

Report To: Community Health & Care Partnership Sub Committee **Date:** 9th January 2014

Report By: Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership **Report No:**
CHCP/05/2014/HW

Contact Officer: Helen Watson **Contact No:** 01475 711833
Head of Service; Planning, Health Improvement and Commissioning

Subject: CHCP CORPORATE DIRECTORATE IMPROVEMENT PLAN – PROGRESS UPDATE

1.0 PURPOSE

- 1.1 To present to members a progress update against the agreed actions of the Community Health and Care Partnership's Directorate Improvement Plan 2013 – 2016.

2.0 SUMMARY

- 2.1 In common with each Directorate of Inverclyde Council, Inverclyde CHCP has prepared a three year Directorate Improvement Plan, approved by Sub Committee members in March 2013.
- 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, taking account of both Council and NHSGGC planning requirements.
- 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 Sub-Committee members are asked to note the reported progress against each action in the CHCP Directorate Improvement Plan 2013 – 2016.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

- 4.1 Inverclyde CHCP has prepared a three year Directorate Improvement Plan, to satisfy the planning guidance of both Inverclyde Council and NHS Greater Glasgow and Clyde. The Plan will be extant until 2016.
- 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 note the reported progress against each CHCP Development and Improvement Plan, and offer comments on what has been achieved to date and where action is needed.

6.0 IMPLICATIONS

- 6.1 Legal: Any legal implications of the actions proposed have been considered individually with Legal Services and the relevant Head of Service.
- 6.2 Finance: 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.

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

- 6.3 Personnel: Any personnel implications of actions will be addressed via the usual agreed process.
- 6.4 Equalities: There are no equalities implications. There are key actions in the Plan designed to impact favourably on people with protected characteristics, and to address the inequalities that persist in Inverclyde.
- 6.5 Repopulation: There are no negative environmental or population implications detailed in the actions within the Plan that require attention

7.0 CONSULTATION

- 7.1 Actions contained in the Plan are derived from ongoing engagement with users, carers and the community as well as from staff and other stakeholders. This ongoing consultation is a key feature of the CHCP's daily business.

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.

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 and 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. -	Carer feedback. Strategy outcomes. Numbers of assessments completed. 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
1.2	Carers	Working towards enabling users and carers 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 as 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
<p>Inverclyde CHCP has been selected as one of the demonstrator/pilot sites for the implementation of the NES/SSSC training programme EPIC (Equal Partners in the delivery and planning of Care) for staff. The pilot will run from September 2013 to March, 2014 and a steering group has been established to oversee its implementation. Through the Piloting of the EPiC training more staff will become more aware of the need to identify carers and develop their skills and knowledge in supporting carers as Equal Partners in the delivery of care.</p> <p>The self-assessment form and leaflet has gone to print and will be rolled out across the CHCP and in the public domain by end of 2013. This will be a joint area of work with Inverclyde Carers Centre. All self-assessments will be routed through the Carers Centre in order that carers can access supports available there and that a clear pathway is established for carers to access further support. Analysis of Information will be forwarded to the CHCP on a monthly basis. Requests for full assessments will be forwarded to the Community Care teams.</p>								

CHCP Directorate Improvement Plan – Progress Update November 2013

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
1.3	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
<p>The young carers group is creating a video project to illustrate the issues affecting the lives of young carers. A development day involving all young carer partner agencies will be held in January 2014, aiming to highlight the roles and tasks of all partners delivering services to young carers. Funding was released from Council earmarked reserves with the aim of developing a whole system approach to young carers ensuring clear pathways across universal and intensive services.</p>								
1.4	Information Governance	Agreement reached that Records Management Plan required	To have a robust Records Management Plan in place by 2014/15	We will work with Internal Audit; Legal; ICT and practitioners to develop the CHCP Records Management Plan by 2014/15.	Plan will be completed and agreed.	Corporate Director	Within existing resources	SOA 8 Respected CP4
<p>The Keeper of the Records of Scotland has scheduled Inverclyde Council to submit its Records Management Plan (RMP) in June 2015. The Information Governance Officer is in post, and the Information Governance Group (IGG) will oversee development of the Plan.</p> <p>IGG meetings have been scheduled for the next year and its sub-groups will follow a similar format. Memberships consist of representatives from Internal Audit, Legal, ICT and the CHCP. Its priority actions for 2013/15 will be to deliver the Information Governance Framework, the RMP and associated evidence.</p>								

