



Glasgow City Community Health Partnership

Development Plan 2013-16

May 2013

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INTRODUCTION

This Development Plan covers the three year period 2013/14 to 2015/16, and will be updated annually. The Plan has been prepared in the light of the NHS Board's planning guidance, and focuses on how we intend to progress the corporate priorities for the Board as a whole. These are:

- Early intervention and preventing ill-health;
- Shifting the balance of care;
- Reshaping care for older people;
- Improving quality, efficiency and effectiveness; and,
- Tackling inequality.

The Plan is structured around these corporate priorities, and also takes into account the Board's planning and policy frameworks. We do not include information on the CHP as an organisation, nor a description of the planning context as this is already set out in the Board's Corporate Plan 2013-16, and last year's Development Plan. Instead we focus on the action and outcomes we intend to deliver. We include sections at the end of the Plan on the key finance and workforce issues we face, and our plans to improve the effectiveness of our organisation. We will produce a user friendly summary version which will be available to the public.

Hosted Services

The **North West Sector** has a lead planning role for Drugs and Alcohol services. Priority actions for 2013/14 will arise from the Clinical Services Review and will focus on overseeing service specific work streams, established to progress the 'case for change' issues identified from phase 1 of the CSR. An action plan and supporting performance framework are being developed. North West Sector also hosts NHSGGC sexual health services provided by Sandyford. Key system-wide actions include the review of client and resource data regarding key indicators, inequalities, national and local priorities, to produce an options paper looking at settings, specific populations, resources and service changes, for implementation in 2014 onwards. Sandyford is engaged with NHSGGC's Clinical Service Review in relation to gynaecological services to explore respective roles, resource allocation, service access and equity issues, including funding streams.

The **North East Sector** hosts Specialist Children's Services which is planning and implementing a number of Board-wide re-design programmes for CAMHS and Community Paediatrics. The Sector Director is Lead Director for Children's Services across NHSGGC and is responsible for leading on Glasgow City and Board-wide strategic planning, including joint planning with the Women and Children's Directorate. Homelessness and asylum health services for Glasgow City are hosted by North East Sector and the Sector provides a lead role in relation to gender based violence through representation on the City's Violence against Women partnership.

The **South Sector** has a lead planning role for older people's services; including taking forward the Board-wide District Nursing Review and the re-design of continence services. South Sector also hosts the Board's Health at Work team.

EARLY INTERVENTION AND PREVENTING ILL HEALTH

Early intervention and prevention forms the largest proportion of our activity. We will work to prevent ill health and intervene early through four key mechanisms

- through the interactions of our staff (and NHS contractors) with patients and their families, supporting screening, early intervention and LTC management and contributing to tackling inequalities
- through our health improvement specialist workforce working with communities and groups to affect aspects of the 'where' and 'how' we live on our health experiences. Utilising this workforce to build the capacity of all those in contact with the public to promote well-being and tackle inequalities,
- through our contribution to the delivery of the Single Outcome Agreement as part of Glasgow Community Planning Partnership (including one Glasgow) for 2013/14 and the related One Glasgow programmes
- and through procuring the delivery of a range of early intervention and preventing ill health services, principally from the third sector and partners

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

- Improve identification and support to vulnerable children and families.
- Enable disadvantaged groups to use services in a way which reflects their needs.
- Increase identification of and reduce key risk factors (smoking, obesity, alcohol use).
- Increase the use of anticipatory care planning.
- Increase the proportion of key conditions including cancer and dementia detected at an early stage.
- Enable more older people to stay healthy prolonging active life and reducing avoidable illness, particularly associated with chronic disability and dependency, and/or premature mortality

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
Acute Services					
1	<ul style="list-style-type: none"> - Increase the proportion of key conditions detected at an early stage - Promote access to and take-up of screening programmes 	<ul style="list-style-type: none"> - Primary Care Screening rates - Cancer screening rates in deprived areas 	<ul style="list-style-type: none"> - Cervical Screening rate as of June 2012 was 72.5% - Bowel Screening rate as of December 2012 was 44.4% - Breast Screening rate as of February 2012 was 65.50% 	<ul style="list-style-type: none"> - 75% - 48% - 68% 	<ul style="list-style-type: none"> - 80% - 60% - 70%
Adult Mental Health					
2	<ul style="list-style-type: none"> - Agree Psychological Therapies care pathway, including stepped care model and core evidence-based PTs provided. Develop IT infrastructure for data recording/reporting and monitoring demand/ capacity. Identify and plan for staff training needs and clarify clinical supervision arrangements. 	<ul style="list-style-type: none"> - 18 weeks referral to treatment for Psychological Therapies from December 2014 	<ul style="list-style-type: none"> - New target, baseline not available 	<ul style="list-style-type: none"> - No more than 6 % patients waiting >18weeks at Dec 2013 	<ul style="list-style-type: none"> - 0 patients waiting >18weeks at Dec 2014
3	<ul style="list-style-type: none"> - Develop local implementation plans to achieve waiting time target for PCMHT 	<ul style="list-style-type: none"> - Reduce PCMHT referral to treatment targets, (SIMD, age and sex). - 28 day referral to 1st appointment and 9 weeks from referral to 1st treatment (baseline will be 2012/13) 	<ul style="list-style-type: none"> - TBC 	<ul style="list-style-type: none"> - TBC 	<ul style="list-style-type: none"> - TBC

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
4	- Implement recommendations within multi-agency Glasgow City Choose Life suicide prevention plan. Work programmes include multi-agency training delivery (in line with HEAT standard) and community prevention programmes.	- Reduce suicide rate between 2002 and 2013 by 20%. - Maintain HEAT training target levels	- 14 (2002 rate per 100,000) - 229 staff trained Jan-Dec 2012	- 11 per 100,000 - 50% designated frontline staff are trained in suicide prevention	- 50% designated frontline staff are trained in suicide prevention
Cancer					
5	- Deliver the HPV programme - Implement the detect cancer early strategy (see action 1)	- Uptake of HPV vaccinations	- 78.1%	- 80%	- 80.0%
Children and Maternity					
6	- Support maternity services to implement the Healthy Babies Programme	- At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation by March 2015	- <u>March 2012</u> SIMD 1 – 60.14% SIMD 2 – 62.50% SIMD 3 – 61.51% SIMD 4 – 64.06% SIMD 5 – 64.66% Total 61.91%	- 71.4%	- 80%
7	- Implement Healthy children Programme	- Universal Pathway in operation and evidenced based interventions being used - New HPI categories being used and reported on	- N/A - N/A	- Universal pathway implemented - Evidence based interventions for vulnerable children implemented - Revised HPI implemented	- N/A - N/A

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
		<ul style="list-style-type: none"> - No./% of 30 month assessments completed - Number of first time teenage mums participating in FNP 	<ul style="list-style-type: none"> - N/A - N/A 	<ul style="list-style-type: none"> - 80% of children reaching 30 months receive assessment - 168 teenage mums participating in FNP 	<ul style="list-style-type: none"> - N/A - 100% of children reaching 30 months receive assessment - To be agreed - depends on funding for programme
8	- Implement the One Glasgow approach	- No. of children discussed at early years' JST	- N/A	- No target yet for number of children discussed at early years JST	
9	- Complete the set of actions in response to the HMIE inspection of Child Protection and the work plan for the Improving Children's Services' Group	- Evidence of actions having been completed.	- N/A	- Actions completed	-
10	<ul style="list-style-type: none"> - Action to address "mind the gaps" - Implement the children and families' workforce plan in Glasgow City to increase the number of nursery nurses and support workers in children and family teams - We will monitor the outcomes from the early years' JSTs and work with Glasgow City Council to ensure that sufficient resources are available to 	<ul style="list-style-type: none"> - Time spent on patient facing activities by band 6 health visitors. - No. of families receiving support as result of JST 	<ul style="list-style-type: none"> - 53% - Early years' JST not in operation 	<ul style="list-style-type: none"> - 58.3% - TBA 	<ul style="list-style-type: none"> - 80% - TBA

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
	provide the interventions as agreed in the children’s care plans.				
11	- Implement the revised inter agency protocol for vulnerable pregnant women and the reconfigured Liaison Groups	- Revised protocol and liaison groups in place.	- N/A	- Revised protocol in place	
12	- Complete implementation of comprehensive parenting strategy	- Number of parents attending groups - Improve uptake of Triple P	- Nov 2009 to Oct 2012 - No. parents attending groups – 784 - No. of parents completing programme - 14,257 - No. of staff trained - 1033	- Targets for 2013/14 still to be agreed	
13	- Implement the Maternal and Infant Nutrition action plans in each sector.	- % of babies exclusively breastfed at HVFVR as % of all babies receiving a HVFVR. (Heath Visitor First Visit Report) - % of babies exclusively breastfed at 6-8 week as % of all babies receiving a 6–8 week review - % of babies exclusively breast feeding at 6-8 weeks living in 15% most deprived data zones - Maintenance of UNICEF Baby Friendly accreditation at all locations using new standards	- 30.4% - 23.5% - 14.5% - UNICEF accreditation achieved	- 32.4% - 38.6% (CHP target 24%) - 24.5% (CHP target 16%) - UNICEF accreditation maintained	- 53.1% - 41.6% (CHP target 26%) - 24.5% (CHP target 18%) - UNICEF accreditation maintained

