Report To:	**Community Health & Care Partnership Sub Committee**	**Date: 25th April 2013**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No: CHCP/36/2013/HW**
Contact Officer:	**Derrick Pearce Service Manager**	**Contact No: 01475 715388**
Subject:	**CHCP DIRECTORATE IMPROVEMENT PLAN 2013 - 2016**	

1.0 PURPOSE

1.1 To present to and seek approval of members for the final draft of the Community Health and Care Partnership's Directorate Improvement Plan for the period 2013 – 2016.

2.0 SUMMARY

2.1 In common with each Directorate of Inverclyde Council and each partnership of NHS Greater Glasgow and Clyde, Inverclyde CHCP has prepared a three year Improvement Plan

2.2 The CHCP Directorate Improvement Plan is an integrated plan designed to articulate the key development and improvement focused actions for the CHCP in the next three years.

2.3 The CHCP Directorate Improvement Plan is informed by the Corporate Statement of the Council, the Corporate Plan and the Planning and Policy Frameworks of NHS GG&C, and by a number of self-assessment activities undertaken in the CHCP to determine our areas of greatest urgency and importance. The Plan is not exhaustive of every action being undertaken in the CHCP, rather it is a list of the areas within which we will undertake significant change or redesign to improve performance quality, and outcomes for local people. The detail of service level activity is contained within each Head of Service's Quarterly Service Review template and in team work plans.

3.0 RECOMMENDATION

3.1 The Sub-Committee members are asked to approval the final draft of the CHCP Directorate Improvement Plan 2013 – 2016.

Corporate Director Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 Inverclyde CHCP has prepared a three year Improvement Plan, to satisfy the planning guidance of both Inverclyde Council and NHS Greater Glasgow and Clyde.

4.2 The Plan focuses on key areas of improvement and development action, which have the greatest need for detailed work and which will result in significant change and/or redesign to services to improve performance, quality and outcomes for local people. Day to day actions of the partnership are not rehearsed in this plan.

4.3 This Plan provides an integrated articulation of the key areas of activity for the CHCP in the next three years, in addition to the core purpose of the CHCP of providing community health and social care services to the people of Inverclyde.

5.0 PROPOSALS

5.1 It is proposed that the Sub-Committee approve the final draft of the CHCP Development and Improvement Plan for publication.

5.2 It is proposed that Service Statements be prepared for each of the four service area grouping of the CHCP for inclusion as linked documents in the plan prior to its publication, again in line with the Council's planning guidance and to help the public and our partners understand our business.

6.0 IMPLICATIONS

6.1 There are no specific financial and workforce implications from the actions proposed to be undertaken in the Directorate Improvement Plan, as these are an intrinsic part of the operational budget and management process.

6.2 Any legal implications of the actions proposed will be considered individually with legal services and the relevant Head of Service.

6.3 There are no equalities implications. There are key actions in the Plan designed to impact favourable on people with protected characteristics, and to address the inequalities that persist in Inverclyde.

6.4 There are no negative environmental implications detailed in the actions within the Plan that require attention.

7.0 CONSULTATION

7.1 It is not proposed that there is consultation on this full version of the plan, rather that there is publication of a summarised version for comment from staff, the public, users/carers and partners to inform how actions set out in the plan are taken forward.

8.0 LIST OF BACKGROUND PAPERS

8.1 NHS G&C Planning Guidance 2013 - 2016

8.2 Inverclyde Council Directorate Planning Guidance 2013 - 2016

8.3 Inverclyde CHCP Heads of Service Self-Assessment 2013

Inverclyde Community Health & Care Partnership

Corporate Directorate Improvement Plan

2013 - 2016

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۔

CONTENTS

1.   INTRODUCTION

Welcome to the Corporate Directorate Improvement Plan for the Inverclyde Community Health and Care Partnership (CHCP) Directorate. The Directorate was established in October 2010 to bring together a partnership of Inverclyde Council and NHS Greater Glasgow and Clyde to deliver community health and social care services to the people of Inverclyde in an integrated manner. The CHCP brings together all local health services delivered in the community and social work and social care services.

Our Plan sets out Inverclyde CHCP's priorities for 2013 – 2017. Our Plan aims to bring clarity to a number of complex challenges. We are required to actively contribute to the goals of both our parent organisations (Inverclyde Council and NHS Greater Glasgow & Clyde), and we are major stakeholders in our Community Planning Partnership, the Inverclyde Alliance. We strive, therefore contribute to the Corporate Statement of the Council and the Corporate Plan of NHS Greater Glasgow and Clyde, and to the Inverclyde Single Outcome Agreement, as well as taking full account of what our communities and service users/ carers tell us is most important to them. We are committed to delivering on the 'Nurturing Inverclyde' concept which aims to make Inverclyde a place which nurtures all its citizens, ensuring that everyone has the opportunity to a good quality of life and good mental and [physical wellbeing. Our actions are linked to the wellbeing outcomes of safe, healthy, achieving, nurtured, active, respected, responsible and included.

Many of the priorities set out in the SOA, Council Corporate Statement and NHSGGC Corporate Plan complement or overlap each other, but we aim to set them out in a way that is understood by our full range of stakeholders, and our staff who will deliver the actions.

The key improvements which will be implemented over the course of this plan include;

- Implementation of the CHCP Records Management Policy by December 2013
- Implementation of an agreed model of outcomes focussed assessment across all services, involving carers as equal partners in care
- Agree and progress the development of a new approach to supporting the Human Resources needs of the CHCP
- Implementation of the CHCP Accommodation Strategy and move to new premises in Clyde Square and Port Glasgow
- Implementation of local actions related to the new Children's Hearings Legislation and the new Children and Young People's Bill
- Implementation of Self Directed Support across the CHCP
- Complete delivery of the Clyde Mental Health Strategy and move the last remaining services from the Ravenscraig Hospital site by 2014
- Implementation of a housing options one stop shop in partnership with Oak Tree Housing Association

As will all public sector organisations one of our greatest challenges in the coming years is to deliver high quality, safe and effective services to the people of our area in extremely challenging financial circumstances. We are committed, however, to adopting a solution focussed and 'can do' attitude to our work.

Other challenges facing the CHCP over the next three years include;

- Operating in a backdrop of increasing demand as our population ages, welfare reforms take effect, and cost savings need to be made.
- The need to shift the focus from remedial interventions to earlier support, so that we can preserve or improve the health and independence of the people who require our services
- Consolidating good practice and moving away from outdated models of service delivery by focusing on improving quality through efficiency, and reducing waste rather than looking to develop new cost-hungry initiatives.
- The welfare reform programme, particularly around the introduction of:
  - Employment Support Allowance
  - Universal Credit
  - Personal Independence Payment
  - Changes to Housing Benefit entitlement
  - Council Tax Reduction Scheme
  - Scottish Welfare Fund

These may result in a reduction in income for many of our poorest families, and ultimately lead to an increase in demand for Primary Care and community health and social care services.

The next three years will therefore be characterised by reshaping and redesigning existing models of care and support, focusing on delivering improved outcomes for people.

This is a three year plan which will be reviewed on an annual basis to ensure that the actions contained in it are still relevant and continue to drive improvement across services. We will be measuring the differences our services make to people's lives rather than the traditional approach of measuring numbers. By focusing on the things that make a real difference, we might identify some things that we should stop doing if they don't have the desired impact. Ultimately our journey over the next three years should result in more effective and efficient services that actively contribute to the CHCP's vision – *Improving Lives.*

Brian Moore, Corporate Director,
Inverclyde Community Health and Care Partnership
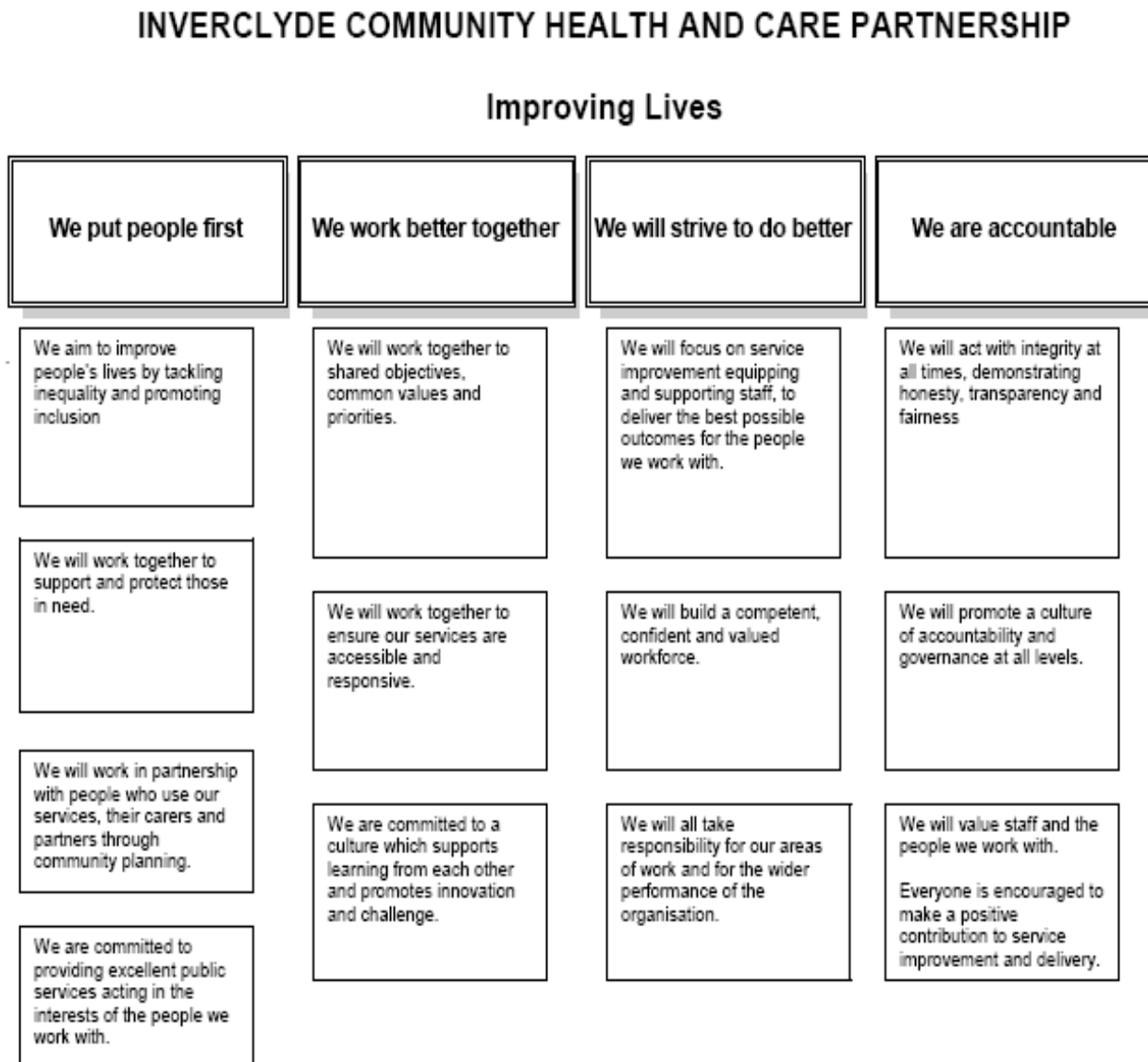
2. STRATEGIC OVERVIEW OF THE CHCP

2.1 Purpose and Scope of the Directorate

2.1.1 The Inverclyde Community Health and Care Partnership (CHCP) was formed as a Directorate of Inverclyde Council and an entity of NHS Greater Glasgow and Clyde on 1st October 2010. The overall vision of the CHCP is "**Improving Lives**". This vision has four strategic objectives underpinning it:

- We put people first.
- We work better together.
- We will strive to do better.
- We are accountable.

2.1.2 Figure 1 below shows the CHCP's principles and values.

Figure 1: CHCP Principles and Values

INVERCLYDE COMMUNITY HEALTH AND CARE PARTNERSHIP

Improving Lives

We put people first	We work better together	We will strive to do better	We are accountable
We aim to improve people's lives by tackling inequality and promoting inclusion	We will work together to shared objectives, common values and priorities.	We will focus on service improvement equipping and supporting staff, to deliver the best possible outcomes for the people we work with.	We will act with integrity at all times, demonstrating honesty, transparency and fairness
We will work together to support and protect those in need.	We will work together to ensure our services are accessible and responsive.	We will build a competent, confident and valued workforce.	We will promote a culture of accountability and governance at all levels.
We will work in partnership with people who use our services, their carers and partners through community planning.	We are committed to a culture which supports learning from each other and promotes innovation and challenge.	We will all take responsibility for our areas of work and for the wider performance of the organisation.	We will value staff and the people we work with. Everyone is encouraged to make a positive contribution to service improvement and delivery.
We are committed to providing excellent public services acting in the interests of the people we work with.			

2.1.3 In addition we deliver on a series of wellbeing indicators that Inverclyde Alliance has adopted. These have been adapted and expanded from 'Getting it Right for Every Child' covering the core areas of Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included (SHANARRI).
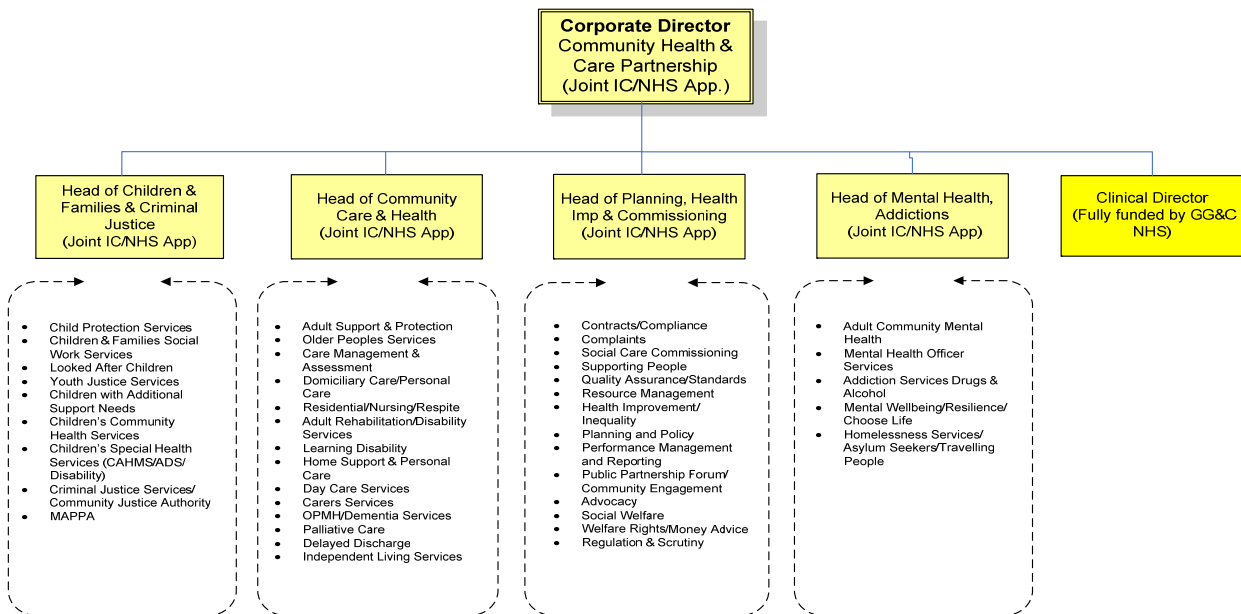
Safe	Protected from abuse, neglect or harm and supported when at risk. Enabled to understand and take responsibility for actions and choices. Having access to a safe environment to live and learn in.
Healthy	Achieve high standards of physical and mental health and equality of access to suitable health care and protection, while being supported and encouraged to make healthy and safe choices.
Achieving	Being supported and guided in lifelong learning. Having opportunities for the development of skills and knowledge to gain the highest standards of achievement in educational establishments, work, leisure or the community.
Nurtured	Having a nurturing place to live and learn, and the opportunity to build positive relationships within a supporting and supported community.
Active	Having opportunities to take part in activities and experiences in educational establishments and the community, which contribute to a healthy life, growth and development.
Respected & Responsible	Respected and share responsibilities. Citizens are involved in decision making and play an active role in improving the community.
Included	Overcoming social, educational, health and economic inequalities and being valued as part of the community.

2.1.4   In order to deliver on these outcomes the CHCP is made up of 4 service groups, depicted in the diagram below. Unlike other CHCPs, our model of service integration specifies each member of the management team having responsibility for managing both health and social work services staff within their respective service area supporting a genuinely integrated approach.

