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

FINAL

NHSGG&C Development Plan Component

Version 10 (11 June 2013)

1. Development Action Plan

1.1 Early Intervention and Preventing Ill-Health

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

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

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
Mental Health				
Meet performance trajectory for access to psychological therapies	**% of patients who started treatments within 18 weeks of referral (Psychological Therapies)**	N/A	85%	90%
Raise awareness of suicide prevention by delivering training to all appropriate frontline staff	**Reduce suicide rate between 2002 and 2013 by 20%** **Maintain 50% of designated staff groups trained in suicide prevention. (Measure is based on local staff turnover rates).**	1998 – 2002 rolling average = 16 Most recent rolling average 2007 – 2011 = 15 48%	5 year rolling average = 14 or less 50%	 50%
Deliver the revised waiting times targets for PCMT of: - 28 days referral to assessment - 9 weeks referral to treatment	**Reduce waiting times to Primary Care Mental Health Teams:-** **i) Referrals To Assessment - 4 weeks**	26 Days N/A	28 days 4 weeks	28 days 4 weeks

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

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
Programme * Note there are significant concerns with the data in relation to fluoride varnishing which corp performance are aware of	**P1 & P2 toothbrushing programme** **At least 60% of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.** **Reduce dental decay rates P1** **Reduce dental decay rates P7**	Aged 3 1- 13.2% 2- 24.9% 3- 18.9% 4- 16.2% 5- 7.6% Sept11: 2.45% Aged 4 1- 20.8% 2- 31.4% 3- 35.5% 4- 14.1% 5- 7.4% Sept11: 2.56% 59.7% 63.9% *(2010/11)	30% 30% 30% 30% 30% 30% 40% 40% 40% 40% 40% 40% 60% 60%	60% 60% 60% 60% 60% 60% 60% 60% 60% 60% 60% 60% 60% 60%
Deliver active choices and ACES programmes to help reduce childhood obesity	**Number of completed child healthy weight interventions over the three years ending March 2014**	Apr11-Mar12 96	252	TBC
Develop and agree a joined up model for the delivery of maternity services to vulnerable women through the deliver of SNIPs and the Family Health Nurse Partnership	**Number of first time teenage mothers participating in Family Health Nurse Partnership**	INA	TBC	TBC

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
Improve identification and support for vulnerable children and families by - Implementing the universal and vulnerable pathways - Implementing the 30 month assessment - Supporting the implementation of the GGC Paediatric framework to provide assessment and care planning to Looked After Children	**% of children receiving 30 months assessment** **% of LAC that have received a health check**	INA INA	TBC TBC	TBC TBC
Deliver targeted and universal Triple P parenting support in a range of settings to support families to increase their confidence and skills in parenting. This includes early intervention and prevention of address "Mind the Gaps" actions	**Positive Parenting Programme (Triple P) Number of Sessions Delivered** **Positive Parenting Programme (Triple P) Number of Parents Attending**	47 145	TBC TBC	TBC TBC
Reducing smoking in pregnancy and reduce equalities gap through the delivery of targeted smoking cessation services for women in SIMD 1	**Reduce smoking in pregnancy (SIMD)**	28.7%	27.4%	25.4%

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
Maintain UNICEF accreditation across the CHCP and support mothers to breast feed to improve infant nutrition and reduce the inequalities gap	**Breastfeeding rates at:** **Birth** **Hospital discharge** **Health visitor first visit** **6 – 8 weeks** **Reduce breastfeeding drop off rates from birth to discharge** **Reduce breastfeeding drop off rates from HV first review to 6-8 weeks**	<u>Baseline 2021-13</u> 37.7% 26.3% 19.0% 12.0% 11.4% (IRH) 7.0%	 48.1% 38.1% 26.5% 20.7% 10.0% 5.8%	 53.1% 45.1% 26.5% 22.5% 8.0% 4%
Maximise the potential for young carers through increased identification, assessment, support and referral by implementing the year 2 actions of our Young Carers Strategy 2012 – 2015	**Increase in numbers of young carers known to services and receiving support**	40	TBC	TBC
Reduce CAMHS waiting times	**26 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services from March 2013, reducing to 18 weeks by December 2014**	No of people waiting longer than 26 weeks = 3 Maximum Wait = 39 wks	100% RTT within 26 weeks	100% RTT within 18 weeks
Maternity Care	**At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by 12th week of gestation by March 2015**	84.7%	71.4%	80%