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
14	<ul style="list-style-type: none"> - Reduce obesity - Continue to implement the child healthy weight programme - Implement actions to promote physical activity 	<ul style="list-style-type: none"> - To achieve 1,773 completed child healthy weight interventions over the three years ending March 2014 	<ul style="list-style-type: none"> - 543 completers 	<ul style="list-style-type: none"> - 1,773 completers between April 2011 and March 2014. - (actual for 2013-14 will depend on performance in 2012/13) 	<ul style="list-style-type: none"> - TBA
15	<ul style="list-style-type: none"> - Reduce injuries to children. - Fully implement health promotion elements of the universal child health pathway which are related to child safety - Support campaigns to raise awareness of how to prevent avoidable childhood injuries. 	<ul style="list-style-type: none"> - Reduction in % of children experiencing avoidable harm/injury - Evidence of campaigns to raise awareness 	<ul style="list-style-type: none"> - Not available 	<ul style="list-style-type: none"> - TBA 	<ul style="list-style-type: none"> - TBA
16	<ul style="list-style-type: none"> - Improve mental health of children and young people - Implement the action plan for the mental health improvement and early intervention for children and young people in Glasgow City - Implementation of early intervention approaches by CAMHS teams - Implement Young People's Mental Health Service in primary and secondary schools - Review progress against actions from School Health Summits and identify future developments 	<ul style="list-style-type: none"> - Reduction in pupils in secondary schools reporting high SDQ scores as reported in the School Health and Wellbeing survey (2010) 	<ul style="list-style-type: none"> - 22% of secondary school pupils had an SDQ score of 16 or more. 	<ul style="list-style-type: none"> - 22% as new data will not be available until after survey is completed in 2014 	<ul style="list-style-type: none"> - 16% of secondary school pupils have an SDQ score of 16 or more.
17	<ul style="list-style-type: none"> - Improve oral health. 	<ul style="list-style-type: none"> - % of children contacted for 	<ul style="list-style-type: none"> - 91% of children in 	<ul style="list-style-type: none"> - Maintain 91% 	<ul style="list-style-type: none"> - TBA

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
	<ul style="list-style-type: none"> - Support the Oral Health Directorate to implement the fluoride varnishing programme - Support Education Services to maximise number of nurseries and primary schools participating in Childsmile 	<ul style="list-style-type: none"> fluoride varnishing whose parents have signed the consent form for fluoride varnishing - Improve dental registrations for 0-2 year olds - Improve uptake of dental registrations for 3-5 year olds - Reduce dental decay for P1s - Reduce dental decay for P7s 	<ul style="list-style-type: none"> nurseries have signed consent form (August 2012) - 46.1% of 0-2 year olds registered with dentist - 90.8% of 3-5 years olds registered with a dentist - % of P1 children with no obvious decay experience in 2010 was 56.5% (Glasgow City) - % of P7 children with no obvious decay experience in 2010/11 was 62.5% for NHSGG&C 	<ul style="list-style-type: none"> - 76% by March 2014 (CHP target of 55%) - 76% by March 2014 (CHP to maintain target as of 2011/12) - 60% - 60% 	<ul style="list-style-type: none"> - TBA - TBA - TBA - TBA
18	<ul style="list-style-type: none"> - Implement the Alcohol and Drugs Partnership’s action plan for children and young people 	<ul style="list-style-type: none"> - Reduction in alcohol consumption by young people - Reduction in young people smoking 	<ul style="list-style-type: none"> - 39% of S1 to S4 pupils said that they had drunk alcohol - 9% of S1 to S4 pupils said that they had taken drugs (2010 School Health Survey) 	<ul style="list-style-type: none"> - Alcohol – 39% as new date will not be available until after survey is completed in 2014 - Drugs - 9% as new data will not be available until after survey is completed in 2014 	<ul style="list-style-type: none"> - 30% (2014) - 7% (2014)
Disability					
19	Implement conclusions of health needs assessment for learning	<ul style="list-style-type: none"> - Number of health checks for people with LD 		<ul style="list-style-type: none"> - 100% 	

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
	disability - Increase uptake of screening among people with LD	- Increased uptake of bowel, cervical and breast screening among people with LD - Number of GP practices participating in LD LES			
20	- Ensure adult support and protection is operating effectively - Implement new system for recording referrals on Datix	- Numbers of referrals recorded	No base line available	Baseline to be agreed	
21	- Roll out of carers' self assessment across all three sectors (in partnership with Social Work and voluntary sector carers centres) - Support development of joint carers strategy with GCC (as basis for future development activity)	- Number of carers assessments (including self assessments) through Social Work teams - Strategy issued by March 2014	No baseline available	Baseline to be agreed for new system	
Drugs and Alcohol					
22	- Implement CHP actions within Glasgow City ADP Delivery Plan including recommendations from Drug Deaths Prevention Group, implement Alcohol and Drug Prevention and Education Model; targeted health improvement and social marketing activities; and contributing to the formulation of evidenced based licensing policies.	- Reduction in excessive drinking and illegal drug use. - Reduction in alcohol and drug related deaths	- 2011 Health & Wellbeing survey identified c15% exceeding recommended alcohol limit, compared with c20% in 1999 ('Greater Glasgow' trend) - 199 alcohol related deaths in 2011 (compared with 194	- To be agreed as part of ADP - Maintain the reducing trend (based on a 5 year average) in the	- TBA - TBA

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
		- Reduction in alcohol related hospital admissions	and 186 in 2010 and 270 in 2005) - 117 drug related deaths in 2011 (compared with 94 in 2010 and 111 in 2002)	rate of alcohol related deaths. - Maintain the reducing trend (based on a 5 year average) in the rate of drug related deaths. - 230 per 10,000 in 2009/11 (Currently 2008/10 data 236.5 per 10,000)	- TBA
23	- Support maintenance of ABIs in current settings - Consider potential to extend ABI activity in pharmacy and prison settings	- HEAT ABIs	- 5,304 ABIs in 2011/12	- 6,104	- 6,104
Long Term Conditions					
24	- Review anticipatory care practice in Glasgow in the light of the report (due April/May 2013), by each MCN on high value interventions to support prevention, identify any gaps and develop an action plan for Glasgow	- Increased number of patients in anticipatory care programmes as part of GP contract - Numbers of patients on LTC LES - Indicators included elsewhere on admissions and bed days;	- No baseline as new LES	- Baseline agreed	-
25	- Carry out a needs analysis through risk profiling of patient cohort with multiple morbidity. - Encourage the development of integrated anticipatory care assessments by GPs, involving	- Hospital admissions for LTCs (COPD, CHD, Asthma, diabetes) (as above)	- Hospital discharge rate per 1,000 population was 2447.9 for all conditions.	- Hospital discharge rate 2400 for all conditions.	- Hospital discharge rate of 2350 for all conditions

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
	community health staff teams and Social Work.				
26	<ul style="list-style-type: none"> - Promote awareness and understanding of the self management framework (and how they can contribute as part of their role) among community health staff. - Building on work done re ALISS and GCVS mapping exercise, promote awareness of resources within the community among community health staff and GPs. 	<ul style="list-style-type: none"> - Referrals to community services and carers services 	<ul style="list-style-type: none"> - Not available 	<ul style="list-style-type: none"> - Baseline to be agreed 	
Older People					
27	<ul style="list-style-type: none"> - Implement a citywide anticipatory care programme targeted at older people at risk of hospital admission in the light of learning from the change fund pilot in South Sector and other areas. 	<ul style="list-style-type: none"> - Increase in number of anticipatory care plans. 	<ul style="list-style-type: none"> - 65 patients through South Project. - Baseline for GP anticipatory care plans TBA 	<ul style="list-style-type: none"> - Increase to 200 patients through South project. 	<ul style="list-style-type: none"> - TBC
28	<ul style="list-style-type: none"> - Dementia Diagnosis 	<ul style="list-style-type: none"> - Maintain the proportion of people with a diagnosis of dementia on the QOF dementia register 	<ul style="list-style-type: none"> - 3,900 	<ul style="list-style-type: none"> - 3,900 	<ul style="list-style-type: none"> - 3,900
29	<ul style="list-style-type: none"> - Roll out specific programmes to support active ageing in partnership with Glasgow Life and community based projects. 	<ul style="list-style-type: none"> - Number of people participating in active ageing programmes 	<ul style="list-style-type: none"> - 38 weekly classes 	<ul style="list-style-type: none"> - 80 weekly classes 	<ul style="list-style-type: none"> - 140 weekly classes
30	<ul style="list-style-type: none"> - Implement new Board wide community continence service structure with two teams a North 	<ul style="list-style-type: none"> - Achieve a consistent maximum waiting time across the board of 12 	<ul style="list-style-type: none"> - Variable 12- 20 weeks 	<ul style="list-style-type: none"> - Achieve 14 week target 	<ul style="list-style-type: none"> - Achieve 12 week target