Figure 2 – CHCP Management Structure

Inverclyde Council & NHS GG&C
Health & Social Care (CHCP) Management Structure

Head of Children & Families & Criminal Justice (Joint IC/NHS App)	Head of Community Care & Health (Joint IC/NHS App)	Head of Planning, Health Imp & Commissioning (Joint IC/NHS App)	Head of Mental Health, Addictions (Joint IC/NHS App)	Clinical Director (Fully funded by GG&C NHS)
• Child Protection Services • Children & Families Social Work Services • Looked After Children • Youth Justice Services • Children with Additional Support Needs • Children's Community Health Services • Children's Special Health Services (CAHMS/ADS/Disability) • Criminal Justice Services/Community Justice Authority • MAPPA	• Adult Support & Protection • Older Peoples Services • Care Management & Assessment • Domiciliary Care/Personal Care • Residential/Nursing/Respite • Adult Rehabilitation/Disability Services • Learning Disability • Home Support & Personal Care • Day Care Services • Carers Services • OPMH/Dementia Services • Palliative Care • Delayed Discharge • Independent Living Services	• Contracts/Compliance • Complaints • Social Care Commissioning • Supporting People • Quality Assurance/Standards • Resource Management • Health Improvement/Inequality • Planning and Policy • Performance Management and Reporting • Public Partnership Forum/Community Engagement • Advocacy • Social Welfare • Welfare Rights/Money Advice • Regulation & Scrutiny	• Adult Community Mental Health • Mental Health Officer Services • Addiction Services Drugs & Alcohol • Mental Wellbeing/Resilience/Choose Life • Homelessness Services/Asylum Seekers/Travelling People	

Corporate Director Community Health & Care Partnership (Joint IC/NHS App.)

More detail on each service and contact details can be found at the following links:

Children's Services and Criminal Justice *(Insert hyperlinks)*
Adult Health and Community Care and Primary Care *(Insert hyperlinks*
Mental Health, Addictions and Homelessness *(Insert hyperlinks*
Planning, Health Improvement and Commissioning *(Insert hyperlinks*

2.2 National and Local Context

The CHCP operates in an environment of multiple policy drivers at national and local levels, and our main drivers are highlighted within this section.

2.2.1 Single Outcome Agreement

The CHCP contributes specifically to the following 7 SOA outcomes:

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 and 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.
SOA4	The health of local people is improved, combating health inequality and promoting healthy lifestyles.
SOA5	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.
SOA6	A nurturing Inverclyde gives all our children and young people the best possible start in life.
SOA7	Inverclyde is a place where people want to live now whilst at the same time safeguarding the environment for future generations.
SOA8	Our public services are of high quality, continually improving, efficient and responsive to local people's needs.

Initiatives which contribute to these include:

- SOA 2 - The direction of our work with and on behalf of carers continues to be led by carers themselves, through strong engagement and supported inputs to our local planning processes. Our Short Breaks Strategy will support the development of more creative types of breaks, away from the more traditional residential respite.

- SOA 2 - We have a robust process in place for capturing, responding to and feeding back on user/carers and public views/input via the CHCP Advisory Network.

- SOA 3 - Our Financial Inclusion Strategy has helped streamline local approaches ensuring that we design out duplication so that limited resources will have maximum reach.
- SOA 4 - Good progress has been made with regard to smoking cessation targets and preliminary results from the latest Health and Wellbeing Survey showing positive trends in our smoking prevalence data.

- SOA 5 - Services in Drugs and Alcohol have consolidated their integration and provide effective, easily accessed services for the population. Targets in relation to waiting times have been exceeded, 100% achieved for Drugs and 95% achieved

for Alcohol – both have a target of 90%. The ADP has facilitated the further development of partnership working and there is clear evidence of initiatives involving Police, Fire and Rescue Service, SPS, Education, Community Learning and CHCP Addiction Services.

- SOA 5 - There is demonstrable evidence of impact on the attitudes and behaviour of young people in Inverclyde as part of 'Culture Change' Initiatives and evidenced by the latest SALSUS report which was presented to the CHCP Sub-Committee on 31st May 2012. In respect of Alcohol and Drugs, we maintain an active contribution to the SOA where alcohol is a high level priority. This engagement has supported the roll-out of ABIs across a range of partners, which we believe is an important dimension of developing a shared community culture that regards excessive alcohol consumption as unacceptable.

- SOA 6 – The new Children's Unit at Kylemore Terrace is opening on 19th March 2013. The young people have been fully involved in the design of the unit from the outset and they have fully participated in all aspects of choice about all the furniture and fittings.

- SOA 7 - Our office rationalisation programme will reduce the number of buildings we currently work out of, and as such will be an important contribution to reducing our overall carbon footprint.

- SOA 8 - In the past year the new model of our Reablement service has progressed beyond initial expectations.

2.2.2 NHS GG&C Corporate Plan Priorities

The CHCP also contributes to the five NHS GG&C Corporate Priorities.

CP	NHS GG&C Corporate Plan Priorities
CP1	Early intervention and preventing ill health.
CP2	Shifting the balance of care.
CP3	Re-shaping care for older people.
CP4	Improving quality, efficiency and effectiveness.
CP5	Tackling inequalities.

- CP1 - We are pleased to be the first CHCP to be developing both Nutrition Policy and a Physical Activity Strategy and are keen to share this work across the Board.
- CP2 – Our work on reablement is supporting more and more people to maintain or improve their independence, thereby reducing the need for people to receive care outwith their own homes.

- CP3 - Older People's Services are to be commended both in maintaining focus on the Reshaping Care for Older People Change Plan as a whole and in improving performance across a range of measures with direct benefit to patient care.

- CP4 - We have developed a strong focus on reducing sickness absence levels and apply our policies rigorously across all staff groups. The four Business Support Co-ordinators have been nominated as our Absence Champions and they support managers by ensuring that policies and procedures are properly followed and that paperwork is completed in a timely manner. We recognise that a healthy workforce is vital for us to be able to deliver on our commitments, and have recently won the Gold Healthy Working Lives Award.

- CP4 – Our Clinical and Care Governance Committee brings an additional dimension of scrutiny to quality, efficiency and effectiveness by requiring us to demonstrate learning from critical incidents and adverse events, and having a clear workplan in place.

- CP5 - We are particularly pleased to have achieved the national Priority Need Test Abolition Target in our Homelessness Service.

- CP5 - Progress has improved with regard to the Equalities agenda within the CHCP with the development of an internal Equalities Network which will ensure a specific focus across all areas of business.

2.2.3 The CHCP operates within a complex and wide ranging context not only in terms of its statutory duties and responsibilities but also in terms of the scale of planning and performance arrangements in which we are engaged, further complicated by the integrated nature of the CHCP in respect of delivering on the planning requirements of both the Council and NHS Greater Glasgow and Clyde. Our policy and legislative framework is detailed below:

All Services

- *Meeting National Care Standards*
- *Scottish Executive Response to Care 21 Report: The Future of Unpaid Care in Scotland, (2006), Scottish Executive.*
- *NHS Quality Improvement Scotland Quality Assurance Framework, (2010) NHS QIS*
- *Equally Well: Report of the Ministerial Task Force on Health Inequalities, (2008), Scottish Government.*
- *Changing Lives Implementation Plan, (2006), Scottish Executive.*
- *Personalisation: An Agreed Understanding, (2007), Scottish Government*
- *Performance Improvement Framework, (2006), SWIA.*
- *Quality Improvement Framework, (2006), Scottish Executive.*
- *National Strategy for the Development of the Social Services Workforce in Scotland: A Plan for Action 2005 – 2010, (2005), Scottish Executive.*
- *Improving Front Line Services: A Framework for Supporting Front Line Staff, (2005), Scottish Executive.*
- *Transforming Public Services: The Next Phase of Reform, (2006), Scottish Executive.*
- *Government Economic Strategy, (2007), Scottish Government.*
- *Concordat between the Scottish Government and Local Government, (2007), Scottish Government*
- *Guide to Support Self Evaluation, (2009), Social Work Inspection Agency.*
- *NHS Scotland Quality Strategy (2010)*
- *20:20 Vision (2011*
- Carers Support and Recognition Act 1995
- Housing (Scotland) Act 2001
- Freedom of Information (Scotland) Act 2002

- Community Care and Health (Scotland) Act 2002
- Local Government in Scotland Act 2003
- Adult Support and Protection (Scotland) Act 2007
- Protection of Vulnerable Groups (Scotland) Act 2007
- Equality Act 2010
- Public Services Reform (Scotland) Act 2010
- Public Records (Scotland) Act 2011
- Patients Rights (Scotland) Act 2011
- Domestic Abuse (Scotland) Act 2011
- Welfare Reform (Further Provision) (Scotland) Act 2012
- Social Care (Self-Directed Support) (Scotland) Act 2013
- Freedom of Information (Amendment) (Scotland) Act 2013
- Inverclyde Carers Strategy, including a Young Carers Strategy from 2012-15
- Inverclyde Financial Inclusion Strategy

Children's Services and Criminal Justice

- *Early Years and Early Interventions, (2008), Scottish Government.*
- *For Scotland's Children: Better Integrated Children's Services, (2001), Scottish Executive.*
- *"Its Everyone's Job to Make Sure I'm Alright": Report of the Child Protection Audit and Review, (2002), Scottish Executive.*
- *Hidden Harm, (2004), Scottish Executive*
- *Getting it Right for Every Child, (2005), Scottish Executive*
- Children (Scotland) Act 1995
- Criminal Justice (Scotland) Act 2003
- Anti-Social Behaviour etc. (Scotland) Act 2004
- Management of Offenders etc. (Scotland) Act 2005
- Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act 2006
- Adoption and Children (Scotland) Act 2007
- Criminal Justice and Licensing (Scotland) Act 2010
- Children's Hearing (Scotland) Act 2011
- Improving Maternal and Infant Nutrition: A Framework for Action (2011)
- North Strathclyde Community Justice Authority Area Plan
- Child and Maternal Health Strategy

Adult Health and Community Care and Primary Care

- *Same as You? A Review of Services for People with Learning Disabilities, (2000), Scottish Executive*
- *All our Futures: Planning for a Scotland with an Ageing Population, (2007), Scottish Executive.*
- *Living and Dying Well: A national action plan for palliative and end of life care in Scotland, (2008), Scottish Government*
- Adults with Incapacity (Scotland) Act 2000
- Reshaping Care for Older People – Change Plan

Mental Health, Addictions and Homelessness

- *Plan for Action on Alcohol Problems – Update, (2007), Scottish Executive*
- *The Road to Recovery: A New Approach to Tackling Scotland's Drugs Problem, (2008), Scottish Government*
- *Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009-2011, (2009), Scottish Government*
- *Getting Our Priorities Right: Good Practice Guidance for Working with Children and Families Affected by Substance Misuse, (2003), Scottish Executive.*
- *Towards 2012: Homelessness Support Project, (2008), Scottish Government.*
- *Scotland's Choice: Report of the Scottish Prisons Commission, (2008), Scottish Prisons Commission.*
- *Protecting Scotland's Communities: Fair, Fast and Flexible Justice, (2008), Scottish Government*

- Mental Health (Care and Treatment) (Scotland) Act 2003
- Homelessness etc. (Scotland) Act 2003
- Alcohol and Drugs Partnership Strategy
- Mental Health Strategy
- Housing Strategy (including Homelessness)
- Making Well-being Matter – The Inverclyde Mental Health Improvement Framework

Planning, Health Improvement and Commissioning

- *Respect and Responsibility: The Sexual Health Strategy, (2005), Scottish Government.*

Regulatory and Evaluatory Bodies

- The Care Inspectorate
- Healthcare Improvement Scotland
- Scottish Housing Regulator
- Mental Welfare Commission
- Audit Scotland
- Scottish Government Health and Care Directorates
- Education Scotland

2.3 Customer Focus

From the outset Inverclyde CHCP has been committed to ensuring that we focus on the needs and priorities of the communities we serve. This plan outlines some of how will maintain a strong customer focus in the coming years.

2.3.1 Community Capacity Building

Community capacity building is a key element of the long term national strategy to support individuals, families and communities to increase the level of support provided to people within and by their own communities. An investment in capacity building allows development of greater long term capacity for people to be supported within their own community.

As part of the overall agenda to shift the balance of care towards preventative supports and promote independent living, Inverclyde CHCP is actively working with the third sector and other partners to develop community capacity. We work collaboratively particularly with our third sector partners and through the Inverclyde Alliance Community Engagement and Capacity Building Network (CECBN) to provide advice, guidance and other support to individuals, communities and organisations to develop resources and services which can support people to live safely and independently within their communities without the need for ongoing intervention from health and social care services.

2.3.2 Co-Production

Co-production is the process of partnership working with all stakeholder groups, including service users. Our preferred definition of co-production is:

"Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change." The Challenge of Co-production, Boyle and Harris, 2009

As outlined in the CHCP People Involvement Framework (2012), at a strategic level we wish to demonstrate that users, patients, carers and the wider community have the opportunity to be involved in shaping the way services and resources are deployed in the area to produce better outcomes for local people. We recognise that services will have to consider their own specific commissioning requirements in the context of the outcomes that their service users want to achieve, therefore a co-produced approach will be required.

2.3.3 Carers

The needs and rights of carers are intrinsic to the business of the CHCP, and to the delivery of this plan. In 2010 the Scottish Government, in partnership with COSLA launched a new Carers strategy for Scotland covering the period 2010-2015. "Caring

Together" builds on progress made from the previous National Carers Strategy by aiming to ensure;

• Carers are recognised and valued as equal partners in care
• Carers are supported and empowered to manage their caring responsibilities with confidence and in good health and to have a life of their own outside of caring
• Carers are fully engaged as participants in the planning and development of their own personalised, high- quality, flexible support and are not shoe-horned into unsuitable support. The same principle applies to carers' involvement in the services provided to those for whom they care
• Carers are not disadvantaged, or discriminated against, by virtue of being a carer.

Inverclyde's response to the needs of carers and the Caring Together has been underpinned by our own local Carers and Young Carers Strategy 2012 – 20015, which was co-produced with carers and has been recognised nationally as an example of best practice. You can view our Carers and Young Carers Strategy 2012 – 2016 here http://www.chps.org.uk/content/default.asp?page=s459_36_4

There are an estimated 8000 carers in Inverclyde. 1992 are currently registered with the Carers Centre. 514 of this number are carers aged 65+ with 213 of these carers being aged 75+. Almost half of the registered carers, 913 are looking after someone over the age of 65.

We are fully committed to supporting carers as equal partners in care and we are committed to building continuously on the strong partnerships between the CHCP and Inverclyde Carers Centre and Inverclyde Carers Council to ensure that carers have a strong voice.

2.3.4   Wider Engagement

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 have built on a strong foundation that was in place at the inception of the CHCP and developed a People Involvement Framework to govern our approach to involving patients, service users, carers and the general public. We have an excellent track record in respect of involving the public and this has continued and grown since the CHCP was established in October 2010.

In line with legislation the CHCP has 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 is large, while providing an inclusive structure. Our approach has been recognised by the Scottish Health Council as an example of good practice.

A CHCP / PPF Advisory Group has been in place since April 2012 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 supports 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 works closely with Your Voice

(Inverclyde Community Care Forum) in running the PPF network and CHCP Advisory Group. The Chair of the Advisory Group has a seat on the CHCP Committee as a core part of the governance of the CHCP.

In addition, and in accordance with the newly published standards for involving carers, we have in place a partnership with the Inverclyde Carers' Centre, a local Carers' Network. The Carers' Network is part of the People Involvement Advisory Network referenced above, and helps facilitate the inclusion of carers in service and policy development, recognising the key role carers play as equal partners in the delivery of care and support.

Internal service-level people involvement in respect of patient stories, user feedback and ongoing engagement continues and will be strengthened. The People Involvement Framework helps us develop an integrated approach to involving users, carers and the public at service level, and offers a means of supporting staff to do this, and share practice and produce management information in respect of this.

2.4 Tackling Inequality and Promoting Equality

2.4.1 In common with other organisations, the CHCP has an organisational and statutory responsibility to promote equality and tackle the issues that can lead to unequal outcomes for some groups of people. Inverclyde has long been characterised by stark differences in health, social and educational outcomes, and as such the CHCP channels much of its day to day activity towards supporting those most likely to experience poorer outcomes.