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 assessment and improvement plans Evidence of listening to the views of people with protected characteristics Equalities legislation compliance	HoS PHIC	Within existing resources	SOA 4 Respected Included CP5
<p>The Equalities Network is now well established with representation from across the CHCP.</p> <p>Our equalities plan sets out our goals; the first of which was to establish the Champions Network and identify the areas for prioritising EQIAS.</p>								
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
No progress to report at this stage								

CHCP Directorate Improvement Plan – Progress Update November 2013

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
We have arranged four accommodation workshops help CHCP staff prepare for mobile working. We have set up an Accommodation Strategy Group and a CHCP Accommodation Users group to which all services have been invited.								
1.8	Mobile Working	Agreement reached for pilots of agile and mobile working.	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
Pilot project being developed with staff in Port Glasgow Hub, and in advice services.								
1.9	Environment	Low levels of staff awareness of the Council's environmental agenda.	Improved employee environmental awareness and understanding.	We will provide staff with information and training to change our environmental behaviour.	Increased awareness. Reduction in commodities consumption Reduction in business mileage	Corporate Director	Contained within existing budgets	SOA 7 Nurtured CP4
Initial session held with EMG, cascaded to teams for local consideration.								

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
Briefing sessions on People Involvement Framework and demonstration of the online tool are being carried out with staff teams over a three month period with a view to the system and People Involvement Framework being fully operational by March 2014. All new initiatives that require input from patients/service users and carers are routed through our local People Informant Advisory Network and Carers Network to encourage engagement.								
2.2	Quality Assurance	Governance meetings 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
An initial outline of a proposed Quality Assurance Framework has been developed and will be progressed early 2014.								
2.3	Commissioning	Draft CHCP Commissioning Strategy developed.	Commissioning intentions of the CHCP are clearly articulated to 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
Our Overarching Commissioning Strategy has been revised to form a statement of principles and intention. A Commissioning Steering Group has been set up as a clearing house for redesign and commissioning decisions, underpinned by revised commissioning officers role descriptor and clarified roles for support services.								

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
2.4	Service Improvement	We make inconsistent use of benchmarking opportunities	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 existing resources	SOA 4,5,6 & 8 Healthy CP2,3 & 4
Inverclyde CLDT Core Nursing Standards Audit is benchmarked quarterly with all other LD nursing services in NHS GG&C. We are participating in a West of Scotland benchmarking club and are making better use of our membership of the Scottish Community Care Benchmarking Network.								
2.5	Service Improvement	Inconsistent use of outcome models and outcome focused assessment	Agree outcome based assessment tools to determine outcomes to be achieved in working with people	Determine, agree and implement a consistent model of outcome focused 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
A working group has planned briefing sessions on outcomes-focused assessments which will be conducted across CHCP teams by end of 2013.								

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
2.6	Service Improvement	Services occasionally operate in isolation, with limited sharing of practice and learning	Working to achieve our objectives and deliver best outcomes for people	We will ensure there is more frequent sharing of information and experience across the CHCPs services	CHCP Reflection Framework Established Theme/development based Extended Management Team sessions inplace	Corporate Director	Within existing resources	SOA 4,5,6 & 8 Healthy CP4
Networks and fora have been established to share information and good practice. FTFT considering workplace exchange of ideas and practice.								
2.7	Service Improvement	We use significant incidents as an opportunity for reflection and learning but could do so more fully	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
Being progressed through the Heads Of Service Meetings.								

CHCP Directorate Improvement Plan – Progress Update November 2013

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
2.8	Service Supports	No clear process of reviewing policies and procedures	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
Actions and timescales being scoped for progression in 2014.								
2.9	Service Supports	Multiple data streams that vary in quality and currency	Have robust benchmarking activity	We will rationalise performance information by December 2013	OPR; reports to CHCP Sub-Committee	HoS PHIC	Within existing resources	SOA 8 Healthy CP4
Planning & Performance service have developed a data collection system (repository) which is continuing to evolve and improve. A demonstration and presentation was given to the CHCP sub-committee on 9th August 2013.								
2.10	Communication	CHCP Website requires updating	Information on service access is more routinely available and informs service planning	Review our communication channels by March 2014. Deliver the Communication Support and Language Plan and associated policies.	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
The Communications Group has a short life working group designed to gather information on services and update the Website content for transfer to Inverclyde Council website by March 2014.								

