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<b>Report To:</b>	<b>Health &amp; Social Care Committee</b>	<b>Date:</b>	<b>23rd April 2015</b>
<b>Report By:</b>	<b>Brian Moore Corporate Director Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>SW-08-2015-HW</b>
<b>Contact Officer:</b>	<b>Helen Watson Head of Service Planning, Health Improvement &amp; Commissioning</b>	<b>Contact No:</b>	<b>01475 715285</b>
<b>Subject:</b>	<b>CHCP Corporate Directorate Improvement Plan – Progress Update to March 2015</b>		

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## **1.0 PURPOSE**

- 1.1 To present to members an update on the progress of our agreed actions against our Corporate Directorate Improvement Plan 2013-2016, up to March 2015.

## **2.0 SUMMARY**

- 2.1 As with all other Directorates across Inverclyde Council, Inverclyde CHCP (now HSCP) developed a three-year Corporate Directorate Improvement Plan (CDIP), approved by the CHCP Sub-Committee members in March 2013.
- 2.2 The CHCP Corporate Directorate Improvement Plan is an integrated plan, designed to articulate the key development and improvement actions for the CHCP in the three-year period 2013-2016, reflecting both the Council and NHS GG&C planning requirements.
- 2.3 The CHCP CDIP is informed by the Corporate Statement of the Council, the Corporate Plan and the Planning and Policy Frameworks of NHS GG&C and by improvements identified in a number of self-assessments undertaken across the CHCP. The Plan is not exhaustive. It does however, take into account significant change or redesign activities to improve performance, quality and outcomes for local people. The actual detail of service level activity is contained within each Head of Service's Quarterly Service Review and in team plans.
- 2.4 From 1<sup>st</sup> April 2015 the shadow arrangements commence for the Health and Social Care Partnership (HSCP). Over the coming year a strategic plan for the HSCP will be developed and will incorporate priorities and improvement actions from beyond 2016.
- 2.5 This strategic plan will be informed by our assessment of what progress has been made against the actions set out in the former CHCP CDIP, alongside new and emerging strategic priorities for the HSCP as set out in consultation via the new Strategic Planning Group and Integration Joint Board. Importantly, the Strategic Plan will be required to reflect the Scottish Government suite of national outcomes.

## **3.0 RECOMMENDATIONS**

- 3.1 Members are asked to note the reported summary of progress up to March 2015 against the CHCP Corporate Directorate Improvement Plan 2013-16.

**Brian Moore**  
**Chief Officer**  
**Inverclyde Health & Social Care Partnership**

## **4.0 BACKGROUND**

- 4.1 Inverclyde CHCP prepared a three year Corporate Directorate Improvement Plan in 2013, to satisfy the planning guidance of Inverclyde Council and reflect that of NHS Greater Glasgow and Clyde.
- 4.2 The plan focuses on key areas of improvement and development action, which were considered in 2013 to 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. The day to day actions of the partnership are not included in this plan.
- 4.3 This plan provides an integrated approach of the key areas of activity for the CHCP over the period 2013-2016, in addition to the core purpose of the CHCP of providing Community Health and Social Care services to the people of Inverclyde. To date it has provided an important driver for continual improvement.

## **5.0 SUMMARY OF PROGRESS**

- 5.1 This CDIP action plan reports on the progress updates of 58 actions for the CHCP service areas. The majority of these actions continue to be a work in progress and seven percent are completed. For example:
  - Action reference (1.3) The Young Carers service has increased service delivery by providing an additional Young Carer/Kinship Group and supports 5 groups of young carers from a variety of age groups.
  - Action reference (3b. 4) Shifting the Balance of Care – We have surpassed the target set at a 5% increase in the number of people accessing telecare support by March 2015.
  - Action reference (2.14) The Financial Inclusion Partnership is working well and the establishment of an outreach worker in post is targeting hard to reach families at risk of poverty.
- 5.2 The new HSCP Strategic Plan will be informed by our assessment of what progress has been made to date against these actions, and a decision will be based on this assessment in relation to which actions remain and which are no longer relevant or have been completed.

## **6.0 PROPOSALS**

- 6.1 All CDIP updates are currently made directly on to the Corporate 'Inverclyde Performs' QPS system. The CHCP Quality & Development Service are currently working to design an interactive dashboard and it is envisioned that briefing booklets will be produce from this system which will provide a more visual report for future reporting to the Health & Social Care Committee and the Integration Joint Board (IJB).
- 6.2 These progress updates to the CDIP action plan will link to our Integrated Performance Improvement Exceptions Report which is also being presented to this committee, and will also be presented on a six monthly basis to the IJB.

## **7.0 IMPLICATIONS**

### **Finance**

- 7.1 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.

## Financial Implications:

### One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

### Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

## Legal

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

## Human Resources

- 7.3 Any Human Resources implications of actions will be addressed via the usual agreed process.

## Equalities

- 7.4 There are no negative 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.

Has an Equality Impact Assessment been carried out?

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YES (see attached appendix)

NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

## Repopulation

- 7.5 There are no negative environmental or population implications detailed in the actions within the Plan that require attention.

## 8.0 CONSULTATIONS

- 8.1 Actions contained in the Plan are derived from on-going engagement with service users, carers and the wider community as well as from staff and other stakeholder groups. On-going consultation is a key feature of the HSCP's daily business.

## 9.0 LIST OF BACKGROUND PAPERS

- 9.1 Corporate Directorate Improvement Plan 2013-2016.