In addition to that approach, we are mindful that the Public Sector Duty 2010 directs the public sector to:

- Eliminate unlawful discrimination.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between different groups.

2.4.2 The CHCP has developed an Equalities Delivery Plan to support the organisation to ensure it is committed to delivering on its duties. Through the development of equalities champions within services supported by an Equalities Network, staff will be fully supported to understand and embrace the equalities agenda. The actions from our Equalities Delivery Plan are referenced in the action plan of this document at Section 3 We will also adhere to the Council's series of Equalities Outcomes and all services will work towards the achievement of these over the course of this plan. The full details of the Council's Equalities Outcomes can be found here (insert hyperlink).

2.4.3 In order to ensure a consistent approach across the Council and the NHS, the CHCP has developed a common approach to undertaking Equality Impact Assessments (EQIAs) with a CHCP process being developed which ensures a quality assurance element is at the forefront, and that learning opportunities can be harnessed.

2.4.4 Over the next 3 years the CHCP is keen to ensure that we embed Inequalities Sensitive Practice across all CHCP service areas. This way of working will be piloted initially in Children's Service and then rolled out across the CHCP and will support our staff to become inequalities sensitive practitioners.

2.5 Sustainability of the Environment

2.5.1 In accordance with the aspirations and responsibilities of both parent organisations, the CHCP seeks to ensure that any action we undertake at a strategic or operational level is environmentally sensitive and sustainable. In common with most other public and private sector organisations, we are on a learning curve in this endeavour and will continually review our approaches through the use of Strategic Environmental Assessment and other tools to ensure that nothing we do compromises our responsibilities to protect our environment now and in the future. This is particularly applicable to the development of our new office accommodation which will be developed in the lifetime of this plan.

2.5.2 We continue to participate in the Inverclyde Green Charter Working Group which has been rebranded and revised to form the SOA Outcome Delivery Group for environment. Health and wellbeing continues to be a dominant theme as part of the Green Charter and Environment Delivery plan. The Inverclyde Active Living Strategy prioritises green space as one of seven strategy outcomes. In addition work is underway linking to the Inverclyde Tobacco Strategy including our ambition for smoke free bus stations and specified smoke free green space areas, building on recent successes of ensuring all play parks in Inverclyde are smoke free.

2.5.3 We will progress work to develop a Travel Plan for selected CHCP buildings, and are beginning to provide public transport information as a matter of course on meeting invites.

2.5.4 We anticipate significant improvements to both energy usage and carbon footprint impact as a result of our planned accommodation changes as we reduce the number of buildings we occupy.

2.6 Risk Management

The management of risk is key to the successful delivery of this 3 year plan. Risk is considered in the context of:

- Financial Risk
- Reputational Risk
- Legal and Regulatory Risk
- Risks to Operational and Business Continuity

2.6.1 The financial risks are considered in the finance section of this plan.

2.6.2 Across the CHCP there are several levels of quality assurance processes to ensure we deliver a high quality of service, while also learning from complaints, inspections, critical incidents and audits. We have merged local complaints processes across health and social work, providing a single process for all CHCP staff. A complaints annual report is submitted to the CHCP Sub Committee giving an overview of performance and learning.

2.6.3 The CHCP Clinical and Care Governance Committee is the primary forum in considering our legal and regulatory risks; this includes reviewing Risk Registers as a standing agenda item. Risk registers are discussed at team meetings and are submitted to the Governance meeting. Each Head of Service has also developed a Risk Register that incorporates all of their service responsibilities. There is also a CHCP wide Risk Register which captures the highest level risks and is discussed at Head of Service and Corporate Director level.

2.6.4 Robust Public Protection arrangements with clear governance are essential to avert some major potential reputational and legal risks. The CHCP has a pivotal role in these arrangements which are led by the Chief Executive of Inverclyde Council, with contribution from chief officers from key agencies as outlined in the diagram below such as Police Scotland. The purpose of this group is to provide a strategic vision of the public protection agenda through the principle components of strategic planning, public information and continuous improvement. Important strategic, procedural and practice links are promoted and developed between adult protection, child protection and the public protection role of Criminal Justice. This includes matters relating to North Strathclyde Criminal Justice Authority Multi-Agency Public Protection Arrangements (NSCJA-MAPPA Unit) which Inverclyde Criminal Justice Social Work Services host. The links below provides additional information relating to NSCJA MAPPA and Inverclyde Child Protection Committee.

http://www.nscja.co.uk/publications/other-publications/

http://www.inverclydechildprotection.org/

2.6.5 In adherence to the Inverclyde CHCP Business Continuity Framework Guidance, all services annually undertake business impact analysis. Managers are required to identify business-critical activities and consider their impact to the service should they become disrupted. The analysis also presents service-specific detail on anticipated timescales before impact and the associated resources required to ensure continuity. The information is collated and presented within the CHCP Business Continuity Plan (BCP); a document designed to identify critical activities in priority order and form an organisation-wide perspective. The CHCP BCP is reviewed and tested annually to reflect changes in structure and service delivery.

2.7 Competitiveness

Competitiveness is a complex area and is not simply an issue of delivering services for the lowest cost. In the context of the CHCP competitiveness is considered in relation to services improvement, challenging our practice and approaches and reviewing how we use our resources, particularly through commissioning services from independent and 3rd sector providers.

We use self evaluation and assessment as core means of assessing ourselves against standards and expected levels of performance and quality. There is more on this at section 4 in this Plan. We undertake quarterly performance reviews within each service area to review performance and progress on key areas of service delivery.

The CHCP, as part of Inverclyde Council, is fully involved in the SOALCE benchmarking work, linked to the development of a local government performance framework. We will centrally develop our approach to the SOACE benchmarking project '*Improving Local Government*' to better understand where our services sit in relation to those of other local authorities, both in terms of performance and cost. An initial set of SOALCE benchmarking indicators have been developed which we are continually reviewing to determine areas for attention, examples of good practice and ideas for improvement. We will also continue our existing benchmarking work through groups such as the Scottish Community Care Benchmarking Network, to support collaborative analysis with partner local authorities.

In relation to commissioning we have processes in place to review our commissioning intentions and current decisions across the CHCP. Services routinely undertake reviews of commissioned services, in addition to reviews undertaken by the Care Inspectorate and other regulatory bodies. It is our intention, in the lifetime of this plan, to deliver a new Commissioning Strategy for the CHCP which will set out our commissioning intentions and plan for procurement. This work will be informed by detailed analysis of currently purchased service for cost, quality and user/carer satisfaction. Out commissioning decisions will be aimed at delivering on the CHCP vision that commissioning should support empowerment, enablement, recovery and inclusion.

2.8 Corporate Improvement Groups

The senior management team of the CHCP are active in Inverclyde Council and across NHS GG&C in a range of strategic and operational groups. We have specific leadership in the following programmes:

2.8.1 Information Governance Group

The CHCP Director has responsibility for the Corporate Improvement Group on Information Governance for Inverclyde Council. An Information Governance Framework was developed in January 2012. The key focus is around information governance; records management and data protection. Workstreams include ensuring business continuity and disaster recovery; retention of records and backscanning of these and to equip staff with both the technologies and training on information assurance, including preventing loss of information; using removable media and sending secure email procedures. Compliance with our Data Protection Act responsibilities is a strong focus, and the CHCP will lead on the development of the Council's Records Management Plan.

2.8.2 NHS GG&C Clinical Services Review Adult Mental Health Workstream

The CHCP Head of Service: Mental Health, Addictions and Homelessness has a leadership role in the Mental Health programme of the NHS GG&C Clinical Services Review. The programme will examine and recommend a series of key changes to services across the mental health specialities, across the Board areas of operation.

3.0 Summary of Resources

3.1 Financial Resources

3.1.1 The CHCP financial resources comprise both revenue and capital funding from the parent organisations; Inverclyde Council and NHSGG&C.

3.1.2 Revenue Budget

The CHCP revenue budget for 2013/14 is indicative only at this point due to different timings in the budget setting cycles of the CHCP parent organisations.

The Council revenue budget has been set for the period 2013/16 with annual revenue budgets of £48.3m, £47.6m and £46.6m reflecting £0.6m savings in 2013/14 rising to £3.4m by 2015/16.

The Council Revenue budget for the period 2013/16 is:

	2013/14 £'m	2014/15 £'m	2015/16 £'m
Community Care & Health	30.4	29.8	28.8
Mental Health, Addictions & Homelessness	3.3	3.1	3.1
Children & Families	10.1	10.1	10.1
Planning, Health Improvement & Commissioning	4.1	3.9	3.8
Other	0.4	0.7	0.8
Total	48.3	47.6	46.6

The NHS revenue budget for 2013/14 is yet to be set however will be based on the 2012/13 budget of £71.3m which will be adjusted for known factors including; an indicative local savings efficiency target of £79k (being Inverclyde's share of 1.7% efficiencies totalling £2.4m), impact of service wide redesigns, inflationary and pay uplifts, impact of pensions auto enrolment and utility cost pressures

This gives the CHCP an indicative revenue budget for 2013/14 of:

Indicative Revenue Funding 2013/14	£'m
Inverclyde Council	48.3
NHSGG&C (to be confirmed)	71.3
Total	119.6

This relates to the following service areas:

	£'m
Community Care & Health	34.9
Mental Health, Addictions & Homelessness	17.1
Children & Families	13.4
Planning, Health Improvement & Commissioning	5.2
Other (including Change Fund)	3.3
Family Health Services	21.2
Prescribing	15.8
Resource Transfer & Delayed Discharge	8.7
Total	119.6

This is broadly comparable to the 2012/13 funding of £119.2m, as the 2013/14 Council budget also includes pressure funding for Older Peoples and Learning Disability demographic pressures.

The CHCP will face significant financial challenges in the period 2013/14 to 2015/16 to deliver the agreed budget savings and to contain existing pressures including;

- Impact of organisation wide workstreams and service wide redesigns

- Existng NHS pressures relating to continence supplies, high level observation costs with Mental Health inpatients, staffing pressures from endpoint structure now in place for Ravenscraig, staffing and supply pressures within Children's Specialist Services – funded on a non recurring basis in 2012/13

- Volatility of GP prescribing – albeit Inverclyde budget was reduced by £0.29m in 2012/13 for specific pressures and short supply premiums where funding is not required, reflecting an equalised board wide position for partnerships. This position is also due in part to the local action plan and impact of the Scriptswitch pilot.

The NHS budget includes £1.4m Older Peoples Change Fund with the 2013/14 allocation expected to remain at £1.4m (being year 3 of 4).

3.1.3 Capital Resources

There are no major capital projects within the Council element of the CHCP for 2013/14, following the completion of a new children's home in 2012/13.

For the NHS the capital formula allocation is expected to be minimal following the decision to accelerate £119k capital from 2013/14 during 2012/13 as part of a board wide strategy to mitigate slippage.

The capital funding (excluding Revenscraig / Hub) is likely to be:

Indicative Capital Funding 2013/14	£'000
Inverclyde Council	95
NHSGG&C Formula Capital Allocation	102
Total	197

There is a recognition that that the Health centres within Inverclyde require significant investment and work is ongoing to identify potential options for appropriate investment

3.1.4 NHS Hub Initiatives / Ravenscraig Reprovision

 Initial Agreements for a new continuing care facility on the IRH site (previously accommodation blocks) has been approved by the Scottish Governments Capital Investment Group and work is ongoing to produce the Outline Business Case which will identify the preferred delivery option.

The reprovision from Ravenscraig also requires community based provision and the transitional funding requirement is being assessed to allow transfer to community based services, prior to closure of this site. A commissioning strategy is being developed for the delivery of community based services.

4.0 Self Evaluation and Improvement

The CHCP has a culture of continuous improvement that includes learning from complaints; listening to service user and carer feedback; engagement with our stakeholders and encouraging staff to learn from national best practice. Self-assessment encompasses all of these aspects and many other additional elements. A considerable amount of self assessment activity occurs within the context of formal inspection processes. This has included Criminal Justice, Children's Services; Homelessness and Mental Health and Older People's Services. Internal services registered with the Care Inspectorate also submit an annual self-assessment return that focus on four quality indicators. Registered internal services include adoption and fostering, throughcare; children's units; learning disability centres and supports and homecare services. Currently our services have achieved a grade of six (excellent) on eight occasions; grade five (very good) on seventeen occasions and a grade four (good) once.
Progress of any recommendations following on from an inspection is monitored through the respective Head of Service Quarterly Service Review.

We are in the process of rolling out a programme of systematic self assessment, adapting the Care Inspectorate Performance Improvement Model. To date our Senior Management have completed this and the improvements have been incorporated into our Improvement Plan outlined below. The Extended Management Team are scheduled to undertake a self assessment in May 2013.

5. CHCP IMPROVEMENT PLAN

The CHCP is a complex, multi-layered organisation responding to a myriad of demands. Our primary focus is to ensure the safety, care and support of local people in our role as commissioner, provider and safeguarded. The range of day to day actions that we require to undertake to deliver our purpose are not rehearsed in the following plan, rather our action plan focuses on key change and improvement actions. The many other plans and strategies which give the detail of planned activity for specific programmes and services available are listed on pages 11 - 13. The detailed contribution that the CHCP makes the NHS Greater Glasgow and Clyde Planning and Policy Frameworks is included at Appendix 3.

5.1 Part 1 CHCP Corporate Actions

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
1.1	Carers	Carers can access self-assessment as well as independent assessments	Carers feel supported in their caring role. Carers' needs are assessed in their own right.	**We will deliver on the commitments of the Inverclyde Carers and Young Carers Strategy 2012 – 2015 to;** - **Increase uptake of carers assessments** - **Increase the identification of carers and reduce the number of hidden carers**	Feedback from carers. Monitor Strategy outcomes. Numbers of assessments completed. Carers feedback. PI Ref. 1,2a,2b	HoS PHIC HoS HCC	**Core resources NHS Carers Information Strategy Fund Reshaping Care for Older People Change Fund**	SOA 2, 4, 8 Healthy Nurtured Respected C2, 3 CP4

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
1.2	Carers	We are working towards enabling users and carers from all care groups to be more involved in the planning and delivery of care	Carers are involved as Equal Partners in the delivery of care	**We will implement training programmes for staff to support them in involving carers are equal partners in the planning, deliver and review of care**	Analysis of feedback from service users and carers Evidence of carer involvement in care planning and review PI Ref. 2b,2c, 2d	HoS PHIC HoS HCC HoS C&F/CJ HoS MHAH	**Core resources NHS Carers Information Strategy Fund Reshaping Care for Older People Change Fund**	SOA 4 8 Healthy C3 SOA 2 Nurtured / Respected C2
1.3	Young Carers	Identified young carers have access to support and advice/ information	Increase in numbers of young carers known to services and receiving support	**We will work to maximise the potential for young carers through increased identification, assessment, support and referral by implementing the year 2 actions of our Young Carers Strategy 2012 – 2015**	Number of young carers known to services. Number of young carers accessing key supports PI Ref. 2d,2e	HoS C&F/CJ	**Core resources NHS Carers Information Strategy Fund**	SOA 6 Active, Included CP5 C4
1.4	CIG – Information Governance Actions	Agreement reached that Records Management Plan required	To have a robust Records Management Plan in place by 2014	**We will work with Internal Audit; Legal; ICT and practitioners to develop the CHCP Records Management Plan by December 2013.**	Plan will be completed and agreed.	Corporate Director	Within existing resources	SOA 8 Respected CP4

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
1.5	Tackling inequality and promoting equality	Established and agreed Equalities Delivery Plan	All staff have a greater awareness of the needs of groups with protected characteristics	**We will fully implement our existing Equalities Delivery Plan by March 2014.**	Number of Equalities impact assessment and related improvement plans Services can evidence listening to the views of people with protected characteristics and acting on their experience Services are compliant with new Equalities legislation	HoS PHIC	**Within existing resources**	SOA 4 Respected Included CP5
1.6	Service Supports	As a CHCP we are still operating split HR arrangements supported by services in both Parent Organisations	We want to make better use of the Partners' resources with regard to HR	**We will continue to explore the options of honorary contracts and a HR/ Personnel Service Level Agreement between both parent organisations.**	New HR support model agreed and implemented	Corporate Director	Within existing resources	SOA8 Respected and Responsible CP4