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
Disability				
Assess and take action to increase staff knowledge regarding adult support and protection	**Number of new adult protection referrals.** **Number of adult protection investigations undertaken by CHCP.** **Number of adult protection meetings:** **Initial Case Conference** **Review Case Conference** **Strategy Meeting** **AWIA** **Number of staff trained in Adult Support and Protection** Awareness Training Procedures Training Council Officer Training Protection of Adults at Risk of Harm (GP Seminar) Protecting Adults at Risk of Harm from Sexual Harm Working Together in Adult Protection	427 43 44 11 8 21 4 250 106 5 23 65 34	N/A	N/A
Implement local actions following conclusion of health needs assessment for learning disability	**CLDT in liaison with school nursing to offer 100% of young people leaving school in the year a comprehensive adult health check for people with Learning disability.**	18 Young people offered (100%)	100% offered	100% offered

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
Increase number of people with disability accessing HI services	**Referrals to live active or other physical activity groups**	INA		
Drugs and Alcohol				
Contribute to the delivery of the actions of Inverclyde ADP Strategy Sustain and embed alcohol brief interventions in the established 3 settings (Primary Care, A&E and Ante-natal). In addition, continue to develop delivery of alcohol brief interventions in wider settings	**Reduce drug related deaths (per 100,000 population)** **Reduce alcohol related deaths (per 100,000) population** **Number of ABIs delivered**	2011 – 20 (rate per 100,000 25.1) 30 (10/11 48.6) 468	18 28 441	16 26 441
Long Term Conditions				
Increase early intervention and prevention through - improving local access to patient information and self-management opportunities - working with carer organisations to provide information and support for people with LTCs - developing opportunities for peer support, buddying and self help	**Number of GP practices participating in LTC LES:** **CHD** **Diabetes** **COPD** **Stats on buddying and peer support group membership/ engagement**	 15 (93.75%) 15 (93.75%) 16 (100%) INA – Buddying 170 – Peer support	 16 16 16 Increase on baseline	 16 16 16 Increase on baseline
Older People				
We will deliver the Active Aging Programme in partnership with Your Voice to support older people to remain physically active	**Number of older people engaged in the Inverclyde Active Aging Programme**	INA (Project started in March 2013)		

<table>
<tr><th>Action to deliver Corporate Priorities</th><th>Performance Measure</th><th>Baseline 2011-12</th><th>Year One Target 2013-14</th><th>2016 Target</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td rowspan="2">Deaths in hospital</td><td>Number of Deaths in Acute Hospitals as a percentage of all deaths by CHCP and SIMD 2012 quintiles. Persons aged 65 years and over</td><td colspan="3">
<table>
<tr><td></td><td colspan="5">Quintile (SIMD 2012)</td><td></td></tr>
<tr><td></td><td>1 - Most Deprived</td><td>2</td><td>3</td><td>4</td><td>5 - Least Deprived</td><td>Group Total</td></tr>
<tr><td>Jan11-Dec11</td><td>46.9%</td><td>41.7%</td><td>46.7%</td><td>41.4%</td><td>42.2%</td><td>44.4%</td></tr>
<tr><td>Apr11-Mar12</td><td>45.9%</td><td>40.4%</td><td>45.5%</td><td>37.9%</td><td>37.5%</td><td>42.6%</td></tr>
<tr><td>Jul11-Jun12</td><td>45.3%</td><td>42.5%</td><td>51.3%</td><td>30.6%</td><td>36.8%</td><td>41.6%</td></tr>
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2013/14 target – 1% decrease on baseline
2016 target – 3% decrease on baseline</td><td></td></tr>
<tr><td>Number of Deaths in Acute Hospitals as a percentage of all deaths by CHCP and SIMD 2012 quintiles. Persons aged 75 years and over</td><td colspan="3">
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Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
Primary Care				
Review and improve GP participation in child and adult protection	**% of child protection case conferences attended by or reports provided by GP** **% of adult protection case conferences attended by or reports provided by GP**	17.6% (of cases with GP involvement) 55%	5% increase on baseline 10% increase on baseline	10% increase on baseline 15% increase on baseline
Support the development of anticipatory care for patients aged between 40 and 64 who are highest risk patients by focussing resources on the implementation of Keepwell in primary care	**Increase the number of cardiovascular health checks carried out** **Increase number of practices opting to deliver Keepwell**	3340 11	1067 Maintain 2011/12 baseline	TBC Maintain 2011/12 baseline
Deliver the childhood immunisations programme, particularly improving the uptake of MMR	**Increase/maintain MMR vaccination rates**	94.5% @ 2yrs 98.5% @ 5yrs	95% 97%	95% 97%
Identify carers and improve the uptake of carers assessments across all services	**Number of carers on GP registers** **Increase referrals to carers services** **Increase proportion of identified carers with carers assessment**	1182 INA 21 carers of identified carers have agreed to have assessment	Increase by 10% TBC 23	Increase by 15% TBC 26