CHCP Directorate Improvement Plan – Progress Update March 2015

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.	<b>We will deliver on the commitments of the Inverclyde Carers and Young Carers Strategy 2012 – 2015.</b>  -	Carer feedback. Strategy outcomes. Numbers of assessments completed.  PI Ref. 1,2a,2b	HoS PHIC HoS HCC	<b>Core resources NHS Carers Information Strategy Fund Reshaping Care for Older People Change Fund</b>	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	<b>We will implement training programmes for staff to support them in involving carers as equal partners in the planning, deliver and review of care</b>	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	<b>Core resources NHS Carers Information Strategy Fund Reshaping Care for Older People Change Fund</b>	SOA 4 8 Healthy C3 SOA 2 Nurtured / Respected C2

**UPDATE:**  
 Through the rolling out of EPiC training programme a consistent message is being delivered to staff around the key principles in supporting carers as Equal Partners in Care. In addition staff are being advised to inform carers with whom they come into contact about the Self-Assessment tool for carers and signpost them to the Carers Centre to access a range of supports to enable them to continue in their caring role. In the past year 62 Self Assessments have been completed.

The same consistent message is being delivered by carer support staff at the Hospital (which was recently highlighted by the Scottish Government as an example of good practice) and community outreach work with older carers / carers of older people funded by the Change Fund.

A series of information seminars have been organised for carers by workers employed through the Reshaping Care for older people Change Fund around long term and contingency planning to assist them to address issues around legal matters such as power of attorney and future care arrangements.

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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	<b>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</b>	Number of young carers known to services.  Number of young carers accessing key supports  PI Ref. 2d,2e	HoS C&F/CJ	<b>Core resources NHS Carers Information Strategy Fund</b>	SOA 6 Active, Included CP5 C4
<p><b>UPDATE:</b></p> <p>Young carers staff have participated in the delivery of the EPiC programme, where they have shown the DVD produced by young carers to raise awareness about the issues facing young people who also have a caring role. The DVD will be used in schools and other settings to promote awareness and discussion with staff to encourage identification of young carers and address issues of support. The service currently supports 5 groups of young carers from a variety of age groups. The most recently established group consists of young people age 8, who are either siblings of children with additional needs or assisting a parent or other relative, who has long term health or addiction issues</p> <p>We will continue to identify young carers, assess need, provide a service that meet young carer needs and work with the agencies that can support the needs of young carers. Those agencies are: - primary and secondary schools, community care and mental health services (where the child’s parent is the cared for person), Community Learning and Development Service and Carers Centre (for young carers making the transition to becoming an adult carer).</p> <p>The young carers’ service has increased service delivery by providing an additional Young Carer /Kinship group. It is co working with the Carers Centre to explore the delivery of a group to young carers in transition to the adult carers’ service.</p> <p>The Young Carers Strategy 2012 - 2015 will be reviewed this year with the aim of producing a Strategy for 2016 – 2019.</p>								

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1.4	Information Governance	Agreement reached that Records Management Plan required	To have a robust Records Management Plan in place by 2014/15	<b>We will work with Internal Audit; Legal; ICT and practitioners to develop the CHCP Records Management Plan by 2014/15.</b>	Plan will be completed and agreed.	Corporate Director	Within existing resources	SOA 8 Respected CP4
<p><b>UPDATE:</b>                      Work on the Records Management Plan is well underway, with a requirement to submit by June 2015. There is a workshop scheduled to take place on 15th April 2015 on information sharing and will involve all stakeholders to discuss the Inverclyde draft Information Sharing Protocol. Mandatory training (Information governance, Information security and Records management) has begun and all employees have been asked to complete this e-learning module. We are also undertaking a staff survey to ascertain whether understanding of information governance issues is improving.</p>								
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	<b>We will fully implement our existing Equalities Delivery Plan by March 2014.</b>	Number of assessment and improvement plans Evidence of listening to the views of people with protected characteristics  Equalities legislation compliance	HoS PHIC	<b>Within existing resources</b>	SOA 4 Respected Included CP5
<p><b>UPDATE:</b>                      The NHS GG&amp;C and the Corporate Inequalities Team (CIT) agreed to continue to work alongside the Council Equality Group to support the move towards more integrated equality work in Inverclyde.</p>								

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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	<b>We will continue to explore the options of honorary contracts and a HR/ Personnel Service Level Agreement between both parent organisations.</b>	New HR support model agreed and implemented	Corporate Director	Within existing resources	SOA8 Respected and Responsible CP4
<b>UPDATE:</b> No progress to report at this stage								
1.7	Accommodation	Plans for future accommodation agreed.	Clyde Square and Port Glasgow accommodation open	<b>We will implement the CHCP Accommodation Strategy, move to new accommodation in Clyde Square and Port Glasgow.</b>	Move to Central Library, new Port Glasgow office.	Corporate Director	Within agreed financial framework	SOA 8 Healthy CP4
<b>UPDATE:</b> Staff have moved into Hector McNeil House and Princes Street House. User groups are meeting on a regular basis at both locations to resolve any accommodation issues that may arise.								