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
2.11	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
The Actions of the Care and Clinical Governance Group will be outlined in the Quality Assurance Plan, to be developed early in 2014.								
2.12	Working with Acute Services	No formal arrangements for whole system working across primary, community and acute services.	Achieve closer working between primary and secondary care Achieve closer working with Maternity Services.	We develop and implement a programme of joint working between primary and secondary care including improved referral process and deliver the Integration of Community and Secondary Care Pilot in Inverclyde by 2015.	Monitoring of the programme and reports to CCG Committee	HoS HCC Clinical Director	Within existing resources	SOA 4 Healthy CP2, 4
Under a professional development banner we are rotating staff through the LA discharge team to improve integration and joint working. We are progressing well with the Inverclyde interface pilot with good clinical engagement.								

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
2.13	Welfare Reform	Impact of welfare reform anticipated to be severe in Inverclyde	People in Inverclyde are supported to negotiate the benefits system, maximise their income and are more able to manage their money effectively and efficiently	We will ensure we have a robust Advice Services Team who are able to support clients . 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
Ongoing training in relation to elements of the Welfare Reform.Redesign of the Advice Information team continues to be implemented with the development of the Port Glasgow Hub.								
2.14	Financial Inclusion	There are many vulnerable people and families who require support	Improved access to financial inclusion services, particularly for families at risk of poverty	We will continue to be a key partner in the delivery of the Inverclyde Financial Inclusion Partnership and Strategy.	Monitor Financial Inclusion Strategy outcomes Number of referrals Development of the Financial Inclusion pathway.	HoS PHIC	Within agreed financial framework	SOA 3 Achieving CP5
Financial Inclusion Partnership (FIP) continues to meet quarterly and will have a development session in 2014 to undertake review of strategy and outcomes. Successful partnership approach taken to recent funding with 2 successful applications to the Big lottery Support and Connect funding. Scottish Legal Aid Board (SLAB) funding has been awarded to the FIP and will progress the strategy.								

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
2.15	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
<p>Basic awareness training via the Violence Against Women Multi-agency Partnership (MAP) is open to anyone from CHCP, and was offered to all SW staff, key contacts in Children and Families services and specialist children's services and GP surgeries and other independent contractors. Three such sessions were delivered in 2012-13 with more planned for 2013-14. The theme for this years annual Child Protection Committee Conference was Gender Based Violence.</p>								
2.16	Child and Adult Protection	There were 427 new Adult Protection and 186 Child Protection referrals in 2011/12	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
<p>The AP Module has now been implemented. Extracting information will provide a range of performance management information, facilitating identification of patterns and trends and influencing future planning. The module is new, all staff have been trained but will need to become familiar and confident with using in practice.</p> <p>The Child Protection Committee used Inverclyde citizen's panel findings to develop a campaign focused on a general 'call to action' message which aims to tackle the barriers to reporting concerns about a child.</p> <p>The powerful image of the campaign will be displayed in prominent sites throughout Inverclyde and postcards providing useful contact numbers will be available through health centres, social work offices and other council buildings.</p>								

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
2.17	Child and Adult Protection	GP involvement in child and adult protection could be improved	There is improved GP participation in child and adult protection	We will increase the % of child protection case conferences attended by or reports provided by GP	5% increase on baseline by April 2014 PI Ref. 5	HoS C&F HoS HCC Clinical Director	Within existing resources	SAFE SOA5 CP1
GPs have attended case conferences on some occasions, and agreement has been reached for GP representation on the AP Committee, to ensure a multiagency view and for advice on specific issues.								
2.18	Working with the 3 rd sector and local people	Co-production approach agreed via Change Fund Governance meetings.	Improved partnership working with the 3rd sector	We will continue to implement community capacity building and co-production	Co-production embedded in the CHCP Community capacity maximised	HoS HCC	Within existing resources Reshaping Care for Older People Change Fund	SOA 2, 3 Included CP2, 4
Funding has been successfully allocated to develop some areas of work through the Community Capacity Network to develop Coproduction. We have actively contributed to the Engagement Matrix which reflects our commitment to working with the Third Sector around issues of joint commissioning and other areas.								