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
1.7	Accommodation	Plans for future accommodation agreed.	Clyde Square and Port Glasgow accommodation open	**We will implement the CHCP Accommodation Strategy, move to new accommodation in Clyde Square and Port Glasgow.**	Move to Central Library, new Port Glasgow office.	Corporate Director	Within agreed financial framework	SOA 8 Healthy CP4
1.8	Mobile Working	Agreement reached for pilots of agile and mobile working to test accommodation assumptions	More efficient ways of working, from fewer sites are in place for the CHCP.	**We will implement agile/mobile working by March 2014.**	Agile working pilot completed	Corporate Director	Within agreed financial framework	SOA 8 Healthy CP4
1.9	Environment	Low levels of staff awareness of the Council's environmental agenda.	Improved employee environmental awareness and understanding of the aims and objectives of the Council's Carbon Management Plan 2012/17 and corporate Green Charter	**We will provide staff with information to encourage them to positively change our environmental behaviour.** **We will promote the Council and NHSGGC's environmental agenda and encourage teams to positively engage with related education and awareness-raising**	Increased awareness of the Council's corporate environmental agenda and positive changes in staff behaviour to support it. Reduction in gas electricity and water consumption	Corporate Director	**Contained within existing budgets**	SOA 7 Nurtured CP4

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
				activities	Reduction in business mileage Increase in recycling rates and a reduction in waste sent to landfill. Number of staff that have received information or training			

5.2 Part 2: CHCP Cross Directorate Actions

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
2.1	People Involvement	People Involvement Framework is agreed	Users, Carers and communities are involved in shaping our priorities	**We will implement the CHCP People Involvement Framework across all services by March 2014**	Monitoring of the Framework and reports to CHCP Sub-Committee	HoS PHIC	**Within existing resources**	SOA 2 Respected Responsible Included CP4

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
2.2	Quality Assurance	Governance meetings take place with providers and commissioners	There is a culture of continuous review and improvement in all services	**We will develop a CHCP Quality Assurance Framework by March 2014.**	Framework in place and service improvements documented	HoS PHIC	**Within existing resources**	SOA 8 Healthy CP4
2.3	Commissioning	Draft CHCP Commissioning Strategy developed. Secure care and foster care national contracts in place. Residential care national contract in development.	Commissioning intentions of the CHCP are clearly articulated to determine activity and spend, and assist planning amongst providers	**We will agree and implement CHCP overarching Commissioning Strategy by March 2014**	Monitoring of the Strategy and reports to CHCP Sub-Committee	HoS PHIC	**Within existing resources, and looking a disinvestment reinvestment opportunities**	SOA 8 Healthy CP4
2.4	Service Improvement	We make inconsistent use of benchmarking opportunities across the services to ensure we are in line with best practice and latest evidence	To be sure we are delivering the best possible services for local people, based on learning from other areas and other models	**We will undertake 3 benchmarking projects per year across the CHCP, making use of the Scottish Community Care Benchmarking Network and other benchmarking groups**	3 Benchmarking reports presented to Heads of Service per annum	HoS PHIC	Within exiting resources	SOA 4,5,6 & 8 Healthy CP2,3 & 4

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
2.5	Service Improvement	Inconsistent use across all services of outcomes models and outcome focussed assessment	Make use of agree outcomes bases assessment tools to determine outcomes to be achieved in working with people	**Determine, agree and implement a consistent model of outcome focussed assessment across all frontline services**	Outcomes focussed assessments in place for each client by 2016	CHCP-wide led by operational Heads of Service	Within existing resources	SOA 4,5,6 & 8 Respected & Responsible CP1 & 4
2.6	Service Improvement	Services occasionally operate in isolation, with limited sharing of practice and learning across service boundaries	Working as a while system, internally and with partners, to achieve our objectives and delivery best outcomes for people	**We will ensure there is more frequent sharing of information and experience across the CHCPs services, particularly in respect of best practice and service improvement**	CHCP reflection Framework Established Theme/ development based Extended Management Team sessions up and running	Corporate Director	Within existing resources	SOA 4,5,6 & 8 Healthy CP4

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
2.7	Service Improvement	We do use significant incidents as an opportunity for reflection and learning but could do so more fully as a whole CHCP	The CHCP is learning and reflective organisation that grows and strengthens our response to need based on learning from experience	**We will learn and grow as a CHCP from considering and reflecting on significant incidents and case reviews**	Significant incident reports considered at Heads of Service meeting and improvement/ learning plans developed CHCP Reflection Framework in place	Corporate Director	Within existing resources	SOA 4,5,6 & 8 Healthy CP4
2.8	Service Supports	No clear and robust process of reviewing policies and procedures is in place	All policies and procedures are reviewed and developed using a clear process	**We will utilise the Quarterly Service Review process to identify policies and procedures workstreams**	Review effectiveness of this process on an annual basis	HoS PHIC	Within existing resources	SOA8 Respected and responsible CP4
2.9	Service Supports	Multiple data streams that vary in quality and currency	Have robust benchmarking activity to understand where there may be potential for change or improvement	**We will rationalise performance information to provide strategic and operational intelligence by December 2013**	OPR; reports to CHCP Sub-Committee	HoS PHIC	Within existing resources	SOA 8 Healthy CP4

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
2.10	Communication	CHCP Website requires updating	Information on how different groups access and benefit from our services is more routinely available and informs service planning	**We will regularly review our communication channels to ensure that information is accurate and up to date by March 2014.** **We will deliver the Communication Support and Language Plan, including continued implementation of Accessible Information Policy and the Interpreting and Communication Support Policy**	We will monitor use of translation, alternative formats and website, and monitor implementation of CSLP; AIP and CSP.	Corporate Director	Within existing resources	SOA 8 Responsible Included CP5
2.11	Clinical and Care Governance	Arrangements are in place but require to be strengthened	Clinical and care governance is robust across the CHCP	**We will develop an integrated approach to care governance and clinical governance by December 2013.**	Monitoring of the CCG Action Plan through the CCG Committee	HoS HCC Clinical Director PI Ref. 40,42	Within existing resources	SOA 4 Healthy CP4
2.12	Working with Acute Services	No formal arrangements are in place to support whole	Achieve closer working between primary and	**We develop and implement a programme of joint working between**	Monitoring of the programme and reports to CCG Committee	HoS HCC Clinical Director	Within existing resources	SOA 4 Healthy CP2, 4

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
		system working across primary care, community services and acute services.	secondary care Achieve closer working with Maternity Services.	**primary and secondary care including improved referral process and deliver the Integration of Community and Secondary Care Pilot in Inverclyde by 2015.**				
2.13	Welfare Reform	Impact of the reform of welfare benefits system anticipated to be severe for Inverclyde's people and services	People in Inverclyde are supported to negotiate the benefits system, maximise their income and are more able to manage their money more effectively and efficiently	**We will ensure we have a robust Advice Services Team who are able to support clients with benefits/ money advice. We will ensure CHCP staff are trained in all aspects of welfare reform to ensure they can best support their clients.**	Increased numbers of staff trained in Welfare Reform.	HoS PHIC	Within agreed financial framework	SOA 3 Achieving CP5
2.14	Financial Inclusion	There are many vulnerable people and families who require support to reach full	Improved access to financial inclusion services, particularly for	**We will continue to be a key partner in the delivery of the Inverclyde Financial Inclusion partnership and Strategy.**	Monitor the outcomes within the Financial Inclusion Strategy Number of	HoS PHIC	Within agreed financial framework	SOA 3 Achieving CP5

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
		financial inclusion	families at risk of poverty		referrals to Advice Services Team Development of the Financial Inclusion pathway for all clients requiring Financial Inclusion services.			
2.15	Gender Based Violence	We believe GBV is under-reported in Inverclyde	People subject to GBV feel supported	**We will deliver shared Gender Based Violence approach with GPs by March 2014.**	Increased number of people accessing GBV support.	HoS C & F Clinical Director	**Within existing resources**	SOA 4 Safe CP1, 5
2.16	Child and Adult Protection	There were 427 New Adult Protection referrals in 2011/12 and 186 CP1s completed (child protection)	Children and vulnerable adults are protected from harm, neglect, abuse and exploitation	**We will consolidate and continually improve our approaches to the protection of children, adults and vulnerable groups.**	Adult and Child Protection Case Reviews PI Ref. 3a,3b, 3c,3d,4a,4b,4c	HoS C & F HoS HCC	**Within existing resources**	SOA 2 Safe C2 CP5
2.17	Child and Adult Protection	GP involvement in child and adult protection could be improved	There is improve GP participation in child and adult protection	**We will increase the % of child protection case conferences attended by or reports provided by GP** **We will increase the % of adult protection**	5% increase on baseline by April 2014 PI Ref. 5	HoS C&F HoS HCC Clinical Director	Within existing resources	SAFE SOA5 CP1

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
				case conferences attended by or reports provided by GP				
2.18	Working with the 3rd sector and local people	Co-production approach agreed via Change Fund Governance meetings in place.	Improved partnership working with the third sector	**We will continue to implement community capacity building and co-production, particularly in relation to the commissioning and delivery of services**	Co-production embedded in the CHC Community capacity maximised	HoS HCC	Within existing resources Reshaping Care for Older People Change Fund	SOA 2, 3 Included CP2, 4

5.3 Part 3 CHCP Service Specific Operational Actions

3a Children's Services and Criminal Justice
3b Adult Health and Community Care and Primary Care
3c Planning, Health Improvement and Commissioning
3d Mental Health, Addictions and Homelessness

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
				3a Children's Services and Criminal Justice				
3a.1	Children's Services Early Years Collaborative	Work has begun locally with our partners. Representatives attended a 2 day Learning session hosted by Scottish Government at the SECC Glasgow in January 2013, bringing together 800 delegates from across Scotland to introduce the EYC key	Deliver tangible improvement in outcomes and reduce inequalities for Scotland's vulnerable children. shifting the balance of public services towards early intervention and prevention by 2016 and Sustain this change	**We will be active partners in Early Years collaborative** **This collaborative is introducing a cultural shift for all organisations and agencies to work together in achieving the stretch aims represented in the national guidance and the desired measures indicated in the next column.**	15% reduction of rates of stillbirth 4.9 (per 1000 births) to 4.3 (per 1000 births) by 2015 3.7 (per 1000 live births) to 3.1 (per 1000 live births) Infant mortality by 2015 85% of all children within each CPP reach developmental milestone by 27-30 health review	HoS C & F HOS Education IC Chief Executive All Organisations and Agencies	**Within existing resources Children's Change Fund**	CP1 Safe, Healthy, Achieving, Nurtured, Active, Respected and Responsible, Included

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
		principles. A further national learning session at the SECC is planned for 28th/29th May 2013			by 2017 90% of all children within each CPP reach developmental milestones by primary school by end 2017 PI Ref. 6,7,8a,8b,8c			
3a.2	Children's Services Children's Hearing Bill	Training in Children's Hearing Legislation is currently being developed. Scottish Government has recently issued a response to the national consultation with respect to the Children and YP Bill. This has	Front line practitioners and managers to be familiar with the terminology and meaning of the new children's hearing legislation and awareness of local protocols with respect to its implementation	**We will Implement local actions as part of the enactment of new Children's Hearing Legislation.**	Feedback from front line practitioners' experience of the implementation. Each young person will continue to have a child's plan and the SHANARRI wellbeing indicators will inform outcomes PI Ref. 9a, 9b,	HoS C & F	**Within existing resources**	Each young person will have a child's plan and the SHANARRI wellbeing indicators will inform outcomes SOA 6 Nurtured CP1

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
		yet to go to Parliament. Within operational Children & Families Teams awareness is raised on the basis of known information during team meetings.			10,11,12a,12b			
3a.3	Children's Services Children and Young People's Bill	This will impact on Kinship, thoroughcare services, corporate parenting and more generally on the Getting it right for every child (GIRFEC)agenda	Every child has a named person and those children with additional support needs have a lead professional who will co-ordinate an integrated assessment and child's plan identifying how the	**We will roll out the named professional role in Health Visiting.** **Once the Children & Young People's Bill is passed and the necessary guidance and regulation is developed, we will roll out the named person and lead professional roles and revise our corporate parenting strategy.**	Named professional role in place PI Ref. 9a, 9b, 10,11,12a,12b,13,	HoS C & F	**Within existing resources**	CP1 SOA6 Nurtured

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
3a.4	Children's Services	SNIPS services are currently in place and all referrals are screened on a multi-agency basis. This feeds into support services for the mother/family / child or into child protection processes where this level of risk is identified. . The Family Health Nurse Partnership is currently in preparation phase and not yet rolled The multi-agency team involved with SNIPS has recently been expanded to	We want to embed the roll out of the named person and lead professional. NHS GG& C has commissioned a research into peri-natal services and SNIPS.	**We will develop and agree a joined up model for the delivery of maternity services to vulnerable women through the delivery of SNIPs and the Family Health Nurse Partnership**	Number of first time teenage mothers participating in Family Health Nurse Partnership Each unborn child will have a plan with either a named person or lead professional identified. PI Ref. 14	HoS C & F	**Within existing resources**	**Each unborn child will have a plan with either a named person or lead professional identified. This will be reviewed in line with the SHANARRI wellbeing indicators SOA 6 Nurtured** **CP1**

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
		include colleagues from peri-natal mental health services, addiction services (alcohol), and universal services.						
3a.5	Children's Services	Overall smoking rates reducing but smoking in pregnancy remains high.	Fewer pregnant women smoke	**We will work with maternity Smoke Free Services to provide all possible support for women to reduce the incidence of smoking in pregnancy**	Increased quit rates in pregnancy. Reduced smoking prevalence in pregnancy. PI Ref. 15a,15b,16	HoS C&F HoS PHIC	**Within existing resources**	SOA 4, 6 Healthy Nurtured Responsible CP1, 5
3a.6	Children's Services Early and Effective Intervention	77 Cases screened April – Sept 12 (alleged offences, not individual young people). 34 referred to Social Work	Establish Early and Effective Intervention (EEI) process across Inverclyde to ensure children and young	**We will implement the current work plan for Early and Effective Intervention and achieve agreed targets**	Number of EEI referrals screened. % EEI referred to Social Work	HoS C & F	**Within existing resources**	SOA 2, 6 Safe Responsible Included CP5

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
		Services. 43 'other' outcomes.	people engaged in offending and anti-social behaviour receive appropriate intervention		% of EEI referred with other outcomes PI Ref. 17a,17b,17c			
3a.7	Children's Services National Parenting Strategy	Parenting strategy agreed and implemented, currently being revised in light of newly published national strategy.	Parents are equipped to provide their children with the best start in life	Deliver targeted and universal Triple P parenting support in a range of settings to support families to increase their confidence and skills in parenting. This includes early intervention and prevention to address "Mind the Gaps" actions. Revised strategy reflects a focus on family support.	Number of positive parenting programme (PPI) session delivered. Number of parents attending. PI Ref. 18a,18b	HoS C & F	**Within existing resources**	SOA 6 Nurtured CP1, 5
3a.8	Children's Services Healthy Child Programme	96 Child Healthy Weight Completed, 90% Dentists – Childsmile, Fluoride	Reduce childhood obesity and injuries to children and improve mental	**Improve identification and support for vulnerable children and families by** - **Implementing**	% of children receiving 30 months assessment % of LAC that have received a	HoS C&F	**Within existing resources**	SOA 4, 6 Healthy Nurtured CP1

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
		varnishing: 3yr olds -2.45%, 4yr olds 2.56% * Universal pathways is subject to re-discussion due to Healthy Child Programme redesign for school nurse HV * 30 Month Assessment is due to go live on 1st June 2013	health of children and young people. and oral health	**the universal and vulnerable pathways** - **Implementing the 30 month assessment** **Supporting the implementation of the GGC Paediatric framework to provide assessment and care planning to Looked After Children**	health check PI Ref. 9a,9b,19			
3a.9	Children's Services	Children wait too long for access to Child and Adolescent Mental Health Services	**Children and young people can access child and adolescent mental health services within18 weeks by December 2014**	**We will implement the 26 weeks referral to treatment guarantee for specialist Child and Adolescent Mental Health Services (CAMHS) services from March 2013, reducing to 18 weeks by December 2014;**	CAMHS waiting times indicators PI Ref. 24	HoS C&F	Within agreed financial framework	HEALTHY SOA 6 CP4