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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.	<b>We will implement agile/mobile working by March 2014.</b>	Agile working pilot completed	Corporate Director	Within agreed financial framework	SOA 8 Healthy CP4
<p><b>UPDATE:</b> With the move to Hector McNeil House and Princess Street House the CHCP has significantly reduced the number of sites where employees are based. Hot-desking and increased use of laptops also means that employees are more able to work from home and other locations as appropriate.</p>								
1.9	Environment	Low levels of staff awareness of the Council's environmental agenda.	Improved employee environmental awareness and understanding.	<b>We will provide staff with information and training to change our environmental behaviour.</b>	Increased awareness.  Reduction in commodities consumption  Reduction in business mileage	Corporate Director	Contained within existing budgets	SOA 7 Nurtured CP4
<p><b>UPDATE:</b> A number of HSCP staff have moved to new modernised offices where there are flexible working arrangements. A number of staff have laptops allowing them to work from various offices across the HSCP which in turn reduces the amount of printing required. We are currently working within paper light offices with the introduction of the new Electronic Document Management System CIVICA. As a result of the Officer Rationalisation we are part of the council's campus which encourages staff to walk between the various buildings and reduces travel/business mileage. The new modernised facility provides a reduced level of lighting. We have also installed recycling bins within the premises.</p>								

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2.1	People Involvement	People Involvement Framework is agreed	Users, Carers and communities are involved in shaping our priorities	<b>We will implement the CHCP People Involvement Framework across all services by March 2014</b>	Monitoring of the Framework and reports to CHCP Sub-Committee	HoS PHIC	<b>Within existing resources</b>	SOA 2 Respected Responsible Included CP4
<p><b>UPDATE:</b>                      An audit is conducted on an annual basis to capture the variety of involvement and engagement carried out across the CHCP. A number of reviews and Strategies are being developed in partnership with services users and carers e.g. Autism Strategy; Learning Disability Review.</p> <p>The CHCP Advisory group continues to be the vehicle through which issues are raised with CHCP and responses fed back to the representatives who are involved in this body. The Carers Network continues to develop as an informal forum for carers to come together to share issues and concerns and feed into the Advisory Group.</p>								
2.2	Quality Assurance	Governance meetings with providers and commissioners	There is a culture of continuous review and improvement in all services	<b>We will develop a CHCP Quality Assurance Framework by March 2014.</b>	Framework in place and service improvements documented	HoS PHIC	<b>Within existing resources</b>	SOA 8 Healthy CP4
<p><b>UPDATE:</b>                      In progress - deadline changed to March 2016 for new HSCP, to take account of new legislation requirements and their associated work. A draft quality assurance framework is being considered by the HSCP Extended Management Team.</p>								

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2.3	Commissioning	Draft CHCP Commissioning Strategy developed.	Commissioning intentions of the CHCP are clearly articulated to assist planning amongst providers	<b>We will agree and implement CHCP overarching Commissioning Strategy by March 2014</b>	Monitoring of the Strategy and reports to CHCP Sub-Committee	HoS PHIC	<b>Within existing resources, and looking a disinvestment reinvestment opportunities</b>	SOA 8 Healthy CP4
<b>UPDATE:</b> Our Overarching Commissioning Strategy has been revised to form a statement of principles and intention. <b>Complete</b>								
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	<b>We will undertake 3 benchmarking projects per year across the CHCP, making use of the Scottish Community Care Benchmarking Network and other benchmarking groups</b>	3 Benchmarking reports presented to Heads of Service per annum	HoS PHIC	Within existing resources	SOA 4,5,6 & 8 Healthy CP2,3 & 4
<b>UPDATE:</b> Benchmarking has been undertaken in Children's Services in respect of LAAC attainment and accommodated children. We will promote more widely that we can use the Scottish Community Care Benchmarking Network (SCCBN) and the local authority benchmarking family we belong to.								

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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	<b>Determine, agree and implement a consistent model of outcome focused assessment across all frontline services</b>	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
<p><b>UPDATE:</b> Training is ongoing for Outcome Focused Assessment within the HSCP incorporating the Wellbeing &amp; GIRFEC indicators. This work has been progressing and an assessment tool is being implemented on SWIFT. This will continue to be monitored throughout the year.</p>								
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	<b>We will ensure there is more frequent sharing of information and experience across the CHCPs services</b>	CHCP Reflection Framework Established  Theme/ development based Extended Management Team sessions in place	Corporate Director	Within existing resources	SOA 4,5,6 & 8  Healthy CP4
<p><b>UPDATE:</b> The HSCP Quality Assurance Framework has been drafted as noted at 2.2 and will develop a routine means of this happening. The revised process around Complaints should also help in respect of learning from complaints etc. A full update will be provided in the Annual Complaints Report in August 2015.</p>								

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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	<b>We will learn and grow as a CHCP from considering and reflecting on significant incidents and case reviews</b>	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
<p><b>UPDATE:</b> The HSCP Quality Assurance Framework has been drafted and will help us to learn and grow as an HSCP from considering and reflecting on significant incidents and case reviews. This work is being led by the Clinical and Care Governance Forum.</p>								
2.8	Service Supports	No clear process of reviewing policies and procedures	All policies and procedures are reviewed and developed using a clear process	<b>We will utilise the Quarterly Service Review process to identify policies and procedures workstreams</b>	Review effectiveness of this process on an annual basis	HoS PHIC	Within existing resources	SOA8 Respected and responsible CP4
<p><b>UPDATE:</b> Work is underway in re-developing the Quarterly Performance Service Review (QPSR) content to include a review to identify a process for updating policies and procedures.</p>								