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?
3a.1	Children's Services Early Years Collaborative	Work has begun locally with our partners on the Early Years Collaborative.	Deliver tangible improvement in outcomes and reduce inequalities for Scotland's vulnerable children, shifting the balance of services towards early intervention and prevention by 2016	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 and Infant mortality by 2015 85% of all children within each CPP reach 27-30 month developmental milestone by 2017 90% of all children reach developmental milestones by primary school by 2017 PI Ref. 6,7,8a,8b,8c	HoS C & F HOS Education IC Chief Executive All Organisations and Agencies
<p>Since the last update 2 further national EYC Learning sessions have been hosted by Scottish Government. These were well attended by CHCP, Education, and Council colleagues together with other partner organisations.</p>						
3a.2	Children's Services Children's Hearing Bill	Training in Children's Hearing Legislation is currently being developed.	Front line practitioners and managers to be familiar the new Children's Hearing legislation	We will implement local actions as part of the enactment of new Children's Hearing Legislation.	Each young person will continue to have a child's plan and the SHANARRI wellbeing indicators will inform outcomes PI Ref. 9a, 9b, 10,11,12a,12b	HoS C & F
<p>The training programme for the new Children's Hearing Legislation has been completed for all front line practitioners and managers. Training was delivered in 3 ways; Awareness Training delivered by the CHCP giving staff initial grounding prior to the implementation of the act, Commissioned CLAN to deliver National Training at local venues, Commissioned Professor Kenneth Norrie to deliver specialist training, offered places to SCRA to build shared local knowledge.</p>						

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?
3a.3	Children's Services Children and Young People's Bill	This will impact on Kinship, thoroughcare services, and corporate parenting	Every child has a named person and those children with additional support needs have a lead professional.	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 revise our corporate parenting strategy.	Named professional role in place PI Ref. 9a, 9b, 10,11,12a,12b,13,	HoS C & F
<p>As part of our overall Nurturing Inverclyde approach we are pursuing an explicit policy of placing Inverclyde Children within Inverclyde (with the exception of adoption). The number of Inverclyde Children placed in residential schools is at its lowest ever level and the number of children placed in community based settings is at its highest at 90.1%. We continue to support increasing numbers of children in kinship placements. These are children who would otherwise be looked after in residential or fostering placements.</p> <p>Both our fostering and our adoption and permanence services were inspected in Jan /Feb of this year. Both services were graded as very good across all inspection themes with the exception of "quality of care" in fostering services which was graded as excellent and was described as "sector leading".</p>						
3a.4	Children's Services	Special Needs in Pregnancy (SNIPS) services are currently in place.	We want to embed the roll out of the named person and lead professional.	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
<p>Our SNIPS service picks up vulnerable children and families. We have an Additional Support Needs Monitoring Forum which considers assessments of pre-school, primary and secondary school children and young people who may require additional support. We have been successful in securing short term Scottish Government funding to form a multi-agency team to undertake assertive outreach to engage vulnerable families who are not routinely engaging with services.</p>						

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?
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
<p>We have agreed to hold a workshop with children and families, health improvement and maternity to look at the broader aspects of crossover across these 3 service areas and how we can ensure seamless pathways, and will take place in December 2013.</p>						
3a.6	Children's Services Early and Effective Intervention	77 alleged offence cases screened April –Sept 12. 34 referred to Social Work Services.	Establish Early and Effective Intervention (EEI) across Inverclyde	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 % of EEI referred with other outcomes PI Ref. 17a,17b,17c	HoS C & F
<p>The EEI system expanded on 1/4/2012 to include children under 16 who are on Supervision. This has significantly increased the number of children who can receive an early intervention response, avoiding the need for Police, Social Work and other reports.</p> <p>On the 17th of June this year we will open Lomond View Academy which is our new integrated school for our most excluded young people. The school will have capacity for 24 young people and will have a fully integrated multi-disciplinary staff team.</p>						