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
	and South Team	<ul style="list-style-type: none"> weeks - Deliver a training programme to care homes and community nurses - Implement a behavioural intervention approach with patients 	<ul style="list-style-type: none"> - Patchy delivery of training based on need - BI approach designed 	<ul style="list-style-type: none"> - Develop Board wide training plan and initiate - Pilot BI approach with 3 patient groups 	<ul style="list-style-type: none"> - Board wide rolling programme in place - BI approach embedded in practice
Primary Care					
31	- Child protection training update delivered for GPs as part of practice protected learning time	- majority of GPs uptake child protection session as part of PLT	- No baseline available	- 60%	- 95%
32	- Increase the number of GP practices opting to deliver Keep Well.	- % of GPs participating in new LES	- New target, data not available	- 8183	- TBA
Sexual Health					
33	<ul style="list-style-type: none"> - Work with local planning partnership partners on coordinated activity to reduce teenage pregnancies - Increase provision of LARC by increasing number of GPs participating in the LARC LES (in preparation for implementation of Sandyford review with Primary Care next year) 	<ul style="list-style-type: none"> - Teenage pregnancy 13-15 (per 1000) - 13 – 15 in deprived areas (per 1000) - LARC LES uptake by GPs 	<ul style="list-style-type: none"> - 8.5 (2010) - 65 per 1000 (2009/11) and 57.6 per 1000 (2010/12) - LARC baseline has risen from 16.1 per 1000 females aged 15/49 in 2011 to 16.8 in 2012 in primary care and in Sandyford from 31.6 in 2011 to 32.2 in 2012. Maternity and 		

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
	- Have in place a network of condom distribution centres that are easy to access and in the right geographic locations	- Numbers and locations of condom distribution centres (to meet target populations)	termination services data source not separate from acute services - 133 condom distribution centres	- 200 condom distribution centres	- 200
34	- Continue to support local authority partners to develop effective Sexual Health and Relationship Education, including support to parents	- Numbers of schools participating - ASN schools programme progress	- TBC	- All non denominational school	- All non denomination al schools - All ASN schools
35	- Implement the BBV policy - Carry out a programme of targeted HIV testing for key groups (e.g. through partnership with Gay Men’s Health)	- HIV tests - Increase Hepatitis B Vaccination	- Data not available to CHP - Data not available to CHP	- Data not available to CHP - Data not available to CHP	-

Financial Outcomes

Resources will be targeted towards a number of specific early intervention and prevention programmes, including a city wide anticipatory care programme to better manage patients with long term conditions to prevent unscheduled hospital admissions; targeted health improvement activities; increasing the early detection of dementia and provision of post diagnosis support; improving prevention and early intervention for children affected by parental alcohol or drug misuse; implementing Teen Triple P, Stepping Stones and Toddler Triple P; increasing GP participation in LES and increasing uptake in health screening programmes. These will be achieved mainly through the deployment and, where necessary, the redirection of mainstream resources. They will also be supported through joint funding initiatives, such as the change fund, and alcohol & drug partnership funding, and national funding streams such as Keep Well.

SHIFTING THE BALANCE OF CARE

In this section we focus on actions that will shift the balance of care away from “institutional settings” to provide care and support close to where people live, and supporting people to maintain their independence and improve their quality of life. We need to reduce admissions to hospital where alternatives are in place, and improve patient pathways and the interface between primary and secondary care. We also need to support carers in their role.

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

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

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
Acute Services					
36	<ul style="list-style-type: none"> - Support discharge planning across services - Implement actions for unplanned hospital activity through sector based unplanned care working groups. - Develop increased shared understanding of evidence / data across stakeholders 	<ul style="list-style-type: none"> - Reduction in rate of attendance at A&E (per month per 100,000) 	- 2,925	- 2,957	- TBC.
Adult Mental Health					
37	<ul style="list-style-type: none"> - Continue to ensure robust discharge processes are in place, working towards achieving 14 day target by April 2015 or earlier. 	<ul style="list-style-type: none"> - 0 delayed discharges. - Reduce bed days lost to delayed discharges 	- 0	- 0	- 0
38	<ul style="list-style-type: none"> - Achieve targeted inpatient acute MH bed reductions in South Glasgow, while maintaining effective / efficient use of residual beds. 	<ul style="list-style-type: none"> - Bed reductions as per plan 	- 84 beds (South Glasgow)	- 72 beds (South Glasgow) by August 2013	- N/A
Children and Maternity					
39	<ul style="list-style-type: none"> - Implement financial plan for children and families' teams to increase resources on community services 	<ul style="list-style-type: none"> - Performance framework being developed but interim measure can be to increase number of staff in children and family teams with particular focus on increasing numbers of band 3 and 4 support staff and band 6 school nurses 	- 561.4 wte staff in post in NHSGG&C (as at March 2013)	- 613.5 wte in NHSGG&C (Glasgow figures still to be agreed and will depend on Board approval of additional funding)	- 665.6 wte in NHSGG&C (Glasgow figures still to be agreed and will depend on Board approval of additional

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
					funding)
40	Increase paediatric activity delivered in community by - Supporting the paediatric outreach work stream for “On the Move” - Contributing to the Child and Maternal Health work stream for the Clinical Services Review with a focus on developing new models of shared services between hospital and community and located in community settings.	- No. of referrals to hospital based paediatric services - No. of sessions being delivered in the community - No. of children accessing paediatric services in community/locality settings	- Data available at GG&C level and currently being collated by W & C Directorate for each CHP	- New service models agreed	- Completion of “On the Move” - Implementation of new service models
Disability					
41	- Review use of long stay and develop plan to transfer more people into enhanced supported living	- Reduced numbers of people in long stay beds	- Data not available in SharePoint	- TBA	
Long Term Conditions					
42	- Review anticipatory care practice in Glasgow in the light of the report by each MCN on high value interventions to support prevention (due April/May 2013), identify any gaps and any action required to improve delivery - COPD – Evaluate COPD pilot projects in each sector through Change Fund to determine future service change - CHD – Continue mainstreaming of Keep Well and continue roll out of	- Reduce LTC bed day rates per 100,000 population - Hospital admissions, length of stay for LTCs (COPD, CHD, Asthma, diabetes) (as above) - Meet Scottish Government target for Keep Well health	- 2447.9 discharges per 100,000 population	- Hospital discharge rate of 2,400 for all conditions - Target to be agreed with Scottish	- Hospital discharge rate of 2,350 for all conditions

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
	health checks	checks		Government	
43	- Increase range and level of community service responses by promoting Rehab services (in particular rapid response) among GPs and A&E services	- Community Rehab rapid responses - Increase in GP referrals	- Performance framework to be agreed	- New performance framework to be agreed	- TBC
44	- Increase early supported discharge by improving effectiveness of Rehab Teams to support early discharge	- Numbers early discharge/reduction in bed days for LTCs	- Performance framework to be agreed	- New performance framework to be agreed	-TBC
45	- Increase reach and effectiveness of: - Smoking cessation - ABIs - Deliver walk leader programme - Improve access to psychological therapies	- Number quits - ABIs - Referrals to walk leader programme - Meet HEAT target re waiting times.	- TBC	- TBC	- TBC
46	- Implement new partnership model of provision of carers services with GCC and voluntary sector carers centres - Make best use of CIS funding to support training and support for carers	- Numbers of carers assessments (including self assessments)	- Baseline not available	- Baseline to be agreed	
Primary Care					
47	- Deliver a programme of demand reduction for acute care. - Develop & implement actions from Sector based Unplanned Care groups	- Identify variation and reduce unplanned activity through A&E attendance and unplanned admissions	- Rate per 100,000 population attendance. January to Dec 2012 was 2,849 against an NHS GG&C target of	- TBC	- TBC

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
			2961.		
48	<ul style="list-style-type: none"> - Deliver the changes required by the “effective working” agreements. - Progress approach to improve team working between community services and GP practices. - Deliver changes identified through the Quality and Productivity processes. - Systematic review of referral data and action to address variation and issues. - Ensure clear value of CMS is realised. - Increase range of urgent access options to advice and appointments for GPs. - CHP to co-ordinate annual Quality Outcome Framework review event in each sector 	- Reduction in LTC admissions	- 2447.9 discharges per 100,000 population	- 2400	- Hospital discharge rate of 2350 for all conditions
49	- Carers identified at the earliest opportunity and put forward for self assessment and support through Carer services	- Numbers of Carer assessments undertaken	- Baseline not available	- Baseline to be agreed	
Older People					
50	- Take forward with Partners plans to reduce “institutional care” as part of Joint Strategic Commissioning Plan.	- Reduced NHS continuing care beds, reduced geriatric medicine inpatient beds and reduced care home provision	- See actions 52 and 53 below	- See actions 52 and 53 below	- See actions 52 and 53 below
51	- Improve end of life care.	- Reduce % of total deaths	- Baseline to be	- TBC	- TBC

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
		which occur in hospital	established		

Financial Outcomes

Key financial issues here are:

- Reduction in acute mental health inpatient beds;
- Reduction in learning disability long stay beds
- Managing prescribing and delivering efficiency savings to reinvest in primary care / community services;
- Assessing the financial impact of the outcome of the District Nursing review once it has concluded;
- Allocation of carers information strategy resources to support carers in their caring role;

RESHAPING CARE FOR OLDER PEOPLE

Reshaping Care for Older People is a key priority for the CHP which will see a fundamental change in the way we deliver services from primary care and community services to health improvement and closer working with social work, the third sector, independent sector and acute services. We are developing a three year Joint Strategic Commissioning Plan with our partners that will spell out in detail our plans for reshaping care. In this section we focus on the actions we intend to take as a CHP in line with the Board's corporate priorities. This section will need further updating once the Joint Strategic Commissioning Plan is agreed by our partners.