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
3a.10	Transition from Children's to Adult Services	Pathways between children's and adult services need to be improved	Transition from children's to adult services is more seamless and less stressful for individuals and their families/carers	**We will map transition pathways for children with disability moving to adult services by March 2014**	Mapping completed by March 2014	HoS C & F HoS HCC	**Within existing resources**	SOA 6 Nurtured CP1, 5
3a.11	Criminal Justice	Consultation Phase underway regarding future of community justice services in Scotland	New arrangements for community justice implemented	**We will offer our local response to consultation by April 2013 and participate in the roll out of agreed model from 2014 onwards.**	Consultation response submitted. Following SG announcement planning for chosen option put in place to facilitate/mitigate impact on CHCP.	HoS C&F and CJ	As one of the options (single service) involves significant structural changes that will have as let unquantifiable financial impact	Safe, included, responsible. SOA2, SOA 5, CP5
				3b Adult Health and Community Care and Primary Care				
3b.1	Adult Services	Anticipatory Care Planning is not used to maximum benefit across the range of services	Increase early intervention and prevention using the anticipatory care framework	**Review the range of approaches to anticipatory care planning being employed and agree a consistent practice approach by August 2013.**	Review of Anticipatory Care Planning for care home residents complete. Anticipatory Care Planning	HoS HCC Clinical Director	**Within existing resources**	SOA 4 Healthy CP1, 2

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
					embedded in key muti-disciplinary setting, lead by District Nursing			
3b.2	Reshaping Care for Older People	Project in place funded via RCOP Change Fund to develop long term and emergency planning for carers.	Older carers are supported to develop emergency and long term care arrangements	**We will support older carers to complete anticipatory care plans with Carers Centre staff working jointly with CHCP staff.**	Review range of carer funding complete and sustainably secured for this project.	HoS HCC	**Within existing resources Reshaping Care for Older People Change Fund**	CP 2,3, 5 SOA 2 Healthy
3b.3	Disability	Agreement to undertake Health Needs Assessment (HNA) of adults with a learning disability	The health of people with a learning disability is improved	**We will undertake a health needs assessment of adults with a learning disability and implement recommendations by March 2014**	Monitor implementation of the HNA action plan	HoS HCC	**Within existing resources**	SOA 4 Healthy CP1, 5
3b.4	Shifting the Balance of Care	424 people are in receipt of telecare as at March 2013	More people are able to manage their own health conditions	**We will increase the number of people with telecare support by 5% by March 2015**	The number of people with telecare support increased by 5% by March 2015 PI Ref. 20	HoS HCC	**Within existing resources**	SOA 8 Healthy CP2, 3

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
3b.5	Shifting the Balance of Care	Data regarding the number of people able to die at home or in their preferred place of care is not robust	More people are able to die at home or in their preferred place of care	**We will develop and report a performance measure as part of the QPSR process from April 2013 to help increase the number of people able to die at home or in their preferred place of care**	Date gathering to inform target setting complete by summer 2013	HoS HCC	**Within existing resources**	SOA 8 Respected CP2, 3
3b.6	Primary Care	Date gathering is underway to explore variations in practice referral patterns from primary to secondary care. We aim to share initial findings with practices in June as part of Primary/ Secondary Care Inverclyde Pilot	A consistent approach for referral from primary to secondary care is in place	**We will undertake a systematic review of referral data and take action to address variation and issues by June 2014**	Review complete and actions agreed by June 2014	HoS HCC Clinical Director .	**Within existing resources**	SOA 4, 8 Healthy CP1, 2, 4, 5
3b.7	Older People	Pharmacy reviews will be reported at	Polypharmacy is reduced and risk of medication	**We will develop and implement systematic**	Number of pharmacy reviews.	HoS HCC	**Within existing resources**	SOA 4 Healthy CP3, 4

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
		QPSR	taking is reduced for older people	**pharmacy reviews by March 2014**	POMs reduced			
3b.8	Dementia	Work on the Inverclyde Dementia Strategy is well underway. Steps to help make Inverclyde a dementia friendly community are progressing.	Inverclyde Dementia Strategy is in place Standards of care for Dementia are fully implemented	We will deliver the Inverclyde Dementia Strategy priorities and improve early diagnosis by: - increasing the numbers of people with a dementia diagnosis on the QOF dementia register - providing post diagnostic support	Proportion of people with a dementia diagnosis on the QOF dementia register Number of people diagnosed with dementia receiving post diagnostic support PI Ref. 21a,21b	HoS HCC HoS MHAH	Within agreed financial framework	SOA 4 Healthy CP3

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
3b.9	Older People's Services	Bed days lost to delayed discharge are reducing.

Emergency admissions for people over 65 are higher than we want them to be.

We are using funding in ways we would like to change e.g. care home beds at the expense of enhances care and support at home | Only people who really need to be are in hospital, and only for as long as is clinically necessary

Older people who are able to be supported to live independently at home are able to do so. | We will implement the Joint Strategic Commissioning Strategy for Older People | Performance Measures 31 – 38

PI Ref. 31,32a,32b,33,34,35,36,38a,38b, | HoS HCC | £1.4m allocated from the reshaping care for older people change fund

Disinvestment from outdated models of care and support to reinvest in new approaches | Health Safe Nurtured SOA4 CP1. CP2, CP3, CP4, CP5 |
| | | | | 3c Planning, Health Improvement and Commissioning | | | | |
| 3c.1 | Health Improvement | There is inconsistent understanding and awareness | All CHCP staff and partners including elected | We will undertake a survey to determine knowledge and attitudes towards | Survey undertaken and results analysed by April 2014 | HoS PHIC | Within existing resources | SOA 4 Healthy Safe CP1, 5 |

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
		of health improvement and tackling inequalities	members can more readily understand their role in improving health and tackling inequalities	**everyone's roles in the health improvement and tackling inequalities agenda.** **We will deliver training and awareness raising tailored to the results of the survey.**	Training delivering and evaluated Survey repeated by April 2015.			
3c.2	Alcohol and Drugs	Overprovision statement on licensed premises produced for Licensing Board to consider	Alcohol licensing applications are granted with a focus on reducing/ preventing harmful drinking.	**We will continue to engage with the local licensing forum and advise on licensing applications.**	Number of licensing applications subject to discussion in respect of impact on health	HoS PHIC	**Within existing resources**	Healthy Safe Respect and Responsible CP1, 5 SOA2, 4, 5 and 6
3c.3	Cancer	Cancer screening is successful locally Incidence of cancer diagnosis in	There is a reducing level of cancer diagnosis for Inverclyde people, supported through an	**We will Increase the uptake of cancer screening through the delivery of universal and targeted public health campaigns and programmes**	Uptake of cancer screening programmes: - Bowel - Breast Cervical PI Ref. 8a,8b,8c	HoS PHIC Clinical Director	**Within existing resources**	SOA 2, 4 Healthy Responsible CP1, 5

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
		Inverclyde is higher than the national average	increasing uptake of cancer screening programmes	**relating to bowel, breast and cervical cancer.**				
3c.4	Self Directed Support	Seven workstreams have been identified to take forward Self Directed Support.	Individuals have the opportunity following assessment to direct their own care/ support	**We will implement the Self Directed Support action plan for the CHCP**	Monitoring of the SDS Action Plan PI Ref. 22	HoS PHIC	**Within agreed financial framework**	SOA 8 Responsible Included CP1, 4
3c.5	Wellbeing	Strong foundations have been built in relation to the Choose Life agenda.	Stronger focus on population wellbeing learning from our experiences of implementing the Choose Life agenda.	**We will implement "Making Well-being Matter" the Inverclyde Mental Health Improvement Framework.**	Development of Making Wellbeing Matter framework complete.	HoS PHIC	Within existing resources	HEALTHY SAFE NURTURING
				3d Mental Health, Addictions and Homelessness				
3d.1	Mental Health	2011/12 psychological therapies waiting time 26wks: 24	Improved access to psychological therapies and PCMHT to 18 weeks maximum wait	**We will implement Phase 2 of the Clyde Mental Health Strategy and local redesign.**	18 weeks referral to treatment for Psychological Therapies from December 2014. PI Ref. 25	HoS MHAH	**Within agreed financial framework**	SOA 8 Safe Healthy CP5

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
			and extend to older people					
		The reprovision of services on Ravescraig has been drawn up as not fit for purpose	High quality health provision that meets older people's mental health needs		New inpatient provision fully implemented by 2014.			SOA 8 Healthy CP3
		MH Strategy has been developed including agreement to develop pathways	Improved crisis response in relation to adult mental health and clear clinical and care pathways		Crisis response and pathways in place.			SOA 4 Healthy CP4
		Redesign of OPMH and process to improve access to older people with mental health problems	Integration of OPMHT and integration into inpatient services to operate as one system to prevent admission to hospital	**We will complete the redesign of the Older People's Mental Health Team.**	Redesign complete.	HoS MHAH	Within existing Resources	CP1,5 CP1,5 SOA 8 Healthy
3d.2	Drugs and Alcohol	2011/12 – 30 people died from alcohol	Reduce the number of people who die	**We will strengthen initiatives aimed at promoting cultural**	Reduce alcohol related deaths	HoS MHAH	**Within existing resources**	SOA 5 Healthy Responsible

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
		related issues	due to alcohol consumption.	**change and attitudes to alcohol, through our contribution to the Inverclyde ADP Strategy**	Number of ABIs delivered			CP1, 5
3d.3	Homelessness	Homelessness Service has been reviewed and actions to improve the service have been identified	One Stop Shop and housing options fully implemented. Modern, fit for purpose Homelessness Prevention and accommodation service in place	**We will complete the review of CHCP Homelessness Service and Implement the one-stop-shop in partnership with Oak Tree Housing Association.** **We will increase the number of flats in the Inverclyde Centre from 23 to 25**	Reduction in statutory homelessness presentations 25 flats in place in Inverclyde Centre PI Ref. 23a,23b,23c,23d	HoS MHAM	Within existing resources	SOA 8 Nurtured CP5
3d.4	Health and Homelessness	Baseline 2011-12 of the Health and Homelessness Action Plan shows 30% increase in outcomes assessed as 'very good' in	**Year One Target 2013-14 for HHAP:** Independent evaluation of the CHCP's HHAP to show a 10% increase in outcomes	**We will implement the ICHCP Health and Homelessness Action Plan (HHAP)**	Independent evaluation of the HHAP showing evaluation ratings of 'good' and 'very good', and increases year on year of evaluations from 'good' to 'very	HoS MHAH	**Within existing resources**	SOA 4 Healthy CP5

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
		comparison to the HHAP of 2010/11. First annual homeless service user consultation of 24 clients (target 24) and involvement exercise was reported to SMT on 06.08.12 **Second annual exercise** was completed during February 2013 and reported to SMT during March 2013.	assessed as 'very good'. **2016 Target for HHAP:** Independent evaluation of the CHP's HHAP to show a 10% increase in outcomes assessed as 'very good'. Increased Access to mainstream health services for persons affected by homelessness confirmed through homeless service user consultation, including maintaining the target of 30		good'; all in relation to the implementation of the Health and Homelessness Standards. PI Ref. 24			

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
			homeless service users to be consulted.					
3d.5	Advocacy	Shared advocacy services in place	People have independent support to challenge us if required. Access to advocacy services is improved	**We will improve access to advocacy services.**	Monitor uptake of advocacy services	HoS MHAH	**Within existing resources**	SOA 8 Respected CP5
3d.6	Criminal Justice	HMP Greenock has both male and female prisoners, and SPS has agreed to build new female Establishing good partnership working with Greenock Prison to improve prisoner's	The health of prisoners is improved. The health needs of male and female prisoners are addressed equitably Interface into prison with all prisoners that on release need on-going mental	**We will undertake a Health Needs of Prisoners Assessment by March 2014**	HNA completed and action plan agreed by March 2014	HoS MHAH	**Within existing resources**	SOA 4 Responsible Included CP1, 5

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
		health. SPS an active partner in the ADP.	health, addictions or homelessness support.					

6.   PERFORMANCE INDICATORS

Key Performance Measures	Performance			Target	Cross-References			
	2009/10	2010/11	2011/12		Improvement Action	Key Outcome	SOA	SHANARRI
1) Number of carers registered with Inverclyde Carers Centre			2000	10% increase	1.1	K010	SOA2	RESPECTED AND RESPOSIBLE NURTURED INCLUDED
2a) Balance of Care (Respite) Aged 65+ : % split traditional / public community setting	16.8%	19.2%	16.8%	20%	1.1	KO7	SOA4	NURTURED
2b) Balance of Care (Respite) Aged 65+ : % split traditional / community setting	16.8%	19.2%	16.8%	20%	1.1 1.2	KO7	SOA4	NURTURED
2c) Respite care for Carers of other adults (aged 18-64) % split traditional : community	57.3%	57.7%	54.1%		1.1 1.2	KO7	SOA4	NURTURED
2d) Total respite care (weeks) % of respite care in traditional setting	26.7%	29%	26.1%		1.1 1.3	KO1	SOA6	NURTURED
2e) Respite care for carers of young people (0-17) % split traditional / community setting	48.3%	54.7%	59.3%		1.3	KO1	SOA6	NURTURED

Key Performance Measures	Performance			Target	Cross-References			
	2009/10	2010/11	2011/12		Improvement Action	Key Outcome	SOA	SHANARRI
3a) Number of new CP Referrals			265	N/A	2.16	K01	SOA6	SAFE
3b) Number of CP Investigations			136	N/A	2.16	K01	SOA6	SAFE
3c) Number of CP Case Conferences			80	N/A	2.16	K01	SOA6	SAFE
3d) Child Protection Number of CP1 Started Number of CP1 Completed			183 186	N/A	2.16 2.16	KO1	SOA6	SAFE
4a) Number of new adult protection referrals.			427	N/A	2.16 2.16	KO1	SOA4	SAFE
4b) Number of adult protection investigations undertaken by CHCP.			29	N/A	2.16	KO1	SOA4	SAFE
4c) Number of adult protection meetings: (new indicator) *Case Conferences* *Strategy* *Case Discussions* *Review* *AWIA*	n/a	n/a	11	N/A	2.16	KO1	SOA4	SAFE
5) % of child protection case conferences attended by or reports provided by GP			17.65%	22%	2.17	K01	SOA6	SAFE
6) Reduce smoking in pregnancy	21.8%	21.6%	20.5%	20%	3a.1	K03	SOA4	HEALTHY
7) Reduce alcohol emergency admissions rate	12.4	12.4	12.4	10%	3a.1	K03	SOA7	HEALTHY
8a) Increase uptake of cancer screening programmes (Cervical)	76.8%	76.8%	76.9%	80%	3a.1	KO5	SOA4	HEALTHY

Key Performance Measures	Performance			Target	Cross-References			
	2009/10	2010/11	2011/12		Improvement Action	Key Outcome	SOA	SHANARRI
8b) Increase uptake of cancer screening programmes (Bowel)	N/A	N/A	50.3%	60%	3a.1	KO5	SOA4	HEALTHY
8c) Increase uptake of cancer screening programmes (Breast)	68.3%	N/A	N/A	70%	3a.1	KO5	SOA4	HEALTHY
9a) At least 60% of 3 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014	N/A	N/A	2.45%	35%	3a.2	KO26	SOA6	HEALTHY
9b) At least 60% of 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014	N/A	N/A	2.56%	35%	3a.8	KO26	SOA6	HEALTHY
10) Improve dental registration 0-2 years	N/A	N/A	56.0%	76.0%	3a.2	K01	SOA4	HEALTHY
11) Reduce dental decay rates in Primary 1	58.8%	N/A	59.7%	60%	3a.2	K01	SOA4	HEALTHY
12a) Number of IAF started 12b) Number of IAF completed			33 37	N/A	3a.2 3a.3	KO1	SOA6	SAFE
13) Number of Childs Care Plans Completed			37	N/A	3a.2 3a.3	K01	SOA6	NURTURED
14) Number of CP Referrals Prebirth			20	N/A	3a.4	KO1	SOA6	SAFE
15a) Through smoking cessation services, support 7.5% of your Board's smoking population in successfully quitting (at one	612 (41%)	678 (39%) 37.8% Variance	801 (35%) 74.5% Variance	336 (Apr12 – Jan13)	3a.5	KO3	SOA4	HEALTHY