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?
3a.7	Children's Services National Parenting Strategy	Parenting strategy agreed and implemented.	Parents are equipped to provide their children with the best start in life	Deliver targeted and universal Triple P parenting support.	Number of positive parenting programme (PPI) session delivered. Number of parents attending. PI Ref. 18a,18b	HoS C & F
<p>The SOA6 is the strategic oversight group for the local parenting strategy, although the work is progressed mainly via the Early Years Sub Group. The Inverclyde Parenting Strategy is currently being reviewed and a revised strategy reflecting the National Parenting strategy is nearing completion.</p> <p>For the period 2012-13 the number of Sessions and interventions by level are as follows:</p> <ul style="list-style-type: none"> • 213 - 1-2-1 Sessions • 410 - Parents attending • 280 - Level 2 interventions • 191 - Level 3 interventions • 42 - Level 4 interventions 						
3a.8	Children's Services Healthy Child Programme	Targets met for Child Healthy Weight and Childsmile Dentists. 30 Month Assessment due to go live on 1st June 2013.	Reduce childhood obesity and injuries to children and improve mental health of children and young people. and oral health	Improve identification and support for vulnerable children and families.	% of children receiving 30 months assessment % of LAC that have received a health check PI Ref. 9a,9b,19	HoS C&F
<p>Work is heavily focused toward the implementation of the 30 month assessment, however performance against targets remains on track.</p>						

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?
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 within 18 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
In February 2013 we finally exceeded our target of waiting times at 22 weeks. Our action plan is now focussed on sustaining and improving performance.						
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	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
This is currently being undertaken for transitional health checks for young people with LD and will be incorporated into the overall transition plan. Through Inverclyde Child Protection Committee and Adult Mental Health services, a working group has been set up to develop a practice framework around the interface between Children's services and Child Protection in particular and Adult Mental Health Services.						
3a.11	Criminal Justice	Consultation 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
Develop integrated processes and services across children and adult services and opportunities for alternatives to custody and secure care for young people. Scottish Government funding has enabled us to put a team in place for this project. Diversion from Prosecution service is now operational.						
The Court Support Service for young people is currently being implemented. This will provide specialist support to under 18s including a bail support service as an alternative to remand.						

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?
3b.1	Adult Services	Anticipatory Care Planning is not used to maximum benefit	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 embedded	HoS HCC Clinical Director
Adult Community Nursing are reviewing over 400 patients aged 65+ to further Anticipatory Care Planning and to prevent avoidable hospital admissions.						
3b.2	Reshaping Care for Older People	Project in place funded via 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
Carers Centre staff continue to work with older carers to prepare for long term planning for their loved ones. To date this has included the development of - emergency planning/long term planning and information related sessions for carers. Carers centre staff have joined the CHCP anticipatory care planning group.						
3b.3	Disability	Agreement to undertake Health Needs Assessment of adults with LD	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
Inverclyde CLDT along with Community Children’s nursing (school nurses) and LD Liaison Team at NHS GG&C have completed the first year of offering transition health checks to all young people leaving schools for people with LD. 54% uptake this year and plans to improve on this uptake in place for next years leavers.						

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?
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
Currently 5 COPD patients using telehealth. Intention to increase to twenty by Jan 2014.						
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
The CHCP's latest data (2011) shows that approximately 44% of people died in a community based setting (23% at home, 14.7% in a care home, 6.2% in a hospice and 0.1% in "other" setting), with 56% of people dying in a hospital setting. These data are currently being refreshed for 2012.						
3b.6	Primary Care	Data gathering is underway to identify variations in referral patterns from primary to secondary care.	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
We are progressing this action via the Inverclyde interface pilot, and will report in March 2014 with a plan for further action.						

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?
3b.7	Older People	Pharmacy reviews will be reported at QPSR	Polypharmacy is reduced for older people.	We will develop and implement systematic pharmacy reviews by March 2014	Number of pharmacy reviews. POMs reduced	HoS HCC
All 16 GP practices are participating in the Polypharmacy LES. The CHCP Prescribing Team is supporting this by providing prior work up for GP face to face reviews in all GP practices and also undertaking targeted pharmacist medication reviews.						
3b.8	Dementia	Work on the Inverclyde Dementia Strategy is well underway and 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: <ul style="list-style-type: none"> - 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
The final Inverclyde Dementia Strategy will be submitted to CHCP Sub Committee in January. The Implementation plan is being developed by the Dementia Strategy Working Group to take forward the areas of work required. Additional investment is being allocated to support the strategy implementation. Evaluation of the post diagnostic support development at 6 months is being concluded. This will inform the future shape of this element of service. In this period 60 referrals have been received by the PDS, of which 48 people have been offered post diagnostic support.						