A key focus here is for us to support people at home and provide alternatives to admission to hospital where appropriate. We also need to increase anticipatory care planning particularly for those at risk of admission to hospital. And we need to refocus our health improvement activity towards supporting older people and their carers maintain healthy life styles. Support to carers is also a vital part of our agenda, and improving people's experience of our services.

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

- Clearly defined, sustainable models of care for older people.
- More services in the community to support older people at home and to provide alternatives to admission where appropriate.
- Increased use of anticipatory care planning which takes account of health and care needs, and home circumstances and support.
- Carers are supported in their caring role.
- Improved partnership working with the third sector to support older people.

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURE	BASELINE 2011-12	YEAR ONE TARGET 2013-14	2016 TARGET
Acute Services					
52	<ul style="list-style-type: none"> - Actions to improve hospital care of older people with dementia. - Reduced delays in hospital for older people and reduced resources consumed. - Monitor and review discharge information and identify opportunities for multi-agency / organisation working to target delays. - Contribute to reducing average length of stay in acute hospitals 	<ul style="list-style-type: none"> - Reduce the rate of emergency inpatient bed days for people aged 75 +, and over per 1,000 population, by at least 12% between 2009/10 and 2014/15. - Reduce bed days consumed by delayed discharge to 25% of 2009/10 baseline (AWI and non-AWI). - Reduce the number of unplanned acute bed days (65 years+, per 1,00 pop and 75+). - Reduce the number of emergency admissions (65 +, 1,00 pop, 75+ & per 1,000 pop). - Reduction in ALOS (65+ & 75+) 	<ul style="list-style-type: none"> - 6,801 - 64,865 (non AWI) - 19,188 (AWI) - 360,428 (65+) - 4,419 (65+ per 1,000 pop) - 269,959 (75+) - 6,886 (75+ per 1,000 pop) - 27,432 (65+) - 336 (65+ per 1,000 pop) - 17,589 (75+) - 449 (75+ per 1,000 pop) - 7.5 days 	<ul style="list-style-type: none"> - 6,675 - 26,555 (non AWI) - 5744 - 336408 - 4125 - 247,682 - 6256 - 26912 - 330 - 17,224 - 435 - acute target TBC 	<ul style="list-style-type: none"> - 6,354 - 13,277 (non AWI) - ?(AWI) - acute target TBC
Older People					
53	- Implement agreed Joint	- No people will wait	- 0	- 0	- 0

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURE	BASELINE 2011-12	YEAR ONE TARGET 2013-14	2016 TARGET
	<p>Strategic Commissioning Plan for 2013-16 to shift the balance of care and reshape older people's services.</p> <ul style="list-style-type: none"> - Deliver change fund plan for 2013/14, and specifically reduce delays in acute hospitals. - Introduce single point of access 	<p>more than 28 from April 2013; followed by a 14 day maximum wait from April 2015 for hospital discharge.</p> <ul style="list-style-type: none"> - See above - single point of access in place by March 2014 		- 760	
54	<ul style="list-style-type: none"> - Implement dementia strategy key priorities. - Integrate housing strategy for older people with JSCP priorities. - Work with partners to enhance range and volume of community services to support older people at home. - Increase early supported discharge and assessment at home. - Revised model of support to care homes is concluded and implemented. - Implement single point of access for older people's service. - Reduce polypharmacy. - Support pharmacy medication service 	<ul style="list-style-type: none"> - Maintain the proportion of people with a diagnosis of dementia on the QOF dementia register. - Maintain 100% of pharmacies participating in medication service 	<p>- 4160</p> <p>- 100%</p>	<p>- 4160</p> <p>- 100%</p>	<p>- 4160</p> <p>- 100%</p>

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURE	BASELINE 2011-12	YEAR ONE TARGET 2013-14	2016 TARGET
55	- Support to Carers Centres via Carers Information Strategy resources, and increased support via Change Fund – specific projects / initiatives to be included	- Carer Information Monies – programme of investment across Glasgow	- Circa £500k invested from CIS monies - Limited investment from Change Fund	- Training co-ordinators in post in all sectors. - Carer Information Nurses in Post – all sectors - £50k investment in CHP Carer posts from Change Fund	- To confirm ongoing CIS funding and review expenditure fully. - Determine sustainability of Change Fund investment
56	- Take forward Joint Strategic Commissioning Plan with third sector reference group, including support to implement transformational fund	- Increased number of third sector organisations involved in delivering care	- 20 projects supported via the Transformation Fund, 8 via the Housing Sub-Group and 2 via the main Change Fund	- To increase numbers awarded funding via these sources	- Change Fund ends 2015. Aim to identify what can be sustained beyond that date.
Primary Care					
57	- Develop roll out of Anticipatory Care projects	- Increased number of practices involved in Anticipatory Care	- See action 27 above	- See action 27 above	- See action 27 above

Financial Outcomes

The key financial issues here are:

- Developing a robust joint financial plan with acute and social work services as part of the Joint Strategic Commissioning Plan that facilitates a shift in the balance of care; and,
- Assessing the financial impact of the Change Fund, and ensuring sustainability of the change fund programme in 2014/15;

IMPROVING QUALITY, EFFICIENCY AND EFFECTIVENESS

The actions outlined in this section reflect our response to the NHS Healthcare Quality Strategy which, at its heart, is about putting patients at the centre of all that we do. It includes actions to improve access to our services, to improve care pathways (both within community services and between community and hospital care), to free up staff time so that they can focus on providing more face-to-face care for patients, to support carers, to ensure patients have sufficient information on their conditions and the services they should expect to receive and to deliver safe and effective care. On a day to day basis the Quality Strategy is about CHP providing compassionate and caring health services for Glasgow's residents.

Within this section we include our proposed actions to promote sustainability, through implementing a range of energy efficiency measures and travel plans for our properties.

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

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

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
Acute Services					
58	<ul style="list-style-type: none"> - Deliver annual QOF workshop with focus on Referral Pathways and supporting joint programme of work - Engage in improvement programmes with colleagues from acute services and support engagement from GPs. 	<ul style="list-style-type: none"> - No patient will wait longer than 12 weeks from referral to first outpatient appointment. 	<ul style="list-style-type: none"> - TBC 	<ul style="list-style-type: none"> - TBC 	<ul style="list-style-type: none"> - TBC
Cancer					
59	<ul style="list-style-type: none"> - SPAR will be implemented in care homes across city 	<ul style="list-style-type: none"> - Number of care homes 	<ul style="list-style-type: none"> - N/A 	<ul style="list-style-type: none"> - TBC 	<ul style="list-style-type: none"> - TBC
60	<ul style="list-style-type: none"> - Fast Track Palliative Care Discharge Service (pilot in NE) will continue in partnership with Marie Curie and will be monitored regularly via the Reshaping Care Group - Liverpool Care Pathway will be delivered across all care homes - We will promote the use of My Thinking Ahead document via the district nursing service for all patients with palliative care needs 	<ul style="list-style-type: none"> - Number of patients using service - Number of care homes delivering LCP - No. of completed documents 	<ul style="list-style-type: none"> - N/A - 90% - N/A 	<ul style="list-style-type: none"> - 150 patients using service - 100% - TBC 	<ul style="list-style-type: none"> - TBC
Children and Maternity					
61	<ul style="list-style-type: none"> - Deliver the child and adolescent elements of the mental health strategy for Scotland. - Achieve and improve the CAMHS waiting times HEAT target 	<ul style="list-style-type: none"> - 26 weeks referral to treatment for specialist CAMHS by March 2013 and 18 weeks by December 2014 	<ul style="list-style-type: none"> - Longest wait at March 2012 - 48 weeks - No of children waiting more than 26 weeks at march 2012- 42 	<ul style="list-style-type: none"> - Zero patients waiting longer than 18 weeks 	<ul style="list-style-type: none"> - Zero patients waiting longer than 18 weeks