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2.9	Service Supports	Multiple data streams that vary in quality and currency	Have robust benchmarking activity	<b>We will rationalise performance information by December 2013</b>	OPR; reports to CHCP Sub-Committee	HoS PHIC	Within existing resources	SOA 8 Healthy CP4
<p><b>UPDATE:</b>  <b>This is now Complete</b> – A repository of data measures has been developed by the HSCP Quality &amp; Development Service, which are mapped to the Wellbeing indicators to e.g. Safe, Healthy, Active, Nurtured, Achieving, Respected and Responsible and Included. <b>(SHANARRI)</b>. Quarterly Performance Service Reviews are now well established across the service areas of the CHCP and close monitoring and scrutiny of performance occurs routinely. New requirements have been introduced to reflect the national outcomes underpinning the Public Bodies (Joint Working) (Scotland) Act 2014. We will work with ISD Scotland to redevelop our intelligence and data to reflect the new reporting requirements.</p>								
2.10	Communication	CHCP Website requires updating	Information on service access is more routinely available and informs service planning	<b>Review our communication channels by March 2014.</b>  <b>Deliver the Communication Support and Language Plan and associated policies.</b>	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
<p><b>UPDATE:</b>  The Communication Group meets regularly and is well attended by a range of stakeholders. Work is progressing well with the development of the HSCP section of the Inverclyde Council website.</p>								

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2.11	Clinical and Care Governance	Arrangements are in place but require to be strengthened	Clinical and care governance is robust across the CHCP	<b>We will develop an integrated approach to care governance and clinical governance by December 2013.</b>	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
<b>UPDATE:</b> The HSCP Quality Assurance Framework which has been drafted for the new HSCP will take account of both the clinical governance and care governance agenda.								
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.	<b>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.</b>	Monitoring of the programme and reports to CCG Committee	HoS HCC Clinical Director	Within existing resources	SOA 4 Healthy CP2, 4
<b>UPDATE:</b> The programme of joint working between primary and secondary care taken forward for this action includes: The implementation of a joint action plan currently in place which is updated on a fortnightly basis and focusses on improving hospital discharge and reducing delayed discharge. A strategic group meet fortnightly to monitor this progress. A joint older people's development group has also been established and currently meet on a bi-monthly basis in order to take practice issues forward. We have initiated a programme to use the Integrated Resource Framework data to review High Resource Individuals (HRI) to understand current primary and secondary care demand and influence appropriate shift in this demand by working collaboratively.								

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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	<b>We will ensure we have a robust Advice Services Team who is 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.</b>	Increased numbers of staff trained in Welfare Reform.	HoS PHIC	Within agreed financial framework	SOA 3 Achieving CP5
<p><b>UPDATE:</b> Advice Services are now located within Hector McNeil House and Princess Street House providing improved support to Inverclyde residents. This includes assistance with the Welfare Reforms and also easier access to more specialist advisors (e.g. money advice). The new telephone triage service is improving client access and reducing waiting times.</p>								
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	<b>We will continue to be a key partner in the delivery of the Inverclyde Financial Inclusion Partnership and Strategy.</b>	Monitor Financial Inclusion Strategy outcomes. Number of referrals. Development of the Financial Inclusion pathway.	HoS PHC	Within agreed financial framework	SOA 3 Achieving CP5
<p><b>UPDATE:</b> The Financial Inclusion Partnership is working well and the strategy is being implemented. A new case management system has been being implemented (Bright Office) and will improve efficiency of the team by reducing the number of systems being used. An Outreach Worker is now in post and is targeting hard to reach families at risk of poverty.</p>								



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2.15	Gender Based Violence	We believe GBV is under-reported in Inverclyde	People subject to GBV feel supported	<b>We will deliver shared Gender Based Violence approach with GPs by March 2014.</b>	Increased number of people accessing GBV support.	HoS C & F Clinical Director	<b>Within existing resources</b>	SOA 4 Safe CP1, 5
<p><b>UPDATE:</b>                      Domestic Abuse is the highest recorded area of concern for children on the child protection register. Children and Families Services received approximately 500 domestic violence Concern Reports from the police between April 2013 and March 2014.                      Multi Agency Risk Assessment conferences (MARAC) were set up in Inverclyde in September 2013 to discuss higher tariff cases and continue to take place on a 4 weekly basis.                      A number of strategic activities also continue to take place to address GBV in Inverclyde. These are coordinated by the Violence Against Women Multi Agency Partnership (VAWMAP). Discussion has taken place with GPs at the GP Forum regarding GBV and how to respond when GPs come across a potential referral. Work is also on-going in relation to Routine Sensitive Enquiry (RSE).</p>								