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?
3b.9	Older People's Services	<p>Bed days lost to delayed discharge are reducing.</p> <p>Emergency admissions for people over 65 are higher than we want them to be.</p>	<p>Only people who really need to be are in hospital, and only for as long as is clinically necessary</p> <p>Older people who are able to be supported to live independently at home are able to do so.</p>	<p>We will implement the Joint Strategic Commissioning Strategy for Older People</p>	<p>Performance Measures 31 – 38</p> <p>PI Ref. 31,32a,32b,33,34,35,36,38a,38b,</p>	HoS HCC
<p>Resource worker to support review of day services for older people has been appointed and started in November 2013. Home care framework agreement and service specification currently being developed with a view to implementation from April 2014. Feedback has been received from JIT and our public engagement events and the strategy is being updated in light of this. The strategy will also undergo EQIA before the end of the year.</p>						
3c.1	Health Improvement	<p>There is inconsistent understanding and awareness of health improvement and tackling inequalities</p>	<p>All CHCP staff and partners including elected members can more readily understand their role in improving health and tackling inequalities</p>	<p>We will undertake a survey to determine knowledge and attitudes towards everyone's roles in the health improvement and tackling inequalities agenda.</p> <p>We will deliver training and awareness raising tailored to the results of the survey.</p>	<p>Survey undertaken and results analysed by April 2014</p> <p>Training delivered and evaluated</p> <p>Survey repeated by April 2015.</p>	HoS PHIC
<p>The focus and scope of this work is being developed with a view to conducting the survey and training by January 2014.</p>						

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?
3c.2	Alcohol and Drugs	Overprovision statement 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
Eight applications have been received including 5 for new off sales provision. One not approved.						
3c.3	Cancer	Cancer screening uptake good Incidence of cancer in Inverclyde high	There is a reducing level of cancer for Inverclyde people, supported through an increasing uptake of cancer screening programmes	We will increase the 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 PI Ref. 8a,8b,8c	HoS PHIC Clinical Director
<ul style="list-style-type: none"> July-August – skin cancer awareness to staff via the Healthy Working Lives group September – Breast and Bowel cancer screenings and awareness promoted via a MacMillan Cancer Care coffee morning at East Kirk Court (35 people attended) September – cancer awareness promoted to staff by holding a Macmillan Coffee morning at HQ (30 staff attended and 10 staff involved in the planning) September – breast, bowel and cervical cancer promoted at WOOPI-do event in Port Glasgow Town Hall to 22 persons 						
3c.4	Self-Directed Support	Seven workstreams identified.	Individuals have the opportunity to direct their own carer / support	We will implement the Self Directed Support action plan for the CHCP	Monitoring of the SDS Action Plan PI Ref. 22	HoS PHIC
Event took place in October to review current position and redesign the membership of the subgroups to involve fieldwork staff to take forward key areas of the SDS strategy.						

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?
3c.5	Wellbeing	Strong foundations have been built in relation to Choose Life.	Stronger focus on population wellbeing learning from 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
High level delivery plan has been developed with key actions identified and re-establishment of Forum to take forward implementation.						
3d.1	Mental Health	2011/12 psychological therapies waiting time 26wks: 24	Improved access to psychological therapies and PCMHT to 18 weeks maximum wait and extend to older people	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
		Ravenscraig not fit for purpose	High quality health provision that meets older people’s mental health needs		New inpatient provision fully implemented by 2014.	
		MH Strategy developed	Improved crisis response in relation to adult mental health and clear clinical and care pathways		Crisis response and pathways in place.	
		Redesign of OPMH and process to improve access to older people with mental	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