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12			Year One Target 2013-14	2016 Target
Offer opportunities for modern apprenticeships	**Number of Modern Apprenticeships offered**	N/A			0	TBC
Offer work placements to vulnerable people	**Number of work placements for vulnerable groups**	0			1	2
Increase access to financial inclusion and employability advice	**Increase number of staff attending Employability and Health training sessions**	47			60	80
Sexual Health						
Reduce unintended pregnancy	**Reduction in teenage pregnancy rates per 1,000 girls aged 15-17 years** **Teenage Pregnancy Rates**	21.5 (Jan11 – Dec11) 21.5%			Reduce 20.0%	Reduce 18.5%
	Annual rate of vLARC insertions in Inverclyde by setting (per 1,000 females aged 15 – 49 years)	2011 2012	Primary 28.1 30.0	Sandyford 21.0 27.5	5% increase on baseline	10% increase on baseline
	Quarterly condom distribution in Inverclyde during 2012	Q1 Q2 Q3 Q4	Packs 1414 1133 1486 721	Condoms 18840 14487 20640 8913	5% increase on baseline	10% increase on baseline
Support the delivery of SHRE in all schools	**Proportion of schools delivering SHRE**	5 of the 6 Inverclyde secondary schools currently deliver SHRE			6	6
Increase HIV testing	**HIV testing increased**	*Data for testing by each CHCP required from diagnostics*				

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12			Year One Target 2013-14	2016 Target
Improve access to sexual health support	**Number of Inverclyde residents by age and gender who accessed specialist sexual health services during 2012.**	<16 16-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55+	Female 86 462 448 288 212 138 122 87 74 31	Male 20 96 226 115 64 31 33 28 27 16	5% increase on baseline	10% increase on baseline
	Proportion of estimated MSM population in Inverclyde who attended specialist sexual health services in 2012 by age	<16 16-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55+	4.5% 13.6% 40.9% 13.6% 13.6% 9.1% 0% 4.5% 4.5% 4.5%		2% increase on baseline	5% increase on baseline

Financial Context

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

planning for exacerbations or deteriorations in conditions that could lead to costly interventions being necessary. We will also continue to drive home the messages of prevention and early intervention through taking a health improving approach across the CHCP's business.

1.2 Shifting the Balance of Care

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

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
Acute Services				
Support GPs to review practice in relation to A&E usage	**A and E volumes** **A&E waits less than 4 hours**	Apr11- Mar12 3179 95.4%	Contributes to GGC Target 95%	Contributes to GGC Target 95%
Support people in their decision regarding where they wish to die, in accordance with their stated preference, as part of advances care planning and the Liverpool Care Pathway	**No of advanced care plans** **% of last 6 months of life spent at home or in a community setting**	Jun – Dec 12 111 87.3%	N/A 90%	N/A 95%

Adult Mental Health				
Monitor and take appropriate action to maintain the targets for delayed discharges for adults with mental health and AWI	**Adults with Mental Health: No people will wait more than 28 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2013; followed by a 14 day maximum wait from April 2015.**	0	0	0
	Reduce bed days lost to delayed discharge for adults with mental health	0	0	0
	Reduce bed days consumed by delayed discharge (inc AWIs) to 25% of 2009/10 baseline	455 @ Mar12 (Cumulative 5578 for 11/12)	280 – Mar13 (Cumulative 3360 for 12/13)	
	Reduce bed days lost to delayed discharge for Learning Disability Patients	2012/13 0	0	0