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
	<ul style="list-style-type: none"> - Implement Tier 4 CAMHS re-design - Implement CAMHS early intervention - Undertake review of Hospital Liaison Psychiatry and Psychology. 				
62	<ul style="list-style-type: none"> - Specialist community paediatrics re-designed and refocused on vulnerable children. 	<ul style="list-style-type: none"> - Review completed and implemented - Definition of the role of community paediatrics in relation to caring for children with vulnerability is being developed 	<ul style="list-style-type: none"> - TBC 	<ul style="list-style-type: none"> - Review completed and implemented 	<ul style="list-style-type: none"> - TBC
63	<ul style="list-style-type: none"> - Implement in Glasgow the recommendations from the School Health Review 	<ul style="list-style-type: none"> - Recommendations implemented. 	<ul style="list-style-type: none"> - N/A 	<ul style="list-style-type: none"> - Review completed and implementation started 	<ul style="list-style-type: none"> -
64	<ul style="list-style-type: none"> - Implement Getting it Right for Every Child and the National Practice Model. - Pilot GIRFEC approach in three Learning Communities - Implementation of EMISweb 	<ul style="list-style-type: none"> - All children in their pre-school years have an NHS named person. - All children who require multi-agency support have a single child's plan 	<ul style="list-style-type: none"> - 0 - Data not available 	<ul style="list-style-type: none"> - N/A - N/K - EMISweb operational 	<ul style="list-style-type: none"> - 64,000 children - N/K
65	<ul style="list-style-type: none"> - Continue to implement Releasing Time to Care 	<ul style="list-style-type: none"> - Number of clusters participating. - Increase in direct patient facing time 	<ul style="list-style-type: none"> - 0 	<ul style="list-style-type: none"> - Cluster 2 undertaking Practice modules - Cluster 3 undertaking Foundation module - Cohort 4 to begin October and to include 6 clusters 	<ul style="list-style-type: none"> - TBA

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
				- Increase by 5% patient facing time for those teams participating in programme.	
66	- Review our approach to delivering support for attachment and bonding across all age ranges and services	- Review complete and recommendations implemented	-	-	- Review complete and recommendations implemented
67	- Support the development and implementation of the young carers' strategy	- Performance measures to be agreed as part of strategy	- Data not available	- TBA	- TBA
Disability					
68	- Support transition planning with Social Work, ensuring health needs of clients continue to be supported as required. - Roll out transition plan developed in South sector across the city	- Reduce numbers of young adults receiving services from children's services - Health needs of clients in receipt of personalisation still being met.	- Data not available	Data not available	Data not available
69	- Improve performance monitoring of services by carrying out options appraisal for IT system for patient based information for Rehab and LD services	- Progress of options appraisal	-		
Drugs and Alcohol					
70	- Maintain good MDT referral to treatment processes to continue to meet referral to treatment target. - Strengthen links between primary	- 90% of clients will wait no longer than 3 weeks from referral to drug or alcohol treatment	- 93.5% July – September (Alcohol & Drugs)	- 91.5%	- 91.5%

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
	<p>prevention / health improvement services and specialist services to help address unmet need</p> <ul style="list-style-type: none"> - Agree Psychological Therapies care pathway, including stepped care model and core evidence-based PTs provided. Develop IT infrastructure for data recording/reporting and monitoring demand/capacity. Identify and plan for staff training needs and clarify clinical supervision arrangements. - Implement joint AMH / Drugs & Alcohol protocol to improve clinical pathways for people with co-morbidities 	<ul style="list-style-type: none"> - Reduction in unplanned hospital admission rates due to alcohol related conditions - 18 weeks referral to treatment for Psychological Therapies by Dec 2014 			
71	<ul style="list-style-type: none"> - Complete review of substitute prescribing, including shared care / community addiction team interface by agreeing criteria / level of complexity for accessing substitute prescribing in different settings, the levels and frequency of specialist support required, and that opportunities exist for clients to access recovery focused programmes. 	<ul style="list-style-type: none"> - Increase the number of people supported in shared care. - Increasing active and reviewed recovery plans 	- TBC	- TBC	- TBC
Long Term Conditions					
72	<ul style="list-style-type: none"> - Deliver the national policy on availability of insulin pumps 	<ul style="list-style-type: none"> - To be confirmed 			

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
	<ul style="list-style-type: none"> - Agree action once the review of DSNs has been completed. - In meantime, work with acute to establish how best to use community capacity to support achievement of the target. 				
73	<ul style="list-style-type: none"> - Roll out Chronic Medication Services across Glasgow - Develop a Community Health resources app. 	<ul style="list-style-type: none"> - % community pharmacies participating - % GPs participating - App developed and promoted as planned 	Data to be collated		
Primary Care					
74	<ul style="list-style-type: none"> - Complete and implement review of District Nursing services. - Ensure patient access to primary care. - Agree new ways to share information with GPs. - Reduce variation in prescribing practice. - Roll out SPSP in primary care. - Improve the timeliness and quality of patient information to GPs. 	<ul style="list-style-type: none"> - Reduce the cost per weighted patient. - Increase the % uptake of medicines management. - 100% of referral via SCI Gateway - Patient access measures 	<ul style="list-style-type: none"> - TBC - TBC - 100% - 2012/13 Target 95%. Glasgow City average 97% 	<ul style="list-style-type: none"> - TBC - 90% - 100% 	<ul style="list-style-type: none"> - TBC - TBC - 100%
75	<ul style="list-style-type: none"> - Patient engagement across the quality, effectiveness and efficiency programmes 	<ul style="list-style-type: none"> - Reported via Patient Participation standard report 	-	<ul style="list-style-type: none"> - Evidence to be provided as part of reporting on Participation Standard 	
76	<ul style="list-style-type: none"> - Provide 48 hour access or advance booking to an appropriate member of the GP Practice Team. 	<ul style="list-style-type: none"> - % of GP practices providing 48 hour access as surveyed by patients - % able to book a GP appointment in advance 	<ul style="list-style-type: none"> - 93.9% - 83.7% 	<ul style="list-style-type: none"> - 90% - 90% 	<ul style="list-style-type: none"> - 90% - 90%

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
77	<ul style="list-style-type: none"> - Achieve and where appropriate exceed the Fluoxetine target. - Achieve and where appropriate exceed the Citalopram target. 	<ul style="list-style-type: none"> - Fluoxetine target - Citalopram target 	- TBC	<ul style="list-style-type: none"> - >65% - <37 	- TBC
Sexual Health					
78	<ul style="list-style-type: none"> - Implement termination service redesign - Develop consistent and equitable TOP services across NHS GG&C 	<ul style="list-style-type: none"> - Reduced time to access service 	-	<ul style="list-style-type: none"> - NHS GGC board-wide review of Termination Assessment service is underway 	-
79	<ul style="list-style-type: none"> - Complete review of Sandyford Service and implement year 1 actions 	<ul style="list-style-type: none"> - Future locations of services agreed 	-	<ul style="list-style-type: none"> - Ongoing 	-
Sustainability					
80	<ul style="list-style-type: none"> - We will continue to reduce CO₂, and energy emissions in all our buildings across the CHP by ensuring appropriate measures are in place 	<ul style="list-style-type: none"> - HEAT E8 -1: Reduce Co₂ emissions for fossil fuel related usage - HEAT E8-2: Reduce energy consumption 		<ul style="list-style-type: none"> - HEAT E8 -1: Reduce Co₂ emissions for fossil fuel related usage by 3% per year on year till 2014-2015 - HEAT E8-2: Continue to reduce energy consumption based on a national average year on year energy efficiency target of 1% by 2014-15 - Good Corporate Citizenship Toolkit: continued improvement in self assessment scores 	

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
		<ul style="list-style-type: none"> - Reduction in domestic waste to landfill - Reduction in water consumption 		for each of the six themes <ul style="list-style-type: none"> - Compliance with Corporate GREENCODE - Reduction in domestic waste to landfill – 100% landfill avoidance - Excellent BREEAM healthcare rating in new buildings, and a very good rating in refurbishments - Reduction in water consumption in our buildings - Reduction in Co2 emissions from road vehicles used for administrative purposes 	
81	- Develop travel plans.	<ul style="list-style-type: none"> - Travel plans in place for each new development - Public transport information available in all health centres 	<ul style="list-style-type: none"> - Draft Travel Plans in place for two sites - Not available 	<ul style="list-style-type: none"> - All four hub projects - Public transport information in all health centres 	- Travel plans for HQ sites
82	Include sustainability issues in individual objective setting and performance review, and in local induction	- TBC	- TBC	- TBC	- TBC

Financial Outcomes

- Use of technology being developed and implemented through the Children's Services IM&T system (EMIS Web) and the roll out of mobile technology to support district nurses in assessment and care planning.
- Work to reduce our reliance on leased properties, with particular focus on finding alternative accommodation for services at Claremont House, Templeton Business Centre and Kerr Street.
- Take forward the hub initiative for health centres in Gorbals, Maryhill and Woodside
- Continue to implement Releasing Time to Care by nursing teams and promote the Productive General Practice methodology in primary care.
- Implement whole system re-design programmes for school health services, health visiting and district nursing.
- Benchmarking to be used to support service re-design

TACKLING INEQUALITIES

We aim to remove discrimination within our services and contribute to reducing the health gap generated by discrimination. We also seek to respond effectively to all service users applying inequalities sensitive practice routinely. Glasgow City has very significant equalities considerations. We have a very diverse population, with 22% (2009-10) of our population with a disability (substantially higher than any other city in Scotland), 5-7% of our population are estimated to be LGBT, and we are expecting the Census data (available in the summer of 2013) to reflect that more than 12% of our population are non British White, a rise from previous estimates. We will consider carefully the new census information in relation to protected characteristics to improve our understanding of the equalities impact of our services. We host the Asylum Seeker Bridging Service which has been reviewed, the service received and supported 539 (April-Dec 2012).