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2.16	Child and Adult Protection	There were 427 new Adult Protection and 146 Child Protection referrals in 2013/14	Children and vulnerable adults are protected from harm, neglect, abuse and exploitation	<b>We will consolidate and continually improve our approaches to the protection of children, adults and vulnerable groups.</b>	Adult and Child Protection Case Reviews  PI Ref. 3a,3b, 3c,3d,4a,4b,4c	HoS C & F HoS HCC	<b>Within existing resources</b>	SOA 2 Safe C2 CP5
<p><b>UPDATE:</b>  <b>Child Protection:</b>                      The data for the annual period 2013/14 shows a drop in the number of CP1s completed for Child Protection within Inverclyde, a declining trend of -29% since Apr-Jun 2013. Child Protection Investigations for the first two quarters in 2014-15 average around 20, a reduction from an average 26 for the same period of the previous year. The percentage of referrals that result in investigation. However, the number of pre-birth babies referred in Apr-Jun 2014 at 12 is higher than at any other quarter in the past 18 months and at 32.4% is the highest proportion of new referrals over this period.</p>								
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	<b>We will increase the % of child protection case conferences attended by or reports provided by GP</b>	5% increase on baseline by April 2014  PI Ref. 5	HoS C&F HoS HCC Clinical Director	Within existing resources	SAFE SOA5 CP1
<p><b>UPDATE:</b> 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.  <b>Child Protection:</b>                      During 2013-14 - <b>154 Child Protection Case Conferences were held.</b> GP attendance was recorded at <b>3</b> of these conferences (2%) and reports were submitted by GPs to <b>16</b> conferences (10.4%). <b>Taken together this calculates to 12.3%.</b> So far for 2014-15 to September 2014 - <b>65 Case Conferences were held.</b> GP attendance was recorded at <b>1</b> (&lt;2%) and reports submitted by GPs to <b>8</b> Conferences. (12.3%). <b>Taken together this calculates to just less than 14%.</b> Although proportionately this is an improvement, from the previous year, the actual number of GP attendances is still very low.</p>								

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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
2.18	Working with the 3 <sup>rd</sup> sector and local people	Co-production approach agreed via Change Fund Governance meetings.	Improved partnership working with the 3rd sector	<b>We will continue to implement community capacity building and co-production</b>	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
<b>UPDATE:</b> Work in progress - needs to be refined in line with moves to HSCP and Integrated Care Programme work / SDS.								

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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	<b>We will be active partners in Early Years collaborative</b>  <b>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.</b>	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
<b>UPDATE:</b> At December 2014 a total of seventeen improvement projects are in various stages of progress involving a range of service areas and supported by the collaboration of the Early Years Collaborative Team. These projects focus on Attachment and Child Development; Family Engagement and Developing Parenting Skills; Addressing Child Poverty; and Up skilling the Workforce. ISD published a report in December 2014 of the estimated coverage of the 27 month review over the 2013-14 period show that <b>68.4%</b> of children eligible for review in Inverclyde were reviewed, this is just below the national Scotland percentage of <b>73%</b> .						
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	<b>We will implement local actions as part of the enactment of new Children's Hearing Legislation.</b>	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
<b>UPDATE:</b> Current processes and procedures associated with the Act specific to emergency transfers, admission to secure care and supervised contact are being revised with the aim of providing all staff with clear guidance.						

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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.	<b>We will roll out the named professional role in Health Visiting.</b>  <b>Once the Children &amp; Young People's Bill is passed and the necessary guidance and regulation is developed, we will revise our corporate parenting strategy.</b>	Named professional role in place  PI Ref. 9a, 9b, 10,11,12a,12b,13,	HoS C & F
<p><b>UPDATE:</b> We endeavour to place children within local community placements whenever possible however there has been a slight increase in the number of external placements in the last quarter owing to the complexity of need. As regulation and guidance is developed we continue to review the impact on current service delivery and the significant resource implications for future service provision associated with Kinship Care, Aftercare and Continuing Care elements.</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.	<b>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</b>	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><b>UPDATE:</b> Our SNIPS Service is being audited for the years 2013 and 2014 at the request of Inverclyde Child Protection Committee (ICPC). Its aim is to examine the multi-agency decision making of the SNIPS Liaison Group in line with Getting It Right for Every Child and will look at the early identification of vulnerable women, the pathways to the service, the joint assessment of risk and the co-ordination of the child's plan. The outcome of this audit will be discussed at the Performance Management sub group of ICPC in February 2015 and inform the future development of SNIPS. As part of the Early Years Framework a study evaluating work stream 1 is being developed to the review the test of change for 3 families from 0-30mths. Its evaluation will review that Inverclyde's children have the best start in life.</p>						

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3a.5	Children's Services	Overall smoking rates reducing but smoking in pregnancy remains high.	Fewer pregnant women smoke	<b>We will work with maternity Smoke Free Services to provide all possible support for women to reduce the incidence of smoking in pregnancy</b>	Increased quit rates in pregnancy.  Reduced smoking prevalence in pregnancy.  PI Ref. 15a,15b,16	HoS C&F HoS PHIC
<p><b>UPDATE:</b> The Health Improvement Team will continue to work with maternity Smoke Free Services to support women to reduce the incidence of smoking in pregnancy. The plan is to take the learning from the service evaluation which includes the entire pregnancy pathway from pre conception to post natal; certain aspects of this are being facilitated by Greater Glasgow &amp; Clyde Early Years Collaborative. This is a sub group of the Healthy Mums Healthy Babies programme. The Health Improvement Team facilitated joint development sessions with Health Visitors and Midwives specifically focussed on smoking in pregnancy to ensure referral pathways and joint working arrangements are robust. There has been a continual improvement in reducing the percentage of expectant mothers smoking. The latest data available (Dec 2014) shows that the percentage of all expectant mothers who smoke dropped to 18.3% from 21.3% at March 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	<b>We will implement the current work plan for Early and Effective Intervention and achieve agreed targets</b>	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><b>UPDATE:</b> Figures up to March 2014 show an increase in referrals and numbers of young people involved compared to the previous year up from 134 to 167 referrals during 2013-14. The percentage of children subject to referral and dealt with by children and families services fell to 42% in 2013-14 from 61% in 2013-14. We are currently reviewing our services to young people in this category and this review will take account of the Early Effective Intervention developments and aspirations of the Children and Young People's Bill. Young People aged 16 – 17 who are not on Supervision are not formally included in the EEI process, but Inverclyde decided to include those young people so there is an EEI process for all 8 – 17 year olds whether on Supervision or not. Lomond View Academy which is our new integrated school for our most excluded young people opened last year has capacity for 24 young people and will have a fully integrated multi-disciplinary staff team.</p>						