Long Term Conditions				
Implement the Long Term Conditions plan to reduce the use of hospital inpatient care through a collaborative approach to the patient journey to; - Reduce hospital follow up; - Increase range and level of community service responses to LTCs. This will be supported by out work to review acute service usage data by Inverclyde patients as part of the further integration pilot	**Reduce the number of acute bed days consumed by each LTC (Crude bed days rate per 100,000 pop):** **Asthma** **CHD** **COPD** **Diabetes**	9212.3 275.2 4483.7 3608.9 844.5	Reduce by 10%	Reduce by 15%
Primary Care				
Support GP practices through PLT, GP Forum and QOF process to review practice level data on referrals, A&E attendances and admissions with a view to identifying reasons for variation and sharing of best practice to reduce variation Note: This will be supported by our work to review acute service usage data by Inverclyde patients as part of the further integration pilot	**Number of unplanned hospital admissions (65+)**	1,923	5% reduction on baseline	10% reduction on baseline
Reduce alcohol emergency admissions rate	**Reduce alcohol emergency admissions rate**	12.4 (per 1000 pop)	12 (per 1000 pop)	10 (per 1000 pop)
Increase advice via community pharmacies	**% community pharmacies participating in medication service**	All 19 community pharmacies participate	100%	100%

Financial Context

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

1.3 Reshaping Care for Older People

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

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
Acute Services				
Implement our Reshaping Care For Older People Change Plan and Joint Strategic Commissioning Plan for Older people to reduce rates of emergency inpatient bed day usage and the number of emergency admissions to acute care	**Reduce the number of unplanned acute bed days (65+)** **Rate per 1000 pop 65+**	49,528 3,448	Reduce by 10% on baseline	Reduce by 15% on baseline
	Reduce number of unplanned acute bed days (75 years+) **Reduce number of unplanned acute bed days rate (per 1,000 popu 75 years+)**	36610 5511	Reduce by 10% on baseline	Reduce by 15% on baseline
	Reduce the number of emergency admissions (65+) **Reduce emergency admissions rate (per 1,000 popu 65 years+)**	4,328 301	Reduce by 5% on baseline	Reduce by 10% on baseline

	Reduce the number of emergency admission bed days (75 years+) Reduce emergency admissions bed days rate rate (per 1,000 popu 75years+)	Apr11-Mar12 38,408 (Rate per 1000 – 5676)	Reduce by 10% on baseline	Reduce by 15% on baseline
	Reduce ALOS (Emergency admissions aged 65 years+)	3.2 days	Reduce by 10% on baseline	Reduce by 15% on baseline
	Need 10% reduction in bed days rate (age 75 and over) per 1,000 population from baseline 2009/10 to 2014/15 (5.5% required in Year 1 (2012/13)	6166.06	5904.69	5760.68 (2014/15)
	Reduce ALOS (Emergency admissions aged 75 years+)	3.2	Reduce by 10% on baseline	Reduce by 15% on baseline
	Number of unplanned emergency admissions SIMD	INA		
	Reduce bed days consumed by delayed discharge to 25% of 2009/10 baseline	Acute (inc AWIs) 5578 Acute for AWI's 352	1681 75	

	No people will wait more than 28 from April 2013; followed by a 14 day maximum wait from April 2015 for hospital discharge	>6wks : 1 <6wks : 143	0 people over 28 days	0 people over 14 days (April 2015)
	Delayed discharge > 28 days	N/A	0	0
	Delayed discharge > 14 days	N/A	0	0
	Increase older people on anticipatory care plans	Mar 13 - 620	10% increase on baseline	25% increase on baseline
Deliver dementia strategy priorities and improve early diagnosis by: - increasing the numbers of people with a dementia diagnosis on the QOF dementia register providing post diagnostic support	**Maintain the number of people with a diagnosis of dementia on the Quality and Outcomes Framework (QOF) dementia register and other equivalent sources.** **To deliver expected rates of dementia diagnosis and by 2015/16, all people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including**	728 New HEAT target from 2015/16	653	653