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?
		health problems				
<p>CMHT and Psychology have completed migrating the recording of their activity to the Patient Management Information System (PiMS). Patients who are not seen within the 18 weeks target are mostly Psychology patients, and the main reason is the recruitment difficulty the Psychology Team has been facing. A new psychologist has been appointed but will not start until April 2014.</p> <p>The model and pathway process for community response service is now concluded. Detailed implementation of this is being progressed to commence in January 2014.</p> <p>Redesign of older people’s mental health services is complete. Implementation to date includes a single point of access to OPMH service; commencement of memory assessment service to support early diagnosis of Dementia, and pathway to post diagnostic support; fast track assessment for people with rapidly changing needs; and dedicated staff within liaison service to all Care Homes from OPMHT, and to Acute from the Argyll Unit.</p>						
3d.2	Drugs and Alcohol	2011/12 – 30 people died from alcohol related issues	Reduce the number of people who die due to alcohol consumption.	We will strengthen initiatives aimed at promoting cultural change and attitudes to alcohol, through our contribution to the Inverclyde ADP Strategy	Reduce alcohol related deaths Number of ABIs delivered	HoS MHAH
<p>With support of ADP funding the recovery movement is now well established within Inverclyde. Funding has been provided to create a Support Worker post within the 3rd Sector in combination with access to premises for meetings and social events.</p> <p>A programme of Licensing Seminars are being held (in partnership with Police Scotland and IIAS) with the Licensed trade locally to promote responsible licensing practice raising awareness of alcohol related harm (health /crime) and the role that licences can play in reducing harm.</p> <p>Referral processes to IIAS have been redesigned to include a FAST assessment. This provides the opportunity for referring organisations to carry out a brief intervention and provides the specialists alcohol service with early access to information providing faster access to services and better targeting of services.</p>						

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?
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	<p>We will complete the review of CHCP Homelessness Service and Implement the one-stop-shop in partnership with Oak Tree Housing Association.</p> <p>We will increase the number of flats in the Inverclyde Centre from 23 to 25</p>	<p>Reduction in statutory homelessness presentations</p> <p>25 flats in place in Inverclyde Centre</p> <p>PI Ref. 23a,23b,23c,23d</p>	HoS MHAM
Homelessness review complete with the appointment of Team Leader Assessment and support.						
3d.4	Health and Homelessness	<p>Baseline 2011/12 - 30% increase in outcomes assessed as 'very good' in comparison to 2010/11.</p> <p>First and second annual homeless service user consultations undertaken.</p>	<p>Year One Target 2013-14 for HHAP: Independent evaluation of the CHCP's HHAP to show a 10% increase in outcomes assessed as 'very good'.</p> <p>2016 Target for HHAP: Independent evaluation of the CHP's HHAP to show a 10% increase in outcomes assessed as 'very good'..</p>	We will implement the ICHCP Health and Homelessness Action Plan (HHAP)	<p>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.</p> <p>PI Ref. 24</p>	HoS MHAH
Increased Access to mainstream health services for persons affected by homelessness confirmed through homeless service user consultation, including maintaining the target of 30 homeless service users to be consulted. We have continued our activities to support the delivery of the Scottish Government's Health and Homelessness Standards.						

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?
3d.5	Advocacy	Shared advocacy services in place	People have independent support to challenge us if required, and access to advocacy services is improved.	We will improve access to advocacy services.	Monitor uptake of advocacy services	HoS MHAH
<p>In July 2012 we commissioned Circles Network Advocacy Project to run initially for 3 years with an option to extend for 1 year, plus 1 year on mutually agreed terms and conditions. Additional advocacy services have been purchased through the Change Fund to provide further support to adults aged 65+. Other funding from Scottish Government secured a dedicated post for a Self Directed Support Advocate located within the Circles Network Advocacy Project in order to offer independent support and advice on SDS to carers and people with long-term conditions.</p>						
3d.6	Criminal Justice	Good partnership working with Greenock Prison to improve prisoner's health. SPS an active partner in the ADP.	The health of prisoners is improved. The health needs of male and female prisoners are addressed equitably Supported transition on release for mental health, addictions or homelessness needs.	We will undertake a Health Needs of Prisoners Assessment by March 2014	HNA completed and action plan agreed by March 2014	HoS MHAH
<p>Prison Alcohol Nurse post established. Training on waiting times system provided by ADP to prison staff to support monitoring of access to services. Liaison and referral arrangements with HMP Greenock and CHCP Community Addictions teams continue to operate., including: procedure in place which supports minimising the time lag between release from prison and engagement with services; and supporting access to prescription for Opiate Replacement Therapies without gaps in this process. The process also ensures key worker continuity for prisoners at this very vulnerable time and a further process ensures prisons have access to Naloxone through this process.</p>						