Key Performance Measures	Performance			Target	Cross-References			
	2009/10	2010/11	2011/12		Improvement Action	Key Outcome	SOA	SHANARRI
month post quit) over the period 2011/12 - 2013/14) including 60% of target from the 40% most-deprived SIMD areas over the three years ending March 2014.		above target	above target	40% most deprived 361 (Apr12 – Jan13)				
15b) Reduce smoking in pregnancy (SIMD)	28.8%	27.7%	28.7%	20%	3a.5	K03	SOA4	HEALTHY
16) Number of completed child healthy weight interventions over the three years ending March 2014	N/A	22	96	168	3a.5	KO3	SOA4	HEALTHY
17a) Number of Early Effective Intervention referrals Screened 17b) % EEI referred to Social Worker 17c) % EEI referred other outcomes			77 67.5% 32.5%	Increase	3a.6	K01	SOA6	NURTURED
18a) Number of Positive Parenting Programme (PPI) Sessions delivered 18b) Number of Parents Attending			100 56	Increase	3a.7	K01	SOA6	NURTURED

Key Performance Measures	Performance			Target	Cross-References			
	2009/10	2010/11	2011/12		Improvement Action	Key Outcome	SOA	SHANARRI
19) Improve dental registration 3-5 years	97%	83.7%	88.6%	76%	3a.8	K01	SOA6	HEALTHY
20) Number of people with telecare support			424	5% increase by March 2015	3b.4	K013	SOA4	SAFE
21a) Maintain the number of people with a diagnosis of dementia on the Quality and Outcomes Framework (QOF) dementia register and other equivalent sources.	692	720	728	653	3b.8	K06	SOA4	HEALTHY
21b) To deliver expected rates of dementia diagnosis and by 2015/16, all people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan	n/a	n/a	n/a	Target applies from 2015/16 and is not yet set	3b.8	KO17	SOA4	HEALTHY
22) Self Directed Support spending on adults 18+ as a % of total SW spend on adults 18+	-	0.60%	0.80%	Ranked 24th	3c.4	KO2	SOA2	RESPECTED & RESPONSIBLE
23a) Number of households assessed during the year for permanent accommodation	326	320	291	N/A	3d.3	KO2	SOA2	NURTURED

Key Performance Measures	Performance			Target	Cross-References			
	2009/10	2010/11	2011/12		Improvement Action	Key Outcome	SOA	SHANARRI
23b) % of decision notifications issued within 28 days of date of initial presentation	67.20%	69.70%	77.3%	80%	3d.3	KO2	SOA2	NURTURED
23c) Percentage who are housed into permanent accommodation	45.60%	42.00%	52.4%	60%	3d.3	KO2	SOA2	NURTURED
23d) Percentage of permanent accommodation cases reassessed	7.70%	8.80%	7.2%	5%	3d.3	KO2	SOA2	SAFE
24) 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; reducing to 18 weeks by December 2014;		26wks 51	26wks 24	80%	3d.4	KO23	SOA4	HEALTHY
25) Deliver faster access to mental health services by delivering 18 weeks referral to treatment for Psychological Therapies from December 2014.			Psychological Therapies 0%	10% to 0% projectory trend (Mar13 to Nov14)		K023	SOA4	HEALTHY
26) Reduce suicide rate between 2002 and 2013 by 20%, supported by 50% of key frontline staff in mental health and substance misuse services, primary care, and accident and	13.7 (Suicide + UI) old measure	22.6 (Suicide + UI) old measure	35.3 (Suicide + UI) new measure	Reduce		KO24	SOA4	SAFE

Key Performance Measures	Performance			Target	Cross-References			
	2009/10	2010/11	2011/12		Improvement Action	Key Outcome	SOA	SHANARRI
emergency being educated and trained in using suicide assessment tools/ suicide prevention training programmes by 2010	Trained staff 48%	Trained staff 48%	Trained staff 48%	50%				
27a) % Social Background reports submitted to the Children's Reporter within 20 days of request.	68.9%	65.9%	69.1%	75.0%		KO1	SOA6	RESPECTED & RESPONSIBLE
27b) % of Looked after and accommodated children placed in Community Placements as a total of all placements (balance of care)	88.0%	87.5%	89.3%	88.0%		KO7	SOA6	NURTURED
27c) % of Looked after children gaining at least one subject at SCQF level 3 or better in current diet for examination	n/a	n/a	59.0%	N/A		KO1	SOA6	ACHIEVING
27d) % of Looked after children gaining both English and Maths at SCQF level 3 or better by end of S4	n/a	n/a	72.0%	N/A		KO1	SOA6	ACHIEVING
28) Weekly gross costs per looked after' child in a residential setting	-	£3,109		Ranked 20th		KO1	SOA6	NURTURED
29a) CJSWR - % reports submitted to the courts during the year by the due date	99.9%	100.0%	99.8%	100.0%		KO2	SOA2	RESPECTED & RESPONSIBLE
29b) % service users interviewed	n/a	n/a	96.0%	100%		KO2	SOA2	RESPECTED &

Key Performance Measures	Performance			Target	Cross-References			
	2009/10	2010/11	2011/12		Improvement Action	Key Outcome	SOA	SHANARRI
by CJSW staff on the day order imposed by court								RESPONSIBLE
29c) % service users interviewed by CJSW staff within 5 working days of order imposed by court	n/a	n/a	95.0%	100%		KO2	SOA2	RESPECTED & RESPONSIBLE
29d) % service users that began their first work placement within 7 working days of imposition of court order	n/a	n/a	94.0%	100%		KO2	SOA2	RESPECTED & RESPONSIBLE
30) Provide 48 hour access or advance booking to an appropriate member of the GP Practice Team.	94.6 Adv. Booking 81.7%	93.3 82.3%	93.60 78.3%	95% N/A		KO1	SOA4	HEALTHY
31) Reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population by at least 12% between 2009/10 and 2014/15	6401	5846	5676	6048.71	3b.9	KO23	SOA8	HEALTHY
32a) No people will wait more than 28 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2013; followed by a 14 day maximum wait from April 2015.	N/A	N/A	N/A	0	3b.9	KO23	SOA8	HEALTHY
32b) Adults with Mental Health: No people will wait more than 28 days to be discharged from	N/A	N/A	N/A	0	3b.9	KO23	SOA8	HEALTHY

Key Performance Measures	Performance			Target	Cross-References			
	2009/10	2010/11	2011/12		Improvement Action	Key Outcome	SOA	SHANARRI
hospital into a more appropriate care setting, once treatment is complete from April 2013; followed by a 14 day maximum wait from April 2015.								
33) Reduce bed days consumed by delayed discharge (inc AWI's) to 25% of 2009/10 baseline	300	582	352	150	3b.9	K07	SOA4	HEALTHY
34) Reduce the number of unplanned acute bed days (65 years +)	56840	53533	49528	10% reduction on baseline	3b.9	K013	SOA4	HEALTHY
35) Reduce the number of emergency admissions (65 years +)	4405	4309	4328	5% reduction on baseline	3b.9	K013	SOA4	HEALTHY
36) Reduce the number of unplanned acute bed days (75 years +)	41741	N/A	36610	10% reduction on baseline	3b.9	K013	SOA4	HEALTHY
37) No one will wait to be discharged from hospital after having been deemed clinically fit for discharge more than 28 days from April 2013 followed by a maximum wait of 14 days from April 2015	n/a	n/a	6 week target in 11/12	0 over 28 days from April 2013 and 0 over 14 days from		HEAT	SOA4	HEALTHY SAFE

Key Performance Measures	Performance			Target	Cross-References			
	2009/10	2010/11	2011/12		Improvement Action	Key Outcome	SOA	SHANARRI
				2014				
38a) % of people 65+ with intensive needs receiving care at home	-	37.90%	35.60%	Ranked 17th SOLACE	3b.9	KO13	SOA4	HEALTHY
38b) The number of people age 65+ receiving homecare	1152	1112	1096	tba SOLACE	3b.9	KO13	SOA4	HEALTHY
39a) Sickness absence rate (NHS)	4.90%	5.0%	4.9%	4.0%		KO21	SOA8	HEALTHY
39b) Sickness absence rate (LA)			8%	4.75%		KO21	SOA8	HEALTHY
40)% of complaints received and responded to within 20 working days (NHS)			44.5%	70%		KO21	SOA8	RESPECTED & RESPONSIBLE
41a) e-KSF rate (NHS)	N/A	71.47%	61.20%	80%		KO21	SOA8	ACHIEVING
41b) Appraisals Completed (LA)			343 of 987 (34.75%)	70%		KO21	SOA8	ACHIEVING
42) % SW Complaints Investigated within 28 days or agreed timescale	100%	100%	97.5%	100%		KO21	SOA8	RESPECTED & RESPONSIBLE
43) (52)% adults satisfied with social care of social work services	-	67.60%		Ranked 10th		KO21	SOA8	SAFE

7. RISK REGISTER

Insert Risk Register Here

Appendix 1 – Equality Impact Assessments

The information in the Table below is an extract from the CHCP EQIA Database, outlining current EQIA's. Progress on these are reported as part of the Quarterly Service Review process for each Head of Service area.

Name of EQIA	Service Area
Health and Homelessness Action Plan	Planning & Performance
Books on Prescription Phase 2	Health Improvement, Inequalities & Personalisation
Sexual Health Action Plan	Health Improvement, Inequalities & Personalisation
People Involvement Framework	Planning & Performance
Advice Services Redesign	Health Improvement, Inequalities & Personalisation
Physical Activity	Health Improvement, Inequalities & Personalisation
Nutrition Policy	Health Improvement, Inequalities & Personalisation
Inverclyde Smokefree Care Placements Policy for Looked After & Accommodated Children & Young People	Health Improvement, Inequalities & Personalisation
Money Matters	Health Improvement, Inequalities & Personalisation
Home Care Review	Older People's Services
Older People's Strategy	Older People's Services
Community Rehabilitation Team Redesign	Rehabilitation & Enablement
Co location of Inverclyde Council Social Work Assessment & Care Management Team and NHS GG&C Inverclyde Learning Disability Team at Cathcart Centre	Rehabilitation & Enablement
Transition Health Checks for Young People with Learning Disabilities who are moving from child to adult health services	Rehabilitation & Enablement
Adoption & Permanence	Children's Services
Parenting & Kinship	Children's Services
Effective & early Intervention	Children's Services

Integrated Family Placement Strategy	Children's Services
Older People's Mental Health Service User Change Impact	Mental Health & Wellbeing
Integrated Alcohol Service Specification	Addiction Services
Crown House Service User Access	Mental Health & Wellbeing
Addictions Service Access	Addiction Services
Homeless Service Restructure	Homelessness Services
Homeless Service Impact of Welfare Reform	Homelessness Services
In-patient Nursing Redesign	Mental Health Inpatient Adult Services
Relocation of Acute Services from Ravenscraig Site	Mental Health Inpatient Adult Services
Key Enterprises and new Employability Options	Modernising Mental Health for Clyde
Argyll Unit	Mental Health Inpatient Older People Services
OT Input to IPCU	Mental Health & Wellbeing
Continuing Care Procurement Options	Modernising Mental Health for Clyde
Phase 2 Mental Health Re-design	Mental Health & Wellbeing
Direct Payments Procedure	Mental Health & Wellbeing
Direct Self Referral/non appointment service	Addictions
Inverclyde Integrated Drug Service Specification	Addictions

Appendix 2: NHS GG&C Development Planning References

CP	NHS GG&C Corporate Plan Priorities
CP1	Early intervention and preventing ill health.
CP2	Shifting the balance of care.
CP3	Re-shaping care for older people.
CP4	Improving quality, efficiency and effectiveness.
CP5	Tackling inequalities.
CO	**NHS GG&C Key Outcomes**
KO1	Improve identification and support to vulnerable children and families;
KO2	Enable disadvantaged groups to use services in a way which reflects their needs;
KO3	Increase identification of and reduce key risk factors (smoking, obesity, alcohol use);
KO4	Increase the use of anticipatory care planning;
KO5	Increase the proportion of key conditions including cancer and dementia detected at an early stage;
KO6	Enable older people to stay healthy.
KO7	Fewer people cared for in settings which are inappropriate for their needs;
KO8	There are agreed patient pathways across the system, with roles and capacity clearly defined including new ways of working for primary and community care;
KO9	We offer increased support for self care and self management which reduces demand for other services;
KO10	More carers are supported to continue in their caring role;
KO11	More people are able to die at home or in their preferred place of care.
KO12	Clearly defined, sustainable models of care for older people;
KO13	More services in the community to support older people at home and to provide alternatives to admission where appropriate;
KO14	Increased use of anticipatory care planning which takes account of health and care needs, and home circumstances and support;
KO15	Carers are supported in their caring role;
KO16	Improved partnership working with the third sector to support older people;
KO17	Improved experience of care for older people in all our services.
KO18	Making further reductions in avoidable harm and in hospital acquired infection;
KO19	Making further reductions in avoidable harm and in hospital acquired infection;
KO20	Delivering care which is demonstrably more person centred, effective and efficient;
KO21	Developing the Facing the Future Together programme to support our staff to improve quality, hear and respond to patient feedback;
KO22	Patient engagement across the quality, effectiveness and efficiency programmes;
KO23	Improve appropriate access on a range of measures including waiting times, access to specialist care; physical access and needs responsive access.
KO24	We plan and deliver health services in a way which understands and responds better to individuals' wider social circumstances;
KO25	Information on how different groups access and benefit from our services is more routinely available and informs service planning;
KO26	We narrow the health inequalities gap through clearly defined programmes of action by our services and in conjunction with our partners.

CHCP Commissioning Themes	
C1	Enablement
C2	Empowerment
C3	Recovery
C4	Inclusion

Inverclyde Community Health & Care Partnership
Corporate Directorate Improvement Plan 2013 - 2016

DRAFT

NHSGG&C Development Plan Component

Version 5.0 (12 April 2013)

1. Development Action Plan

1.1 Early Intervention and Preventing Ill-Health

Key outcomes we need to deliver in this area during 2013-16 are:

- improve identification and support to vulnerable children and families;
- enable disadvantaged groups to use services in a way which reflects their needs;
- increase identification of and reduce key risk factors (smoking, obesity, alcohol use);
- increase the use of anticipatory care planning;
- increase the proportion of key conditions including cancer and dementia detected at an early stage;
- Enable more older people to stay healthy.

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
Mental Health				
Meet performance trajectory for access to psychological therapies; -	**% of people waiting over 18 weeks for Referral To Treatment for Psychological Therapies from December 2014**	0%	4%	0%
Raise awareness of suicide prevention by delivering training to all appropriate frontline staff	**Reduce suicide rate between 2002 and 2013 by 20%** **Maintain 50% of designated staff groups trained in suicide prevention. (Measure is based on local staff turnover rates).**	1998 – 2002 rolling average = 16 Most recent rolling average 2007 – 2011 = 15 48%	5 year rolling average = 14 or less 50%	 50%

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
Deliver the revised waiting times targets for PCMT of: - 28 days referral to assessment - 9 weeks referral to treatment	**Reduce waiting times to Primary Care Mental Health Teams** **All patients seen within 9 weeks of RTT**	26 Days	28 days 9 weeks	28 days 9 weeks
Cancer				
Increase uptake of cancer screening through the delivery of universal and targeted public health campaigns and programmes relating to bowel, breast and cervical cancer.	**Uptake of cancer screening programmes:** **Bowel** **Breast** **Cervical**	 50.3% N/A 76.9%	 60% 70% 80%	 60% 70% 80%
Deliver and increase the uptake of the HPV vaccination programme	**Increase HPV vaccinations** (3rd dose uptake rates for the S2 routine cohort by end of school year) (Secondary School - S2)	95.1%		
Children and Maternal Health				
Improve oral health for children through - Increased registration of families with a dentist - Delivery of Smile Too programme in pre 5 establishments	**Improve dental registration 0 - 2 years**	56%	76%	85%
	Improve dental registration 3 - 5 years	88.6%	76%	85%
	Tooth brushing programme Number (and % of total) of nursery schools participating	100%	100%	100%
	Number (and % of total) of schools participating	100%	100%	100%

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
- Delivery of Child Smile Programme	**At least 60% of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.**	Aged 3 1- 13.2% 2- 24.9% 3- 18.9% 4- 16.2% 5- 7.6% Aged 4 1- 20.8% 2- 31.4% 3- 35.5% 4- 14.1% 5- 7.4% Apr11-Mar12 96	 60% 60% 60% 60% 60% 60% 60% 60% 60% 60%	 60% 60% 60% 60% 60% 60% 60% 60% 60% 60%
	Reduce dental decay rates P1 **Reduce dental decay rates P7**	59.7% -	60% 60%	70% 70%
Deliver active choices and ACES programmes to help reduce childhood obesity	**To achieve 252 completed child healthy weight interventions over the three years ending March 2014.**	96	252	TBC
Develop and agree a joined up model for the delivery of maternity services to vulnerable women through the deliver of SNIPs and the Family Health Nurse Partnership	**Number of first time teenage mothers participating in Family Health Nurse Partnership**	INA	TBC	TBC
Improve identification and support for vulnerable children and families by	**% of children receiving 30 months assessment**	INA	TBC	TBC