Early sight of the most recent SIMD data (December 2012) continues to highlight the poverty issues faced in the city, with 39% of residents living in the poorest 15% SIMD data zones (233,714 people) in Scotland. 46% of Scotland's poorest 5% data zones are within Glasgow and over half of these areas have been in the bottom 5% in every index since it commenced in 2004. We will work the community planning to implement the new single outcome agreement which recognises targeted long term action in a small number of these neighbourhoods. We will be active partners in action to mitigate the negative impacts of Welfare reform. Our work, in partnership, on tackling poverty is supported by the new strategic direction for our health improvement workforce agreed at Committee in October 2012.

We have considered the GGC equalities stock take which reported of August 2012. The report concluded that although notable progress had been made their remains a number of areas for which significant action is still required;

- routine equalities data collection to enable service analysis on access and outcomes in relation to protected characteristics
- more engagement with patients from equalities groups in service audits and change
- further improvement in the accessibility to our estate (DDA).
- further action to improve the extent and impact of EQIA's in service change
- equalities sensitive practice needs to stretch across more staff and services than so far achieved (the stock take included a small staff survey)

GCHP has reflected on the stock take, the 24 equality outcomes contained in the planning guidance and the further two equality outcomes within the 2013/14 Equalities Scheme. We will progress this programme of work through a GCHP Equalities Group, and respective working sector based equalities groups and through the learning from the evaluation of the North West Equalities Exemplar. We will continue to utilise these governance structures to ensure progress and work collaboratively with the mental health services equalities infrastructure to affect real progress in the year ahead. We will also provide stewardship for the GCPP Equalities Group and linkages into the Glasgow Equalities Forum, enabling connections between our equalities endeavour and our partners and ensuring equalities is an underlying principal in the Single Outcome Agreement for GCPP.

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

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

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
Glasgow CHP					
83	- Assess current position, develop and implement actions to reduce discrimination faced by people LGBT, sensory impaired people and people with learning disabilities	- An increase in patient satisfaction - Improvement in uptake measures to be determined by the system			
84	- Inequalities sensitive enquiry is extended to new settings and higher volume	- No of staff participating in ISP learning programme (e-learning and training) - Audit of compliance	- 220 - 50	- 560 in year - 80%	
85	- Deliver Communication Support and Language plan				
86	- Undertake EQIAs for all major service change programmes	- Proportion of service changes with completed EQIA's			
87	- Health Care for prisoners is improved	- Proportion of the 113 recommendations from Prisoner Health Needs Assessment progressed			
88	- Health care for asylum seekers is improved	- Implement new protocols and monitor service quality			
89	- Information on how different groups access and benefit from our services is more routinely available and informs service planning	- Proportion services routinely collecting data on protected characteristics			
90	- Health needs of homeless people are addressed	- Improved life expectancy of homeless population - Reported GCHP action to			

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
		mitigate impact.			
91	- We will offer modern apprenticeships within our services	- No. of Placements offered	- 0	- 10 MAs recruited in the year	- To be agreed
92	- The CHP will define our approach in relation to how we promote the use of social benefits clause in contracts with external providers. - Deliver the social benefits clause for the hub developments. - Work placements for vulnerable groups	- CHP position statement agreed - Social benefit conditions delivered by contractor	- Not available - Not available		- CHP position statement agreed - Social benefit conditions delivered by contractor
93	- We will make a contribution to reducing child poverty - Continue to implement Healthier Wealthier Children Programme - Implement child poverty action plan	- Increase in the number of staff making referrals to financial inclusion and employability advice. - Additional income generated (£'s) as a result of financial inclusion advice received	- Healthier Wealthier Children (Oct 2010-2012) - Referrals – 1,605 - Advice – 794 - Annual gain - £1,148,000	- 620 clients assisted	- TBA
94	- Implement actions from the Glasgow City Tackling Poverty Group with specific actions in relation to attitudinal change, child poverty, credit and debt, welfare reform and work and work.	- Action plan agreed - Lead officer from CHP appointed	-TBC	- TBA	- TBA
95	- We will continue to support the Employability Service and ensure that our services refer patients for help to access opportunities.	- No. of patients referred - No. achieving positive outcome	- 1,349 referrals - Positive outcome not known	- Approx 980	- To be agreed

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
96	- Continue to work in partnership to support the financial inclusion contract with GCC (includes HWC)	- No. of referrals - No. of patients receiving advice - Annual gain	- 4000	- 2850 clients (NHS funded only) - £2.5 million (lower than 2012/13 but anticipate WR will limit ability to generate income from unclaimed benefits or appeals)	- 2850 clients (NHS funded only)
97	- Implement Healthy Working Lives Partnership Agreement (hosted on behalf of NHS GG&C), with a particular focus on SMEs and low income workplaces.	- KPI 1 Number of employers accessing HWL services - KPI 4 Number of employers engaging with HWL services - KPI 5 Number of employers supported in developing HWL policies		- KPI 1 955 - KPI 4 275 - KPI 5 (figures will be monitored for 2013-14 and thereafter targets will be set.)	
98	- We will continue to support GPs to register Roma patients	- Increase access to services by Roma community	- TBA	- TBA	- TBA
Adult Mental Health					
99	- Review patient access to PCMHT and psychological therapies by SIMD to - Reduce inequality of access and waiting time between areas.	- Proportionate access to psychological therapies and PCMHT by SIMD, age and sex.	- TBC	- TBC	- TBC
100	- Review with OPMH the range and	- Increased uptake of	- TBC	- TBC	- TBC

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
	level of interventions currently provided to remove age specific access criteria and ensure needs led access to treatment and support	psychological therapies by over 65s			
Cancer					
101	- We will identify cancer health inequalities between deprived and non deprived population and take action taken to reduce variances	- %age uptake in SIMD1	- 39.5% Bowel - N/A Breast - N/A Cervical	- 41.5% Bowel - TBC Breast - 74.2% Cervical	- TBC - TBC - TBC
102	- Continue to work with McMillan for the delivery of the LTC financial inclusion service for patients experiencing cancer - McMillan Cancer Care Advice Services will be located in libraries across city - Identify and reduce inequalities in access to cancer screening and services by continuing to monitor bowel screening, breast screening and cervical screening by ensuring awareness raising across the community within primary care setting (i.e. GP surgeries, Health Centres) and via SOLUS screens across localities - Increase in the uptake of screening programmes by early detection and intervention by reporting information on screening rates via Practice Activity Reports and	- No of patients using service - Number of libraries offering service - Increase in number of people being screened for cancer (bowel, breast and cervical) - Practice Activity Report Information	1 library (Greater Easterhouse) - N/A	- All practices reviewing and increasing screening rates via support provided by PC Development Officers - PARs sent out to 100% of GPS across City	-

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
	highlighting areas of good practice across GPs/locality groups - Ensure primary care contractors continue refer electronically	- Increase in proportion of referrals made electronically	- 95%	- 100%	
Children and Maternity					
103	- Improve breastfeeding rates and reduce the SIMD differential. - Implement the Peer support programme in Glasgow.	- Breastfeeding rate for women living in 15% most deprived areas	- 14.5%	- 16%	- 18%
104	- Reduce smoking in pregnancy - Reduce smoking in pregnancy for women living in most deprived neighbourhoods	- % of pregnant women smoking - % of pregnant women from SIMD quintile 5 smoking	- 16.2% - 23.4%	- 15% - 22.7%	- 15% - 20.7%
105	- Improve uptake of Childsmile Programme with a focus on those schools in SIMD 1	- Reduce number of schools in SIMD 1 not participating	- 6 schools in SIMD 1 not participating (January 2013)	- 5 schools not participating	- 5 schools not participating
Drugs and Alcohol					
106	- Implement findings of CAT Review EQIA - Increased awareness and interventions around GBV - Deliver STORM training for cohort of addiction staff from a gender perspective - Develop 'Person Centeredness' activity within addiction services	- Reduce SIMD gradient - Improved outcomes for those experiencing GBV - Reduce the number of suicides - Improved service user satisfaction	- TBC	- TBC	- TBC