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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	<b>Deliver targeted and universal Triple P parenting support.</b>	Number of positive parenting programme (PPI) session delivered.  Number of parents attending.  PI Ref. 18a,18b	HoS C & F
<p><b>UPDATE:</b> All evaluations from practitioners for the year 2013/14 have now been collated and figures have been adjusted. There was an increase in the number of 'level 3' one to one interventions started in the most recent information available. The form has also been changed by Barnardo's to help collate more of the information around starting and finishing interventions. Two new groups started in January and February 2015 with 7 parents attending which means that these groups are now up and running on a more regular basis and should improve figures in the future.</p>						
3a.8	Children's Services Healthy Child Programme	Targets met for Child Healthy Weight and Child smile 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	<b>Improve identification and support for vulnerable children and families.</b>	% of children receiving 30 months assessment % of LAC that have received a health check  PI Ref. 9a,9b,19	HoS C&F
<p><b>UPDATE:</b> We have worked with the Early Years Collaborative (EYC) project, and are currently implementing a number of tests of change to ensure that the 3% reported as not attending the 30 month assessment have valid reasons for nonattendance. The re-introduction of the EMIS web is due to take place in May 2015. All staff is now either IT literate or are accessing training to up skill in preparation for electronic recording. Team Leads undertook risk assessment training in January 2015. National Practice Model training for all children and family health teams will take place in May 2015 alongside EMIS web training. Three team development sessions have been held since the last update and Caseload management supervision has been introduced and is currently delivered by team leaders.</p>						

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3a.9	Children's Services	Children wait too long for access to Child and Adolescent Mental Health Services	<b>Children and young people can access child and adolescent mental health services within 18 weeks by December 2014</b>	<b>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.</b>	CAMHS waiting times indicators  PI Ref. 24	HoS C&F
<p><b>UPDATE:</b> The team has experienced an increase in referrals, many of which have been identified as being more complex and multifaceted cases requiring to be seen for longer periods of interventions.</p> <p>The introduction of the Functional Analysis of Care Environments (FACE) Child and Adolescent Risk Assessment Suite (CARAS) is the UK's first evidence-based tool that is designed and validated to conduct accurate risk assessments for young people. This tool has been identified as part of a clinical risk management strategy in CAMHS, and has been introduced to the CAMHS teams in Greater Glasgow &amp; Clyde (GGC) to allow the implementation of a person centred risk management plan. The Inverclyde team received training in November 2014 and this is now currently being implemented for the vulnerable children and young people identified.</p>						
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	<b>We will map transition pathways for children with disability moving to adult services by March 2014</b>	Mapping completed by March 2014	HoS C & F HoS HCC
<p><b>UPDATE:</b> All of our looked after young people have a single plan which is inherently 'person centred'. The Transition Team from (Children with Additional Need and Community Care) use the GIRFEC principles of the SHANARRI wellbeing indicators to ensure that young people they work with are; safe, healthy, achieving, nurtured, active, respected and responsible and included.</p> <p>A local authority benchmarking project which includes Inverclyde HSCP is underway across a number of the Scottish Government SOLACE family groups looking at Transition from Children's to Adult services. A report of the findings is due to be completed in May 2015.</p>						



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3a.11	Criminal Justice	Consultation underway regarding future of Community Justice services in Scotland	New arrangements for Community Justice implemented	<b>We will offer our local response to consultation by April 2013 and participate in the roll out of agreed model from 2014 onwards.</b>	Consultation response submitted. Following SG announcement planning for chosen option put in place to facilitate/mitigate impact on CHCP.	HoS C&F and CJ
<b>UPDATE:</b> Complete						
3b.1	Adult Services	Anticipatory Care Planning is not used to maximum benefit	Increase early intervention and prevention using the anticipatory care framework	<b>Review the range of approaches to anticipatory care planning being employed and agree a consistent practice approach by August 2013.</b>	Review of Anticipatory Care Planning for care home residents complete. Anticipatory Care Planning embedded	HoS HCC Clinical Director
<b>UPDATE:</b> We are currently collating returned questionnaires in order to review the district nursing process to anticipatory care; this will inform continued approach to practice. We are also including anticipatory care plans as part of our hospital discharge process to avoid future admissions where possible.						
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	<b>We will support older carers to complete anticipatory care plans with Carers Centre staff working jointly with CHCP staff.</b>	Review range of carer funding complete and sustainably secured for this project.	HoS HCC
<b>UPDATE:</b> Information programme (4 sessions in each block) on long term planning have been introduced which accounts for approximately 18 carers at each session. Worker currently engaging with approximately 24 carers on an on-going basis to develop their plans.						