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
- Implementing the universal and vulnerable pathways - Implementing the 30 month assessment - Supporting the implementation of the GGC Paediatric framework to provide assessment and care planning to Looked After Children	**% of LAC that have received a health check**	INA	TBC	TBC
Deliver targeted and universal Triple P parenting support in a range of settings to support families to increase their confidence and skills in parenting. This includes early intervention and prevention of address "Mind the Gaps" actions	**Positive Parenting Programme (Triple P) Number of Sessions Delivered**	47	TBC	TBC
	Positive Parenting Programme (Triple P) Number of Parents Attending	145	TBC	TBC
Reducing smoking in pregnancy and reduce equalities gap through the delivery of targeted smoking cessation services for women in SIMD 1	**Reduce smoking in pregnancy (SIMD)**	28.7%	27.4%	25.4%
	Reduce alcohol consumption in pregnancy (SIMD)	N/A	TBC	TBC
Maintain UNICEF accreditation across the CHCP and support mothers to breast feed to improve infant nutrition and reduce the inequalities gap	**Breastfeeding rates at:**			
	Birth	46.1%	48.1%	53.1%
	Hospital discharge	33.4%	35.4%	41.6%
	Health visitor first visit	24.2%	26.5%	26.5%
	6 – 8 weeks	16.4%	17.4%	17.4%
Maximise the potential for young carers through increased identification, assessment, support and referral by implementing the year 2 actions of our Young Carers Strategy 2012 – 2015	**Increase in numbers of young carers known to services and receiving support**	40	TBC	TBC

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
Reduce CAMHS waiting times	**26 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services from March 2013, reducing to 18 weeks by December 2014**	As @ Apr12 No of people waiting longer than 26 weeks 4 Maximum Wait – 43 wks	100% RTT within 26 weeks	100% RTT within 18 weeks
Disability				
Assess and take action to increase staff knowledge regarding adult support and protection	**Number of new adult protection referrals.**	427	N/A	N/A
	Number of adult protection investigations undertaken by CHCP.	43		
	Number of adult protection meetings:	44		
	Initial Case Conference	11		
	Review Case Conference	8		
	Strategy Meeting	21		
	AWIA	4		
	Number of staff trained in Adult Support and Protection			
	Awareness Training	250		
	Procedures Training	106		
	Council Officer Training	5		
	Protection of Adults at Risk of Harm (GP Seminar)	23		
	Protecting Adults at Risk of Harm from Sexual Harm	65		
	Working Together in Adult Protection	34		

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
Implement local actions following conclusion of health needs assessment for learning disability	**CLDT in liaison with school nursing to offer 100% of young people leaving school in the year a comprehensive adult health check for people with Learning disability.**	18 Young people offered (100%)	100% offered	100% offered
Increase number of people with disability accessing HI services	**Referrals to live active or other physical activity groups**	INA		
Drugs and Alcohol				
Contribute to the delivery of the actions of Inverclyde ADP Strategy	**Reduce drug related deaths (per 100,000 population)**	2011 – 20 (rate per 100,000 25.1)	18	16
	Reduce alcohol related deaths (per 100,000) population	30	28	26
	Number of ABIs delivered	468	441	441
Long Term Conditions				
Increase early intervention and prevention through - improving local access to patient information and self management opportunities - working with carer organisations to provide information and support for people with LTCs - developing opportunities for peer support, buddying and self help	**Number of GP practices participating in LTC LES:** **CHD** **Diabetes** **COPD** **Stats on buddying and peer support group membership/ engagement**	15 (93.75%) 15 (93.75%) 16 (100%) INA – Buddying 170 – Peer support		
Older People				
We will deliver the Active Aging Programme in partnership with Your Voice to support older people to remain physically active	**Number of older people engaged in the Inverclyde Active Aging Programme**	INA (Project started in March 2013)		

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
Primary Care				
Review and improve GP participation in child and adult protection	**% of child protection case conferences attended by or reports provided by GP**	17.6% (of cases with GP involvement)	5% increase on baseline	
	% of adult protection case conferences attended by or reports provided by GP	55%		
Support the development of anticipatory care for patients aged between 40 and 64 who are highest risk patients by focussing resources on the implementation of Keepwell in primary care	**Increase the number of cardiovascular health checks carried out**	3340	1067	TBC
	Increase number of practices opting to deliver Keepwell	11	11	11
Deliver the childhood immunisations programme, particularly improving the uptake of MMR	**Increase/maintain MMR vaccination rates**	94.5% @ 2yrs 98.5% @ 5yrs	95% 97%	95% 97%
Identify carers and improve the update of carers assessments across all services	**Number of carers on GP registers**	1182	Increase by 10%	Increase by 15%
	Increase referrals to carers services	INA	TBC	TBC
	Increase proportion of identified carers with carers assessment	INA	TBC	TBC
Sexual Health				
Reduce unintended pregnancy	**Reduction in teenage pregnancy rates per 1,000 girls aged 15-17 years**	21.5 (Jan11 – Dec11)	Reduce	Reduce
Support the delivery of SHRE in all schools	**Proportion of schools delivering SHRE**	INA		

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
Increase HIV testing	**HIV testing increased**	N/A		

Financial Context

Throughout the lifetime of the plan we intend to continue our work to embed releasing time to care to facilitate a greater focus on value adding activities in our clinical services, by reducing unnecessary burdens on clinical staff. The Ravenscraig Retraction Programme, via the Clyde Mental Health Strategy implementation, which will be completed in the lifetime of this plan will allow us to enhance our community mental health and wellbeing infrastructure by freeing up resources from some models of inpatient care in facilities that are no fit for purpose. As evidenced in more detail in other areas of the plan we will continue our drive to reduce unnecessary usage of inpatient beds, and reduce bed days lost to delayed discharge, scoping opportunities for resource release as we do this. We will also increase the use of anticipatory care planning as an approach across services to allow for advanced planning for exacerbations or deteriorations in conditions that could lead to costly interventions being necessary. We will also continue to drive home the messages of prevention and early intervention through taking a health improving approach across the CHCP's business.

1.2 Shifting the Balance of Care

- fewer people cared for in settings which are inappropriate for their needs;
- there are agreed patient pathways across the system, with roles and capacity clearly defined including new ways of working for primary and community care;
- we offer increased support for self care and self management which reduces demand for other services;
- more carers are supported to continue in their caring role;
- more people are able to die at home or in their preferred place of care.

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
Acute Services				
Support GPs to review practice in relation to A&E usage	**A and E volumes**	Apr11- Mar12 3179	Contributes to GGC Target	Contributes to GGC Target
Support people in their decision regarding where they wish to die, in accordance with their stated preference, as part of advances care planning and the Liverpool Care Pathway	**No of advanced care plans** **% of last 6 months of life spent at home or in a community setting**	Jun – Dec 12 111 87.3%	 90%	 95%
Adult Mental Health				
Monitor and take appropriate action to maintain the targets for delayed discharges for adults with mental health and AWI	**Adults with Mental Health: No people will wait more than 28 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2013; followed by a 14 day maximum wait from April 2015.**	0	0	0

	Reduce bed days consumed by delayed discharge (inc AWIs) to 25% of 2009/10 baseline	455 @ Mar12 (Cumulative 5578 for 11/12)	280 – Mar13 (Cumulative 3360 for 12/13)	
Long Term Conditions				
Implement the Long Term Conditions plan to reduce the use of hospital inpatient care through a collaborative approach to the patient journey to; - Reduce hospital follow up; - Increase range and level of community service responses to LTCs. This will be supported by out work to review acute service usage data by Inverclyde patients as part of the further integration pilot	**Reduce the number of acute bed days consumed by each LTC (Crude bed days rate per 100,000 pop):** **Asthma** **CHD** **COPD** **Diabetes**	9212.3 275.2 4483.7 3608.9 844.5	Reduce by 10%	Reduce by 15%
Primary Care				
Support GP practices through PLT, GP Forum and QOF process to review practice level data on referrals, A&E attendances and admissions with a view to identifying reasons for variation and sharing of best practice to reduce variation Note: This will be supported by our work to review acute service usage data by Inverclyde patients as part of the further integration pilot	**Number of hospital admissions** **SIMD** **Age**	INA		

Increase LARC in Primary Care	**Numbers of LARC**	INA	TBC	TBC
Reduce alcohol emergency admissions rate	**Number of alcohol emergency admissions**	12.4 (per 1000 pop)	12	10

Financial Context

We are committed partners in the future integration work that has been started across NHS GG&C and welcome the opportunity to test models locally as a pilot area. We will link much of our current work to reshape care and shift the balance of care to this transformation programme. We have increased capacity to manage and analyse our intelligence and are working closely with information services to understand our usage patterns of acute care. Building on our successes in reducing bed days lost to delayed discharges we will continue to scope where resource release may be possible, and where activity can be undertaken in the community rather than in the hospital setting. We will underpin this by taking a more proactive approach to build community capacity, involve local providers and strengthen informal support mechanisms to respond to demand.

1.3 Reshaping Care for Older People

- **clearly defined, sustainable models of care for older people;**
- **more services in the community to support older people at home and to provide alternatives to admission where appropriate;**
- **increased use of anticipatory care planning which takes account of health and care needs, and home circumstances and support;**
- **carers are supported in their caring role;**
- **improved partnership working with the third sector to support older people;**
- **improved experience of care for older people in all our services.**

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
Acute Services				
Implement our Reshaping Care For Older People Change Plan and Joint Strategic Commissioning Plan for Older people to reduce rates of emergency inpatient bed day usage and the number of emergency admissions to acute care	**Reduce the number of unplanned acute bed days (65+)** **Rate per 1000 pop 65+**	49,528 3,448	Reduce by 10% on baseline	Reduce by 15% on baseline
	Reduce the number of emergency admissions (65+)	4,328 (rate per 1000 – 301)	Reduce by 5% on baseline	Reduce by 10% on baseline
	Reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population, by at least 12% between 2009/10 and 2014/15	Apr11-Mar12 38,408 (Rate per 1000 – 5676)	Reduce by 10% on baseline	Reduce by 15% on baseline
	Reduce ALOS (emergency admissions 65+)	3.2 days	Reduce by 10% on baseline	Reduce by 15% on baseline

	Reduce ALOS (Emergency admissions aged 75+)	INA		
	Number of unplanned emergency admissions SIMD	INA		
	Reduce bed days consumed by delayed discharge to 25% of 2009/10 baseline	Acute (inc AWI's) 5123 Acute for AWI's 352		
	No people will wait more than 28 from April 2013; followed by a 14 day maximum wait from April 2015 for hospital discharge	>6wks : 1 <6wks : 143	0 people over 28 days	0 people over 14 days (April 2015)
Deliver dementia strategy priorities and improve early diagnosis by: - increasing the numbers of people with a dementia diagnosis on the QOF dementia register providing post diagnostic support	**Maintain the number of people with a diagnosis of dementia on the Quality and Outcomes Framework (QOF) dementia register and other equivalent sources.**	728	653	653

	To deliver expected rates of dementia diagnosis and by 2015/16, all people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan.	New HEAT target from 2015/16		
Improve the integration of adult mental health and OPMHT by: - increasing the referrals of those aged over 65 to PCMHT	**Increase PCMHT referrals 65+**	2 OPMHT & PCMHT only integrated from 2013 so no 11/12 baseline		
Work with partners to increase the suitability to needs of housing	**Numbers in receipt of telecare** **Number of housing adaptations carried out**	2046 as at March12 792		
Implement the Inverclyde Palliative and End of Life Care Action Plan 2013/14 to improve end of life care -	**No of ACP** **No of LCP** **No of Gold Standards meetings**	111 (Jun12 to Dec12) 20 (Jun12 to Dec12) 37 (Jun12 to Dec12)		

	No of people supported by community staff to die at home	259 (Jun12 to Dec12)		
Reduce polypharmacy	% of practice lists reviewed	INA	Review 2536 patients (2.5% of the weighted practice population)	

<u>Financial Context</u>

The actions described in this section of our plan focus on using existing resources more effectively and where these deliver savings we will invest the savings in early intervention and prevention. Our Joint Strategic Commissioning Plan for Older People sets out our options for disinvestment and reinvestment in relation to care home places, and our Change Fund usage is being proactively monitored to ensure the best return on investment from this fund.

1.4 Improving Quality, Efficiency and Effectiveness

- making further reductions in avoidable harm and in hospital acquired infection;
- delivering care which is demonstrably more person centred, effective and efficient;
- patient engagement across the quality, effectiveness and efficiency programmes;
- developing the Facing the Future Together programme to support our staff to improve quality, hear and respond to patient feedback;
- improve appropriate access on a range of measures including waiting times, access to specialist care; physical access and needs responsive access.

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
Acute Services				
Maintain direct access for referrals to diagnostics and investigations through SCI gateway referrals	**% of referrals made via SCI Gateway**	88%	100%	100%
Adult Mental Health				
Successfully remove all remaining inpatient mental health services off the Ravenscraig Hospital site by December 2014	**Number of beds actively used on Ravenscraig hospital site**	19 as at April 2013	0 by Dec 2014	0
Implement 'Making Well-being Matter' the Inverclyde Mental Health Improvement Framework	**Number of people accessing Steps for Stress or other stress management programmes**	INA	10% increase on baseline	

	Reduced incidence of self harm	INA	10% decrease on baseline	
	Carers accessing stress management and counselling services	55	10% increase on baseline	
Drugs and Alcohol				
Address variance in drugs and alcohol waiting times to meet the 21 day target	**90% of clients will wait no longer than 3 weeks from referral to treatment**	Apr12-Jun12 95.3% (combined drugs & alcohol)	90%	
Primary Care				
Implement the recommendations from the Review of District Nursing in accordance with the GG&C plan	**Releasing time to care:** **- Number of clusters participating** **- Increase in direct patient facing time (current estimate of 5% increase)** **- 100% clinical supervision in place**	1 Currently 43% as of Workload Tool Analysis (above GG&C & National Average – 31%) In Discussion phase	3 (All Teams participating 3 clusters only in ICHCP) Workload Tool re run April/May 2013	
Identify and support GP practices to maintain access targets through learning from models such as the Productive GP	**Provide 48 hour access or advance booking to an appropriate member of the GP Practice Team**	2011/12 93.6% (48 hour) 78.3% (advance)	95% (48 hour) 90% (advance)	95% (48 hour) 90% (advance)

Support GPs to address prescribing variation through: - undertaking annual prescribing discussions - participating in the medicines management LES	**Primary care budget allocation (Prescribing Budget)**	£17.1M		
	Primary care variance from budget allocation (Excluding short supply) (Prescribing Budget)	£437k (2.56% over budget)		
	% Practice Opt in Medicines Management LES	81.3%	>65%	>65%
	Anti-Depressant - Fluoxetine, Citalopram & Sertraline as a percentage of all Fluoxetine, Citalopram & Sertraline and Duloxetine, Mirtazapine, Reboxetine, Venlafaxine and SSRIs (other) : maximum achievement set at Oct-Dec 2011 GGC upper quartile 75.16% (Items)	Jan - Mar12 69.76%	Oct-Dec 2011 GGC upper quartile 75.16% (Items)	
	Number of practices on target with Fluoxetine, Citalopram & Sertraline	INA	16	16

	as a percentage of all Fluoxetine, Citalopram & Sertraline and Duloxetine, Mirtazapine, Reboxetine, Venlafaxine and SSRIs (other) : maximum achievement set at Oct-Dec 2011 GGC upper quartile 75.16% (Items)			
	Anti-Depressant – Escitalopram as a percentage of all Escitalopram and other SSRIs : maximum achievement set at Oct-Dec 2011 GGC lower quartile 1.04% (Items)	Jan - Mar12 1.78%	Oct-Dec 2011 GGC lower quartile 1.04% (Items)	
	Number of practices on target with Escitalopram	7 of 16	16	16
Develop effective services through a culture of audit to implement the Scottish Patient Safety Programme in primary care	**Number of audits**	INA		
Reduce sickness absence rates	**Sickness absence rate NHS**	5%	4%	4%

Increase rates of e-KSF compliance	**e-KSF rate**	61.20%	80%	80%
Continually improve the management of complaints	**Number of complaints responded to within 20 days (NHS)**	44.5%	70%	70%
Ensure full NMC registration for all relevant staff	**NMC registration compliance**	100%	100%	100%
Ensure staff are appropriately trained to carry out their duties	**% staff with mandatory induction training completed within the deadline**	Oct12 – Feb13 85.71% (only 1 completed outwith timescale)	100%	100%

<u>Financial Context</u>

We are embedding Facing the Future Together across the CHCP, through this plan and through our Learning and Development Plan which will be delivered in year one. We are undertaking significant work to improve communication with staff to ensure we are all up to date with developments and opportunities and to drive home the messages of person centeredness, quality and efficiency. Waiting times across services are improving and we will continue with this improvement work drawing on additional resources to effect change where possible. A number of key redesigns to services such as the Review of District Nursing, our local day services review and review of learning disability services as well as the introduction of a number of key enablers such as our Reflection Framework and Quality Assurance Framework will help to improve services, increase quality and focus on outcomes. Our performance in relation to sickness absence, e-KSF and Appraisals will be particularly important during the lifetime of this plan and we are increasing our focus in these areas to drive efficiency and productivity. We will also deliver on our accommodation strategy and mobile working programme in the lifetime of this plan to reduce accommodation costs and modernise working practices.