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
107	<ul style="list-style-type: none"> - Increase awareness amongst patients about blood borne virus prevention and transmission - Encourage patients who have a positive test to be linked into specialist treatment services. - Increase follow-up and support for service users who are positive. 	<ul style="list-style-type: none"> - Reduce the amount of undiagnosed BBV infections. - Improve health and wellbeing of BBV infected service users 	- TBC	- TBC	- TBC
108	<ul style="list-style-type: none"> - Strengthen the treatment pathway for prisoners with alcohol and drug problems to deliver better continuity of treatment and access to services. 	<ul style="list-style-type: none"> - Evidence of service engagement. - Participation in recovery programmes. 	- TBC	- TBC	- TBC
Long Term Conditions					
109	<ul style="list-style-type: none"> - Disseminate lessons from Keep Well evaluation re patient engagement - Develop outreach services to include LTCs (not just CHD) patients - Increase uptake of optometry for diabetes check among BME patients. - Learn and disseminate lessons from SAAC 	<ul style="list-style-type: none"> - Number of patients attending Keep Well assessment - % rate of attendance by outreach clients - Numbers BME clients undertaking tests 			
Older People					
110	<ul style="list-style-type: none"> - Ensure services comply with age discrimination legislation. 	- TBC	-	-	-
111	<ul style="list-style-type: none"> - Undertake with partners EQIA of 	- EQIA completed	- 0	- 1	- 1

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
	Joint Strategic Commissioning Plan				
Primary Care					
112	<ul style="list-style-type: none"> - Deliver changes to address the issues identified by our deprivation group work. - Deliver shared GBV approach with GPs. - Conclude review of potential 17c contract model to enable a stronger focus on deprivation. - Ensure services comply with age discrimination legislation 	- TBC	- TBC	-	
113	<ul style="list-style-type: none"> - Information on how different groups access and benefit from our services is more routinely available and informs service planning. 	- TBC	- TBC	-	
Sexual Health					
114	<ul style="list-style-type: none"> We will reduce inequalities gap for sexual health and blood borne viruses by - Increasing number of Addictions clients receiving Hep B vaccinations - Introducing sexual health and reproductive care to women prisoners in HMP Greenock and evaluate service 	<ul style="list-style-type: none"> - Reduce SIMD gradient - Evaluation by March 2014 	- Not available	-	-

	ACTION TO DELIVER CORPORATE PRIORITIES	PERFORMANCE MEASURES	BASELINE 2011-12	YEAR ONE TARGET 2013/14	2016 TARGET
115	<ul style="list-style-type: none"> - Increase number of Addictions clients receiving Hep B vaccinations - Develop better links with prison health service re patient information (e.g. Hep B vaccination/BBV testing) so it is available to NSHGG&C services 	- Increase Hep B vaccination	-	-	-

Financial Outcomes

- Equality impact assessments will be completed on all major financial decision
- Range of programmes rely on financial support from Board/Scottish Government to be successful, such as financial inclusion programme peer support for breastfeeding
- Impact of changes to welfare benefits likely to have significant impact on our patients, especially the most disadvantaged with potential to increase health inequalities

FINANCE

Revenue Budget

It is forecast that the CHP will achieve its financial target of operating within its allocated revenue budget of £666.3m for the financial year 2012/13.

The revenue budget for the year 2013/14 has yet to be finalised. The following table presents the budget based on the existing budget rolled forward to exclude non-recurring expenditure and includes assumptions of changes based on best estimates available at this time.

Table 1 – Draft CHP Budget 2013/14

2013/14 Draft Budget	
	£m
2012/13 Current Expenditure Budget	667.5
Less: Non Recurring	37.8
2013/14 Base Budget	629.7
Less total Indicative Savings Targets (see note 3)	tbc
Draft 2012/13 Opening Budget	629.7

Notes

1. Actual funding uplift for 2013/14 is subject to parliamentary approval of the 2013/14 budget. We expect that we will receive the indicative minimum uplift of 2.7%. The uplift includes additional income from SLAs with other Boards and NSD.
2. Pay provision: Current indications are that a provision of 1.0% for pay uplift in 2013/14 is reasonable. On top of the 1%, provision has been made for additional on-call payments.
3. Energy cost growth is forecast based on the estimated volumes of gas and electricity required in 2013/14, applying prevailing prices (based on contracted advance purchase prices) for both raw energy purchases and regulator charges. The increase in usage forecast for 2013/14

is minimal. The factors which have contributed to push forecast energy costs up by £3.0m in 2013/14 are:

4. From within Partnership’s budgets indicative savings plans of £2.4m have been proposed with draft plans submitted to the Board for approval. Work is underway to confirm Glasgow City’s CHP share of the £2.4m indicative savings. The savings plans have been applied to Partnerships directly managed services based on the overall recurring allocation which excludes Family Health Services and GP Prescribing as these will be included within their overall service area.

Table 2 – Draft CHP Budget by Service Area

Service/Care Group	Annual Budget £'000
	£'000
Addictions - Community	4,787.4
Addictions Inpatients / other	25,083.7
Adult Community Services	25,328.2
Change Fund	7,249.5
Childrens' Community Services	13,454.8
Childrens' Specialist Services	29,095.3
Health Improvement (incl. planning)	10,701.3
Hosted Services	25,461.7
Learning Disability-Community	2,272.6
Learning Disability - Inpatient / Other	11,542.6
Mh Adult Community Services	16,548.6
Mh Adult Inpatient Services	62,397.3
Mh Elderly Services	22,149.6
Mh Other	39,309.4
Other Services	17,893.7
Directly Managed Services	313,275.6
FHS	179,262.3
GP Prescribing	112,537.0
Resource Transfer To Local Authority	62,379.4
TOTAL	£ 667,454.3
Less 12/13 non recurring budget	(37,841.1)
DRAFT FY 2013/14 BUDGET	£ 629,613.2

For the 2012/13 financial year the CHP faced a £7.5m savings challenge which will be delivered through a variety of approved efficiency schemes targeted at areas where service delivery would not be affected.

Although a balanced budget is forecast for 2012/13 it is important to recognise that a number of financial pressures do exist within the system which will be addressed throughout 2012/13 and these include:-

- Elderly Inpatient services where pressures exist in relation to NHS commissioned nursing home beds and salary costs (current overspend in North East £297,000)
- Mental Health Adult Inpatient services with pressures relating mainly to pay costs (current overspend in North East £148,000)
- Due to substantial product price increases the City Wide hosted Continence Service is reporting ongoing pressure (current overspend £164,000). The pressure has significantly reduced due to lower product prices under the new contract arrangements.
- There continues to be a risk surrounding GP Prescribing and this will continue to be monitored throughout this financial year

Outlook for 2013/14

In preparing a Financial Plan for 2013/14 there are a number of factors which will need to be taken in to account and will include the following.

Efficiency Challenge – it is considered likely that there will be a requirement to release resource to be redirected to achieving significant service redesign. At this stage productivity and efficiency savings of £2.4m have been proposed and are subject to Board approval. The main area of savings proposed is within Elderly Mental Illness Inpatient service redesign with proposed savings of £1.7m. The CHP will continue to work both locally and system wide to ensure that service redesign is delivered to best effect for all NHS GG&C patients

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

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

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

Older Peoples Change Fund – in 2012/13 the CHP received a £9.049m allocation as the second year of a four year plan targeted at changing the balance of care for older people from an institutional setting to an at home or in a homely setting. It is anticipated that the allocation to the CHP will be at the same level for 2013/14. A substantial joint planning structure with partners from Glasgow City Council, the Independent and the Voluntary sector has been introduced to develop and deliver changes as detailed elsewhere within this plan. A Joint resources Group, jointly chaired by the

CHP Head of Finance and the Social Work Services Head of Modernisation, has been established to ensure that robust financial plans are developed as part of this process. Financial representation is also included in the membership of all the service planning groups. As the Change Fund has been allocated to the Board on a non recurring basis this funding is not included in the draft 13/14 budget figure.

GP Prescribing – it is recognised that pressures on the provision of medicines is going to continue throughout the coming years. The CHP will continue to ensure that there is a major focus on ensuring that resources are used to best effect whilst ensuring that there is no diminution on the quality of care provided.

Capital and Accommodation

In order to ensure maximum use of resources the CHP continues to review all accommodation, including both leased and owned properties, with a view to maximising use of available space and achieving a reduction in the use of leased properties. Work on achieving this reduction will continue throughout 2013/14 and for a number of years following.

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

Outlook for 2013/14

As part of the accommodation review the CHP has reduced the number of properties occupied during 2012/13 and will continue to do so during 2013/14 and the following years.

Changes planned include:-

- Yarrowview lease will expire and alternative accommodation to be identified;
- Kerr Street – Specialist Children’s Services will vacate the building in the autumn and re-locate in Templeton Business Centre; and,
- South Sector HQ – options to be explored.