	the building of a person-centred support plan.			
Improve the integration of adult mental health and OPMHT by: - increasing the referrals of those aged over 65 to PCMHT	**Increase PCMHT referrals 65+**	2 OPMHT & PCMHT only integrated from 2013 so no 11/12 baseline	Increase on baseline	Increase on 13/14 performance
Work with partners to increase the suitability to needs of housing	**Numbers in receipt of telecare** **Number of housing adaptations carried out**	March12 - 2046 792	Increase on baseline	Increase on 13/14 performance
Implement the Inverclyde Palliative and End of Life Care Action Plan 2013/14 to improve end of life care -	**No of ACP** **No of LCP** **No of Gold Standards meetings** **No of people supported by community staff to die at home**	111 (Jun12 to Dec12) 20 (Jun12 to Dec12) 37 (Jun12 to Dec12) 259 (Jun12 to Dec12)	N/A N/A N/A N/A	N/A N/A N/A N/A
Reduce polypharmacy	**% of practice lists reviewed**	INA	Review 2536 patients (2.5% of the weighted practice population)	

Financial Context

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

1.4 Improving Quality, Efficiency and Effectiveness

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

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

	Reduced incidence of self harm **Carers accessing stress management and counselling services**	INA 55	Work with MH Services and primary care colleagues to develop a system for capturing robust data that will provide a reliable baseline 10% increase on baseline	Increase on 13/14 performance 15% increase on baseline
Drugs and Alcohol				
Address variance in drugs and alcohol waiting times to meet the 21 day target	**90% of clients will wait no longer than 3 weeks from referral received to an appropriate drug or alcohol treatments that supports their recovery**	Jan – Mar12 95.4%	91.5%	91.5%
Primary Care				
Implement the recommendations from the Review of District Nursing in accordance with the GG&C plan	**Releasing time to care:** **- Number of clusters participating** **- Increase in direct patient facing time (current estimate of 5% increase)** **- 100% clinical supervision in place**	1 Currently 43% as of Workload Tool Analysis (above GG&C & National Average – 31%) In Discussion phase	3 (All Teams participating 3 clusters only in ICHCP) Workload Tool re run April/May 2013	

Identify and support GP practices to maintain access targets through learning from models such as the Productive GP	**Provide 48 hour access or advance booking to an appropriate member of the GP Practice Team**	2011/12 93.6% (48 hour) 78.3% (advance) * data from participating practices	95% (48 hour) 90% (advance)	95% (48 hour) 90% (advance)
Support GPs to address prescribing variation through: - undertaking annual prescribing discussions - participating in the medicines management LES	**Primary care budget allocation (Prescribing Budget)**	£17.1M		
	Primary care variance from budget allocation (Excluding short supply) (Prescribing Budget)	£437k (2.56% over budget)		
	% Practice Opt in Medicines Management LES	81.3%	>65%	>65%
	Anti-Depressant - Fluoxetine, Citalopram & Sertraline as a percentage of all Fluoxetine, Citalopram & Sertraline and Duloxetine, Mirtazapine, Reboxetine, Venlafaxine and SSRIs (other) : maximum achievement set at Oct-Dec 2011	Jan - Mar12 69.76%	Oct-Dec 2011 GGC upper quartile 75.16% (Items)	

	GGC upper quartile 75.16% (Items)			
	Number of practices on target with Fluoxetine, Citalopram & Sertraline as a percentage of all Fluoxetine, Citalopram & Sertraline and Duloxetine, Mirtazapine, Reboxetine, Venlafaxine and SSRIs (other) : maximum achievement set at Oct-Dec 2011 GGC upper quartile 75.16% (Items)	1 (6.25%)	>65%	>65%
	Anti-Depressant – Escitalopram as a percentage of all Escitalopram and other SSRIs : maximum achievement set at Oct-Dec 2011 GGC lower quartile 1.04% (Items)	Jan - Mar12 1.78%	Oct-Dec 2011 GGC lower quartile 1.04% (Items)	
	Number of practices on target with Escitalopram	7 of 16	16	16
Reduce prescribing costs	**Reduce Cost Per Weighted Patient**	£182.12	Targets still under negotiation	

Develop effective services through a culture of audit to implement the Scottish Patient Safety Programme in primary care	**Number of patient safety programme audits**	INA		
Reduce sickness absence rates	**Sickness absence rate NHS**	4.9%	4%	4%
Increase rates of e-KSF compliance	**e-KSF rate**	61.20%	80%	80%
Continually improve the management of complaints	**Number of complaints responded to within 20 days (NHS)**	44.5%	70%	70%
Ensure full NMC registration for all relevant staff	**NMC registration compliance**	100%	100%	100%
Ensure staff are appropriately trained to carry out their duties	**% staff with standard induction training completed within the deadline**	Oct12 – Feb13 85.71%	100%	100%

Financial Context

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

and mobile working programme in the lifetime of this plan to reduce accommodation costs and modernise working practices.