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3b.3	Disability	Agreement to undertake Health Needs Assessment of adults with LD	The health of people with a learning disability is improved	<b>We will undertake a health needs assessment of adults with a learning disability and implement recommendations by March 2014</b>	Monitor implementation of the HNA action plan	HoS HCC
<b>UPDATE:</b> 100% of young people with a learning disability are offered a comprehensive adult health check. <b>Complete</b>						
3b.4	Shifting the Balance of Care	2222 people are in receipt of telecare as at March 2013	More people are able to manage their own health conditions	<b>We will increase the number of people with telecare support by 5% by March 2015</b>	The number of people with telecare support increased by 5% by March 2015  PI Ref. 20	HoS HCC
<b>UPDATE: Complete</b> - At 8th April 2015 there are 2,348 individuals in receipt of a telecare support which is an increase of 6%, compared with the number of individuals at March 2013 and above the 5% target set for this action by March 2015.						
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	<b>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</b>	Date gathering to inform target setting complete by summer 2013	HoS HCC
<b>UPDATE:</b> This action is in process of development and is being monitored through the current palliative care action plan. A suite of measures have been introduced and monitored through the Health and Community Care and Primary Care (HCCPC) quarterly performance service review (QPSR). Two of the key measures are the number of people supported by community staff to die at home or their preferred place of care and the number of community deaths.						

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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	<b>We will undertake a systematic review of referral data and take action to address variation and issues by June 2014</b>	Review complete and actions agreed by June 2014	HoS HCC Clinical Director
<p><b>UPDATE:</b> Primary and Secondary care interface pilot is taking place focussing on referral data and referral variations for orthopaedics, diabetes, and dermatology. The methodology used for this pilot is informing continued interface work across primary and secondary care to further analyse and influence demand and activity in Inverclyde and Board wide.</p>						
3b.7	Older People	Pharmacy reviews will be reported at QPSR	Polypharmacy is reduced for older people.	<b>We will develop and implement systematic pharmacy reviews by March 2014</b>	Number of pharmacy reviews.  POMs reduced	HoS HCC
<p><b>UPDATE:</b> 2216 patients received an extra face to face GP medication review under the 2013-14 Polypharmacy Local Enhanced Services (LES). All 16 GP practices have signed up for or agreed to work on Polypharmacy LES 2014-15. The LES supports GPs to carry out an additional face to face GP medication review for 2.5% of the practice population (some of these reviews are supported with prior work ups to identify pharmaceutical care issues provided by the Prescribing Team).</p>						

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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"> <li>- increasing the numbers of people with a dementia diagnosis on the QOF dementia register</li> <li>- providing post diagnostic support</li> </ul>	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
<p><b>UPDATE:</b> We continue to build on good communication between the Older Person's Mental Health Team and the GP Community. A new memory clinic allows quicker access to Mental Health Services from general practice and previously agreed shared coding and letter formats ensure patients are promptly added to registers. A dementia friendly event took place in May 2014. Post Diagnostic Support continues to perform very well.</p>						
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.	Only people who really need to be 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.	<b>We will implement the Joint Strategic Commissioning Strategy for Older People</b>	Performance Measures 31 – 38  PI Ref. 31,32a,32b,33,34,35,36,38a,38b,	HoS HCC
<p><b>UPDATE:</b> This was signed off in January 2014 and we held a public event for older people in May 2014 to review progress and intentions.</p>						

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3c.1	Health Improvement	There is inconsistent understanding and awareness of health improvement and tackling inequalities	All CHCP staff and partners including elected members can more readily understand their role in improving health and tackling inequalities	<b>We will undertake a survey to determine knowledge and attitudes towards 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.</b>	Survey undertaken and results analysed by April 2014 Training delivered and evaluated Survey repeated by April 2015.	HoS PHIC
<p><b>UPDATE:</b> Due to NHS GG&amp;C and Corporate Inequalities Team (CIT) capacity issues, this has been deferred to 2015/16.</p>						
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.	<b>We will continue to engage with the local licensing forum and advise on licensing applications.</b>	Number of licensing applications subject to discussion in respect of impact on health	HoS PHIC
<p><b>UPDATE:</b> Safer Communities and the Police rolled out the Best Bar None Awards Scheme in Inverclyde and 10 local premises signed up in the last year. One of the key elements of the Awards Scheme is Protecting and Improving Public Health and Protecting Children from Harm. Within the last amendments to the licensing act there is now a requirement for any new applications to be sent to the local police and health board for input as they provide statistical information in terms of alcohol related harm and report back to the licensing board. IAS continues to contribute to reducing alcohol related deaths by working across all four tiers of service provision from our Prevention &amp; Education Team (tier 1 &amp; 2) through to in patient detox within Gartnavel Hospital (tier 4).</p>						

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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	<b>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.</b>	Uptake of cancer screening programmes: - Bowel - Breast - Cervical  PI Ref. 8a,8b,8c	HoS PHIC Clinical Director
<p><b>UPDATE:</b> We are continuing to market screening programmes through email signatures, SOLUS screens in GP practices and ICON screens in Council premises. We have increased output of patient literature and are continuing with local cancer screening events. Our campaign has also included the use of local radio to reach the widest possible number in the population.</p>						
3c.4	Self-Directed Support	Seven workstreams identified.	Individuals have the opportunity to direct their own carer / support	<b>We will implement the Self Directed Support action plan for the CHCP</b>	Monitoring of the SDS Action Plan  PI Ref. 22	HoS PHIC
<p><b>UPDATE:</b> A self-assessment checklist was issued by Audit Scotland in June, the purpose of which was to set out areas for consideration in relation to progress in implementing self-directed support (SDS) in each council area. This checklist has been used as a basis for an overarching action plan for the Inverclyde partnership. Key elements include ensuring that SDS is offered to all people eligible when being assessed for social care needs; developing ways to monitor and review the impact of SDS on people's lives; development of processes to support provision of individual budgets; ensuring that monitoring processes are developed that we monitor the use of in-house services and that this information informs reviews of sustainability. Further work is required with external providers and the third sector to ensure development of realistic community alternatives and relevant information for people to access regarding these alternatives.</p>						