Please note the progress to date of the individual “live” schemes capital funded for Glasgow CHP and Mental Health Services as summarised below:

Possilpark Health Centre - £9.4m

Agreement was reached with Glasgow City Council and Glasgow Regeneration Agency to allow NHS GG&C’s contractor access to the site from 12th November 2012. The Contractor has been on site and is making good progress with the ground works. A provisional completion date of end of November 2013 has been indicated.

East Pollokshields - £2.3m

Primary Care Modernisation funding of £2.3m for the development of a new health and social care facility in East Pollokshields remains within the Board's capital plan for 2012/13 and 2013/14. The business case for the scheme was approved by the CHP Committee in August 2012. The preferred site for the scheme has been identified as part of the excambian agreement being negotiated with Glasgow City Council. It has been agreed the project will be taken forward by Hub Co. Architects have been appointed and a start on site is expected in 2013 will planned completion in 2014.

Older Peoples Mental Health IP Beds - £5.9m

BAM Construction was appointed as Principle Supply Chain Partners (PSCP) for this project. Issues with the affordability of this project have now been resolved and Phase 1A enabling works have been completed. Phase 1B, this being the refurbishment of wards 45 and 46 is now underway on site.

A late development in this project was the decision that the refurbishment of Ward 47 will now replaced the refurbishment of ward 43 as the third element of this project. This will facilitate the move out and closure of Ruchill Hospital. The general and room layouts for this have been signed off by the Directorate. The (PSCP) is now processing this information to develop a Target Cost.

Leverndale Hospital Site:

SGH Psychiatry relocations (2 wards at Leverndale) - £7.1m

Construction of the new Adult Acute Bed facility is now underway, planned completion is currently August 2013. Patients will transfer into the new build during September 2013. The project team has embraced the SGHD 20/20 vision in relation to the delivering a healthcare facility focused on a functional and healing environment, from an internal and external space perspective. The project team in consultation with all stakeholders is currently working to develop the projects Art Strategy together with the softer elements of design development such; as interior finishes. The Boards Chairman - Andrew Robertson attended the recent Turf Cutting Ceremony for the project.

Perinatal Mother & Baby Unit (MBU) - £3.1m

The New Build M&B Facility Business Case was approved October 2012; detailed design work is progressing well and due to complete early December 2012. The Target Cost is anticipated to be agreed by February 2013 with a construction start April 2013. Completion of the construction work is programmed for November 2013. The project team has embraced the SGHD 20/20 vision in relation to the delivering a healthcare facility focused on a functional and healing environment, from an internal and external space perspective. The Clinical and Technical Teams are delighted with the current design proposals.

The ward will be temporarily relocated to the Special Care Baby Unit ward at the Southern General Hospital from April to the completion of the new unit in November 2013. This is to allow the development on the Southern General Hospital site of the new Learning Centre.

Hub Initiatives

Initial Agreements for new Health Centre builds at Maryhill, Gorbals and Woodside were agreed by the CHP Committee in 2012, and subsequently by the Scottish Government Capital Investment Group. Work is now underway to complete the next stage in the business case process and development of the Outline Business Cases for each scheme which will identify the preferred option. Architects have been appointed and Project Boards and Delivery Groups for all projects are now up and running.

OPMH Inpatient Beds - Phase 2 (£7m)

This proposal is for the re-provision of 2 adult acute wards from Parkhead Hospital to Stobhill Hospital. The Initial Agreement has been submitted to the Scottish Capital Investment Group. Further clarification was sought in a number of items. We await a decision on this submission.

Leverndale Hospital Site:

Low Secure Refurbishment (£1m)

This project commenced in earnest on 7th January. The general and room layouts have been signed off by the Directorate. Due to the time restraints, this project is being procured by way of Measured Term Contract. The Contractor has been appointed and works commenced 11th March 2013.

A Staged Building Warrant submission has been lodged with the Local Authority and we have formal approval for the soft strip works.

WORKFORCE PLANNING

The current staffing profile for Glasgow City CHP is detailed below:

Job Family	Admin	AHP	Exec	HCS	Med & Dental	Med & Dental Support	Nursing & Midwifery	Other Therapeutic	P &S	Supp Serv	Grand Total
	3.00	2.00	30.00		374.91		7.80		1.00	1.70	420.41
Band 2	146.72	0.69					89.15			17.17	253.73
Band 3	156.74	62.51		1.00		10.00	696.84	0.33	1.00		928.43
Band 4	276.77	23.90		1.00		1.33	46.49	13.69			363.18
Band 5	50.86	73.14				1.80	1116.38	10.37	39.25		1291.81
Band 6	36.92	189.13		4.39		0.60	842.71	84.32	56.67		1196.73
Band 7	29.70	76.02		2.50			279.74	48.63	30.78		467.37
Band 9								3.93			3.93
Band A	4.80	39.86		1.00			25.85	75.47	3.00		149.98
Band B	7.79	9.92		0.30			25.20	9.90	3.60	2.00	58.71
Band C	4.93	3.52		0.81			3.00	45.29	1.00		58.55
Band D				1.00			1.00	7.92	1.00		10.92
Total	718.24	480.71	30.00	12.00	374.91	13.73	3116.16	299.85	137.29	20.87	5203.75

These figures are based on the information available as at 31st December 2012.

Sickness Absence and KSF

The average absence rate for the CHP as a whole is **5.7%** on a rolling basis during 2011/12. This figure is higher than the NHS target and remains at the same level as last year.

The CHP attained the Silver Healthy Working Lives award in mid 2012 and is on target to attain the Gold Award by the end of March 2013. In addition, work has commenced on the Mentally Health and Wellbeing Commendation Award. This will continue to assist with a focus on areas highlighted by the previous Health Needs Analysis, such as mental health issues and stress. Across the CHP, absence management has continued

to be an area of focussed work and support and all staff currently on long term sick leave (over 28 days) have an individual action plan and ongoing process of support to ensure they can return to work as quickly as possible.

An ongoing programme of policy training and awareness has recently run across the CHP and support and guidance will continue to be given to managers to effectively implement attendance management processes and will focus on new managers, team leaders and others to ensure that they have the necessary skills and knowledge to manage this process.

eKSF levels continue to be an area of challenge. Final figures for the current level at the time of writing, indicate the current level of **63.31%**but this figure will again rise based on the annual nature of the process. The emphasis of ongoing work in this area is also changing to reflect the need to ensure the focus is now on completed PDP activity, which is recorded on an ongoing basis.

Workforce Planning

The workforce plan for the CHP is now completed and will continue to be updated on an ongoing basis over coming years to reflect service redesign and change across the CHP. The Workforce Action Plan reflects the practical work and tools in place across the CHP to ensure we are able to capture all areas of change and redesign in a standard way to allow us to maintain an overview of this work.

Administrative Systems and Support

The range and nature of Administrative Services across the CHP extend to cover over 600 staff within the CHP. On that basis, the Admin Review group took an early decision to phase the design and implementation of a review and potential change to administrative structures and resources across Glasgow City.

Phase 1 of this process was completed in December 2012 and involved implementation of a revised Administrative support structure for the 3 Sector offices and also the CHP corporate office in William Street. Work is now well underway to complete the detail of the next phase of change and redesign. This will continue to be operationally worked through the over-arching review group, whilst also ensuring ongoing communication and detail to the Staff Partnership Forum and CHP Management Team.

Organisational Development

EFFECTIVE ORGANISATION

Organisational development priorities and approach

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

- Engagement and involvement – implementing and developing the five programmes of Facing the Future Together, with a focus on team working, organisational values, improving the accessibility of Team Brief and working with leaders to deliver change.
- Supporting the vision and purpose of change projects and identifying ways to evaluate them
- Leadership development through national and local programmes, evaluated and costed when possible
- Partnership and collaborative working in preparation for integration
- Culture review to identify local values and behaviours and develop a view of “how we do things here”
- Service Improvement work to support CHP change programme priorities, including psychological therapies work, review of Primary Care mental health teams, RTTC

CHP Programme for each of the five FTFT themes:

Our culture:

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

Activities to evidence work towards the outcome

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

Our leaders:

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

Activities to evidence work towards the outcome

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

Our patients:

Expected outcome - We make real changes to patient experience.

Activities to evidence work towards the outcome

- Learn from patient centred approach through pilots
- Build on learning from working with and involving PPFs
- Share examples of involving the public in strategy implementation through change programme
- Respond to complaints within 20 days

Our people:

Expected outcome - Our workforce feels positive to be part of NHS GG&C, staff feel listened to and valued and staff take responsibility to identify and address issues in their area of work

Activities to evidence work towards the outcome

- Evaluate staff governance action plan
- Improve team briefing process by increasing number of staff who receive team brief face to face
- Return on investment calculated on key Learning and Development activities and fed back through workforce plan
- Maintain 100% NMC registration compliance
- Improve induction completion rates

Our resources:

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

Activities to evidence work towards the outcome

- Continue to develop the CHP change programme which applies and learns from a quality improvement approach
- Develop capacity in improvement methods across the CHP