1.5 Tackling Inequalities

- **we plan and deliver health services in a way which understands and responds better to individuals' wider social circumstances;**
- **information on how different groups access and benefit from our services is more routinely available and informs service planning;**
- **We narrow the health inequalities gap through clearly defined programmes of action by our services and in conjunction with our partners.**

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
Adult Mental Health				
Implement plan to mainstream asset based approaches within service delivery and roll out asset mapping resources in the wider community	**Number of staff trained in asset based approaches/ asset based assessment**	INA Programme has only just stared in 2013	TBC	TBC
Cancer				
Deliver universal and targeted smoking cessation services with a particularly focus on areas of deprivation and smoking in pregnancy	**Smoking rates** **Reduce smoking in pregnancy** **Reduce smoking in pregnancy (SIMD)** **Smoking cessation in deprived areas**	 20.5% 28.7% 527	 20% 27.4% TBC	 20% 25.4% TBC

Increase uptake of cancer screening amongst men and those in SIMD areas	**Uptake of cancer screening by sex and SIMD (data only for SIMD1 all sexes)**	Bowel – 43.3% Breast – N/A Cervical – N/A	45.3% TBC 74.3%	TBC TBC TBC
Children and Maternity				
improve breastfeeding rates and reduce the SIMD differential	**Breastfeeding rates in 15% most deprived areas**	8.4%	11.4%	TBC
Primary Care				
Continue to be a key partner in the delivery of the Inverclyde Financial Inclusion partnership and Strategy.	**Referrals to information and advice services**	Jul12 – Dec12 1882	TBC	TBC
	Referrals to Healthier, Wealthier Children	372	TBC	TBC
	Additional income (£) generated as a result of financial inclusion advice received	£203,326.30 (Healthier, Wealthier Children)	TBC	TBC
Ensure we have a robust Advice Services Team who are able to support clients with benefits/ money advice. We will ensure CHCP staff are trained in all aspects of welfare reform to ensure they can best support their clients.	**Increased numbers of staff trained in Welfare Reform**	INA		

Deliver equality assured services through the implementation of improvement plans from EQIAs	**Percentage of quality assured EQIAs with a completed improvement plan**			
Embed routine sensitive enquiry through delivery of training to frontline CHCP staff	**Increase the number of staff undertaking routine sensitive enquires.** **Number of staff trained** **Number of GBV referrals**	N/A	TBC	TBC
Assess current position, develop and implement actions to reduce discrimination faced by people with protected characteristics and establish areas of exemplary practice in services most likely to be accessed by them. Underpin this work by delivering on the key local actions form the Community Support and Language Plan	**Reduced discrimination is faced by LGB, Trans people, sensory impaired people and people with learning disabilities in our services**	INA		
Improve the health of prisoners by continually developing prison healthcare and partnerships with services outside prison	**Being developed**	INA		

Deliver on our Health and Homelessness Action Plan (HHAP) to implement the Scottish Government's Health and Homelessness Standards for NHS Boards, introduced on 3rd March 2005.	**Independent evaluation of the HHAP showing evaluation ratings of 'good' and 'very good', and increases year on year of evaluations from 'good' to 'very good'; all in relation to the implementation of the Health and Homelessness Standards.**	Estimated independent evaluation of the CHCP's self-assessment of the HHAP for 2011/12, shows a 30% increase in outcomes assessed as 'very good' in comparison to the HHAP of 2010/11.	Independent evaluation of the CHCP's HHAP to show a 10% increase in outcomes assessed as 'very good'.	Independent evaluation of the CHCP's HHAP to show a 10% increase in outcomes assessed as 'very good'.
	Increased Access to mainstream health services for persons affected by homelessness confirmed through homeless service user consultation, including maintaining the target of 20 homeless service users to be consulted.	First Annual Consultation Exercise, February 2012: 27 (Target 20) Homeless Service Users consulted 26 out of 27 Service Users confirming their overall satisfaction with Health Services; and 1 of those 26 stating that they did not feel that their health needs had been met previously, but have since been met extremely well	Target of 20 Homeless Service Users to be consulted.	Target of 20 Homeless Service Users to be consulted.
Improve Access to advocacy services in line with the NHSGGC Advocacy Plan.	**Numbers accessing advocacy services**	Aug12 – Dec12 150	TBC	TBC

Sexual Health				
Reduce the inequalities gap for sexual health and blood borne viruses. People with BBV lead longer healthier lives;	**Increase testing rates for STIs in SIMD1**	INA		
	Increase testing rates for BBV in SIMD1	N/A	TBC	TBC
	Increase uptake of Hepatitis B vaccination	N/A	TBC	TBC

<u>Financial Context</u>

Given the level of widespread inequality in our area we are focussed on maintaining a population based and targeted approach to services delivery and planning, seeking whenever possible to better understand the differential needs of our current and future service users. We aspire to reduce the health and social inequality gap and will be challenged most acutely in this by the welfare reform agenda, which is predicted to impact heavily in our area. We have restructured our advice services provision to respond to this and training is underway to equip staff. We are increasing our focus, in partnership, on mental health improvement given the likelihood of an increase in stress and depression as a result of the reforms. We have a local prison, which is likely to be expanding in the lifetime of this plan, and are working closely with the prison service to increase health improvement activity with offenders and bring about more coherent pathways of support for people leaving prison, particularly in relation to drugs and alcohol through our ADP. We intent to review our approaches to communication and public information in the lifetime of this plan to better equip local people with the information they require to stay healthy and improve their life chances. We undertake a range of Equalities Impact Assessment activity and strive to ensure that there are more improvement plans linked to impact assessments that have been undertaken.

SUMMARY OF RESOURCES

2. Financial Resources

1.1.1 The CHCP financial resources comprise both revenue and capital funding from the parent organisations; Inverclyde Council and NHSGG&C.

2.1.2 Revenue Budget

The CHCP revenue budget for 2013/14 is indicative only at this point due to different timings in the budget setting cycles of the CHCP parent organisations.

The Council revenue budget has been set for the period 2013/16 with annual revenue budgets of £48.3m, £47.6m and £46.6m reflecting £0.6m savings in 2013/14 rising to £3.4m by 2015/16.

The Council Revenue budget for the period 2013/16 is:

	2013/14 £'m	2014/15 £'m	2015/16 £'m
Community Care & Health	30.4	29.8	28.8
Mental Health, Addictions & Homelessness	3.3	3.1	3.1
Children & Families	10.1	10.1	10.1
Planning, Health Improvement & Commissioning	4.1	3.9	3.8
Other	0.4	0.7	0.8
Total	48.3	47.6	46.6

The NHS revenue budget for 2013/14 is yet to be set however will be based on the 2012/13 budget of £71.3m which will be adjusted for known factors including; an indicative local savings efficiency target of £79k (being Inverclyde's share of 1.7% efficiencies totalling £2.4m), impact of service wide redesigns, inflationary and pay uplifts, impact of pensions auto enrolment and utility cost pressures

This gives the CHCP an indicative revenue budget for 2013/14 of:

Indicative Revenue Funding 2013/14	£'m
Inverclyde Council	48.3
NHSGG&C (to be confirmed)	71.3
Total	119.6

This relates to the following service areas:

	£'m
Community Care & Health	34.9
Mental Health, Addictions & Homelessness	17.1
Children & Families	13.4
Planning, Health Improvement & Commissioning	5.2
Other (including Change Fund)	3.3
Family Health Services	21.2
Prescribing	15.8
Resource Transfer & Delayed Discharge	8.7
Total	119.6

This is broadly comparable to the 2012/13 funding of £119.2m, as the 2013/14 Council budget also includes pressure funding for Older Peoples and Learning Disability demographic pressures.

The CHCP will face significant financial challenges in the period 2013/14 to 2015/16 to deliver the agreed budget savings and to contain existing pressures including;

- Impact of organisation wide workstreams and service wide redesigns

- Existng NHS pressures relating to continence supplies, high level observation costs with Mental Health inpatients, staffing pressures from endpoint structure now in place for Ravenscraig, staffing and supply pressures within Children's Specialist Services – funded on a non recurring basis in 2012/13

- Volatility of GP prescribing – albeit Inverclyde budget was reduced by £0.29m in 2012/13 for specific pressures and short supply premiums where funding is not required, reflecting an equalised board wide position for partnerships. This position is also due in part to the local action plan and impact of the Scriptswitch pilot.

The NHS budget includes £1.4m Older Peoples Change Fund with the 2013/14 allocation expected to remain at £1.4m (being year 3 of 4).

2.1.3 Capital Resources

There are no major capital projects within the Council element of the CHCP for 2013/14, following the completion of a new children's home in 2012/13.

For the NHS the capital formula allocation is expected to be minimal following the decision to accelerate £119k capital from 2013/14 during 2012/13 as part of a board wide strategy to mitigate slippage.

The capital funding (excluding Revenscraig / Hub) is likely to be:

Indicative Capital Funding 2013/14	£'000
Inverclyde Council	95
NHSGG&C Formula Capital Allocation	102
Total	197

There is a recognition that that the Health centres within Inverclyde require significant investment and work is ongoing to identify potential options for appropriate investment

2.1.4 NHS Hub Initiatives / Ravenscraig Reprovision

Initial Agreements for a new continuing care facility on the IRH site (previously accommodation blocks) has been approved by the Scottish Governments Capital Investment Group and work is ongoing to produce the Outline Business Case which will identify the preferred delivery option.

The reprovision from Ravenscraig also requires community based provision and the transitional funding requirement is being assessed to allow transfer to community based services, prior to closure of this site. A commissioning strategy is being developed for the delivery of community based services.

2.2 Financial Context

2.2.1 Financial Resources

The CHCP financial resources comprise both revenue and capital funding from the parent organisations; Inverclyde Council and NHSGG&C.

2.2.3 Revenue Budget

The CHCP revenue budget for 2013/14 is indicative only at this point due to different timings in the budget setting cycles of the CHCP parent organisations.

The Council revenue budget has been set for the period 2013/16 with annual revenue budgets of ££47.9m, £46.8m and £45.6m reflecting £0.6m savings in 2013/14 rising to £3.4m by 2015/16.

The NHS revenue budget for 2013/14 is yet to be set however will be based on the 2012/13 budget of £71.3m which will be adjusted for known factors including; an indicative local savings efficiency target of £79k (being Inverclyde's share of 1.7% efficiencies totalling £2.4m), impact of service wide redesigns, inflationary and pay uplifts, impact of pensions auto enrolment and utility cost pressures

This gives the CHCP an indicative revenue budget for 2013/14 of:

Indicative Revenue Funding 2013/14	£'m
Inverclyde Council	47.9
NHSGG&C (to be confirmed)	71.3
Total	119.2

This is broadly comparable to the 2012/13 funding of £119.2m, as the 2013/14 Council budget also includes pressure funding for Older Peoples and Learning Disability demographic pressures.

The CHCP will face significant financial challenges in the period 2013/14 to 2015/16 to deliver the agreed budget savings and to contain existing pressures including;

- Impact of organisation wide workstreams and service wide redesigns

- Existing NHS pressures relating to continence supplies, high level observation costs with Mental Health inpatients, staffing pressures from endpoint structure now in place for Ravenscraig, staffing and supply pressures within Children's Specialist Services – funded on a non recurring basis in 2012/13

- Volatility of GP prescribing – albeit Inverclyde budget was reduced by £0.29m in 2012/13 for specific pressures and short supply premiums where funding is not required, reflecting an equalised board wide position for partnerships. This position is also due in part to the local action plan and impact of the Scriptswitch pilot.

The NHS budget includes £1.4m Older Peoples Change Fund with the 2013/14 allocation expected to remain at £1.4m (being year 3 of 4).

2.3.1 Capital Resources

There are no major capital projects within the Council element of the CHCP for 2013/14, following the completion of a new children's home in 2012/13.

For the NHS the capital formula allocation is expected to be minimal following the decision to accelerate £119k capital from 2013/14 during 2012/13 as part of a board wide strategy to mitigate slippage.

The capital funding (excluding Ravenscraig / Hub) is likely to be:

Indicative Capital Funding 2013/14	£'000
Inverclyde Council	95
NHSGG&C (to be confirmed)	39
Total	134

There is a recognition that that the Health centres within Inverclyde require significant investment and work is ongoing to identify potential options for appropriate investment

2.4.1 NHS Hub Initiatives / Ravenscraig Reprovision

Initial Agreements for a new continuing care facility on the IRH site (previously accommodation blocks) has been approved by the Scottish Governments Capital Investment Group and work is ongoing to produce the Outline Business Case which will identify the preferred delivery option.

The reprovision from Ravenscraig also requires community based provision and the transitional funding requirement is being assessed to allow transfer to community based services, prior to closure of this site. A commissioning strategy is being developed for the delivery of community based services.

3. Effective Organisation

3.1 Organisational Development Priorities and Approach for Inverclyde CHCP

The organisational development approach will consider 6 overarching areas and these are:

1. Engagement and involvement – implementing and developing the five programmes of Facing the Future Together, with a focus on team working, organisational values, improving the accessibility of Team Brief and working with leaders to deliver change.
2. Supporting the vision and purpose of change projects and identifying ways to evaluate them.
3. Leadership development through national and local programmes, evaluated and costed where possible.
4. Partnership and collaborative working to continue to develop and enhance integration
5. Culture review to identify local values and behaviours with a view of 'how we do things here'
6. Service improvement work to support CHCP change programme priorities, including psychological therapies work, review of Primary Mental Health teams, RTTC, Development of Early Years, Paediatric Review

3.2   CHCP Programme for each of the five FTFT themes:

Our culture:

Expected outcome – There is a measurable change in culture reflected in the experience of staff, patients and managers

Activities to evidence work towards the outcome

- Identify the number of teams in each service who would use a development approach.
- Roll out effective team working approach which includes reviews of team processes and discussions on values and behaviours held in teams and agree ways of holding each other to account starting with senior teams and spreading widely developing team leaders to sustain activity
- Evaluate team development activity
- Benchmark quality of PDP, Performance Appraisal process in preparation for improvement work around the delivery of appraisals

Our leaders:

Expected outcome – Managers and leaders feel better equipped and supported, there are more consistent requirements for delivery and performance is pushed to a higher level

Activities to evidence work towards the outcome

- Identify and communicate management and leadership development opportunities to support succession planning and leading change through service improvement
- Provide access to leadership development opportunities
- Evaluate leadership development activity to inform future work

Our patients:

Expected outcome – We make real changes to patient experience.

Activities to evidence work towards the outcome

- Learn from patient centred approach through pilots
- Build on learning from working with and involving CHCP Advisory Group
- Share examples of involving the public in strategy implementation through the CHCP's change programme

Our people:

Expected outcome – 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

Activities to evidence work towards the outcome

- Evaluate staff governance action plan
- Improve team briefing process by increasing number of staff who receive team brief fact to face
- Return on investment calculated on key Learning and Development activities and fed back through Development Group

Our resources:

Expected outcome – There is a consistent focus on efficiency and effectiveness

Activities to evidence work towards the outcome

- Continue to develop the CHCP's transformation programme which applies and learns from a quality improvement approach
- Develop capacity in improvement methods across the CHCP