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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.	<b>We will implement “Making Well-being Matter” the Inverclyde Mental Health Improvement Framework.</b>	Development of Making Wellbeing Matter framework complete.	HoS PHIC
<p><b>UPDATE:</b>                      Work in this area continues to progress. Early discussions are underway with the Council’s Corporate Policy and Council’s Corporate Equalities Group to develop the local response required for the anti-stigma work around Mental Health issues.</p>						

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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	<b>We will implement Phase 2 of the Clyde Mental Health Strategy and local redesign.</b>	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 health problems	Integration of OPMHT and integration into inpatient services to operate as one system to prevent admission to hospital	<b>We will complete the redesign of the Older People's Mental Health Team.</b>	Redesign complete.	HoS MHAH
<p><b>UPDATE:</b>                      The performance trajectory for the Psychological Therapies HEAT Target continues to show that the Inverclyde Primary Care Mental Health Team (PCMHT) has met the 18-week referral-to-treatment (RTT18) target. In relation to Psychology (embedded in the Community Mental Health Team), the trajectory of the past quarter shows a steady reduction of the number of patients waiting for over 18 weeks. <b>Redesign complete.</b></p>						



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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.	<b>We will strengthen initiatives aimed at promoting cultural change and attitudes to alcohol, through our contribution to the Inverclyde ADP Strategy</b>	Reduce alcohol related deaths Number of ABIs delivered	HoS MHAH
<p><b>UPDATE:</b> We have made progress in strengthening initiatives in promoting cultural change and attitudes to alcohol through our contribution to the Inverclyde Alcohol &amp; Drug Partnership (ADP) Strategy across all four tiers of service provision from our Prevention &amp; Education team (tier 1&amp;2) through to in patient detox within Gartnavel (tier 4). The Recovery movement has benefitted from continued ADP support. They have developed their own facilities in a community base and continue to be actively involved in a range of relevant activities which support the health and wellbeing of people who have experienced a range of difficulties.</p>						
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	<b>We will complete the review of CHCP Homelessness Service and Implement the one-stop-shop in partnership with Oak Tree Housing Association.</b>  <b>We will increase the number of flats in the Inverclyde Centre from 23 to 25</b>	Reduction in statutory homelessness presentations 25 flats in place in Inverclyde Centre PI Ref. 23a,23b,23c,23d	HoS MHAM
<p><b>UPDATE:</b> The Homelessness Service Assessment and Support Team were relocated to Crown House and are now operating a duty service from Hector McNeil House. The introduction of the Prevent 1 system will monitor our prevention and Housing Options activity to evidence the outcomes for people seeking advice. This work will help maintain the accepted homelessness applications at a manageable level.</p> <p><b>Increase in the number of flats in the Inverclyde Centre from 23 to 25 - Complete.</b></p>						

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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><b>Year One Target 2013-14 for HHAP:</b> Independent evaluation of the CHCP's HHAP to show a 10% increase in outcomes assessed as 'very good'.</p> <p><b>2016 Target for HHAP:</b> Independent evaluation of the CHP's HHAP to show a 10% increase in outcomes assessed as 'very good'.</p>	<b>We will implement the ICHCP Health and Homelessness Action Plan (HHAP)</b>	<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
<p><b>UPDATE:</b> Consultation on the Health and Homelessness Action Plan was carried out during June, July and August 2014 in relation to progress made during 2013/14. The HHAP was subsequently submitted to the Homelessness Performance Meeting (NHSGG&amp;C) which took place in October 2014 and ratings against progress achieved were self-assessed as 13 x 'very good' and 5 x 'good' out of a total of 18 areas for self-assessment. These ratings maintain our previous high standards of delivery of the HHAP.</p>						

CHCP Directorate Improvement Plan – Progress Update March 2015

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.	<b>We will improve access to advocacy services.</b>	Monitor uptake of advocacy services	HoS MHAH
<p><b>UPDATE:</b>                      Circles Network Advocacy Service has delivered one to one advocacy in Inverclyde to 496 individuals at March 2015 and supported many groups within care home settings by attending residents meetings and taking forward issues the residents have. They continue to operate with a no waiting list policy and have been extremely busy with a steady uptake of new introductions. Throughout the year they have experienced an increase in individuals seeking assistance with regards to specific legislation, i.e. Adults With Incapacity (Scotland) Act 2000, The Mental Health (Scotland) Act, and Adults Support &amp; Protection Act.</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.	<b>We will undertake a Health Needs of Prisoners Assessment by March 2014</b>	HNA completed and action plan agreed by March 2014	HoS MHAH
<p><b>UPDATE:</b>                      We have strong links with HMP Greenock who are Alcohol &amp; Drug Partners (ADP). Prison staff support the Waiting Times system and monitor access to services. Liaison and referral systems are embedded between HMP Greenock and Inverclyde Integrated Addiction Services. This ensures fast and appropriate service in respect of alcohol and drug services. Pre liberation notice supports Opioid Substitution Therapy (OST) and early contact with alcohol services. Continuity of key workers is facilitated via this process and the joint Police and addictions Persistent Offenders Partnership (POP) further enhances this by working into the prison as appropriate to service user needs.</p>						