u> You confirmed that the IAF system is now in place, training is underway and the electronic system will be up and running by July 2012.	Head of Children & Families and Criminal Justice	Support from the C&F link Planning Officer.
	<u>Parenting/ Child Oral Health</u> The good performance in relation to parenting and oral health was noted.	Head of Children & Families and Criminal Justice	Support from the C&F link Planning Officer.

Change Fund	<p><u>Change Fund</u> The CHCP agreed to the following actions:</p> <ul style="list-style-type: none"> <li>• Further push the positive bed days reduction to ensure the full bed days target for 2012-13 is achieved;</li> <li>• Focus on levels of emergency admissions.</li> <li>• Ensure money is focused on driving change and carefully reviewed for impact; and</li> <li>• Continuing the focus on housing development as a key local issue.</li> </ul> <p>We will revisit progress against all of the above actions at your next OPR.</p>	Head of Health & Community Care	<p>Updates at Head of Health &amp; Community Care QSR.</p> <p>Support from the HCC link Planning Officer.</p>
Homelessness	<p><u>Homelessness</u> The good progress on all key work streams was noted.</p>	Head of Mental Health, Addictions and Homelessness	Updates at Head of Mental Health, Addictions and Homelessness QSR.
Long Term Conditions	<p><u>Reablement</u> There will be a comprehensive Reablement service across Inverclyde from may 2012.</p>	Head of Health & Community Care	Updates at Head of Health & Community Care QSR.
	<p><u>Long Terms Conditions</u> You need to provide a clearer focus on actions around long term conditions and related admissions. As a critical area of activity needs substantial progress for next OPR.</p>	Head of Health & Community Care	<p>Updates at Head of Health &amp; Community Care QSR.</p> <p>Support from the HCC link Planning Officer.</p>
Primary Care	<p><u>Primary Care Access</u> You confirmed that most GP practices were collecting access information locally and the issues around nursing homes were being progressed. We will discuss the outcomes of the access audit at your next OPR.</p>	Clinical Director	<p>Updates at Clinical Director QSR.</p> <p>Support from the CD link Planning Officer.</p>
Quality Policy	<p><u>Complaints</u> You agreed to review complaints information to check for accuracy.</p>	Head of Planning, Health Improvement & Commissioning	Updates at Head of Planning, Health Improvement &

			Commissioning QSR.
	<u>Participation Standard</u> You agreed to ensure PPF and other engagement activity meets the requirements of Participation Standards.	Head of Planning, Health Improvement & Commissioning	Updates at Head of Planning, Health Improvement & Commissioning QSR.
	<u>EQIAs</u> You agreed ensure that EQIAs are signed of for quality assurance.	Head of Planning, Health Improvement & Commissioning	Updates across all QSRs.
	<u>Clinical &amp; Care Governance Committee</u> We agreed that the Committee needs to meet regardless of vacancies.	Clinical Director	Meeting cycle agreed.
Sustainability	<u>Energy Reduction/ CO2 Emissions</u> The CHCP agreed to resolve energy and CO2 data issues with facilities.	•Head of Planning, Health Improvement & Commissioning	Updates at Head of Planning, Health Improvement & Commissioning QSR.
Tackling Inequalities	<u>Inequalities Sensitive Practice</u> The CHCP agreed to highlight progress and provide evidence on how the ISP training is changing practice.	Head of Planning, Health Improvement & Commissioning	Updates across all QSRs.
	<u>Mainstreaming Equalities</u> We agreed that we needed more clarity on how good examples of tackling inequalities were changing the full scope to the CHCP's activities. We will review progress at your next OPR.	Head of Planning, Health Improvement & Commissioning	Updates across all QSRs.
Unpaid Care	<u>Unpaid Care</u> It was good to see the range of activity and performance evidencing the range of work and positive progress made.	Head of Planning, Health Improvement & Commissioning	Updates at Head of Planning, Health Improvement & Commissioning QSR.
Effective Organisation	<u>Sickness Absence</u> We noted your good performance in relation to sickness absence.	CHCP Director	Updates across all QSRs.

	<u>e-KSF</u> We agreed that your e-KSF performance needs to improve against the original 80% target.	CHCP Director	Updates across all QSRs.
	<u>FTFT</u> This is a key NHS corporate programme and the CHCP FTFT effort and the pages which represent it need to be further developed and more dynamically presented.	Head of Planning, Health Improvement & Commissioning	Updates across all QSRs.