1.5 Tackling Inequalities

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

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target
Adult Mental Health				
Implement plan to mainstream asset based approaches within service delivery and roll out asset mapping resources in the wider community	**Number of staff trained in asset based approaches/ asset based assessment**	INA Programme has only just stared in 2013	TBC	TBC

Increase access to psychological therapies for all ages, men and women and for people from deprived areas	**Patients waiting >18 weeks Referral To treatment for Psychological therapies** **18 weeks Referral To treatment for Psychological Therapies (SIMD)** **Patients waiting >18 weeks referral To treatment to psychological therapies (Age)** **Patients waiting >18 weeks referral to treatment to psychological therapies (Sex)**	0 0 0	0 0 0	0 0 0
Cancer				
Deliver universal and targeted smoking cessation services with a particularly focus on areas of deprivation and smoking in pregnancy	**Reduce smoking in pregnancy** **Reduce smoking in pregnancy (SIMD)** **Smoking cessation in deprived areas** **Smoking cessation (actual quits at 4weeks)**	20.5% 28.7% 527 (Target 299) 801 (Target 459)	20% 27.4% 896 482	20% 25.4% TBC TBC

Increase uptake of cancer screening amongst men and those in SIMD areas	**Uptake of cancer screening by sex and SIMD (data only for SIMD1 all sexes)**	Bowel – 43.3% Breast – INA Cervical – 74.5%	60% TBC 80%	TBC TBC TBC
Children and Maternity				
improve breastfeeding rates and reduce the SIMD differential	**Breastfeeding rates in 15% most deprived areas**	8.4%	10.4%	14.4%
Primary Care				
Continue to be a key partner in the delivery of the Inverclyde Financial Inclusion partnership and Strategy.	**Referrals to information and advice services** **Referrals to Healthier, Wealthier Children** **Additional income (£) generated as a result of financial inclusion advice received**	Jul12 – Dec12 1882 372 £203,326.30 (Healthier, Wealthier Children)	10% increase on baseline Sustain baseline Sustain baseline	15% increase on baseline Sustain baseline Sustain baseline
Ensure we have a robust Advice Services Team who are able to support clients with benefits/ money advice. We will ensure CHCP staff are trained in all aspects of welfare reform to ensure they can best support their clients.	**Increased numbers of staff trained in Welfare Reform**	Aug-12: 67	10% increase on baseline	15% increase on baseline

Deliver equality assured services through the implementation of improvement plans from EQIAs	**Percentage of quality assured EQIAs with a completed improvement plan if required**	0	50%	75%
Increase staff awareness of equalities sensitivity and the protected characteristics	**Number of staff trained in Equalities and Inequalities Sensitive Practice**	0	40	80
Embed routine sensitive enquiry through delivery of training to frontline CHCP staff	**Increase the number of staff undertaking routine sensitive enquires.** **Number of staff trained** **Number of GBV referrals**	INA 97 526 *Referral counts the number of times the eldest or 'main' child is referred (some children can be counted more than once)*	Identify baseline 10% increase on baseline Sustain baseline	Increase 2013/14 performance 15% increase in baseline Sustain baseline
Assess current position, develop and implement actions to reduce discrimination faced by people with protected characteristics and establish areas of exemplary practice in services most likely to be accessed by them.	**Reduced discrimination is faced by LGB, Trans people, sensory impaired people and people with learning disabilities in our services**	INA		

Underpin this work by delivering on the key local actions form the Community Support and Language Plan				
Improve the health of prisoners by continually developing prison healthcare and partnerships with services outside prison	**Being developed**	INA		
Deliver on our Health and Homelessness Action Plan (HHAP) to implement the Scottish Government's Health and Homelessness Standards for NHS Boards, introduced on 3rd March 2005.	**Independent evaluation of the HHAP showing evaluation ratings of 'good' and 'very good', and increases year on year of evaluations from 'good' to 'very good'; all in relation to the implementation of the Health and Homelessness Standards.**	Estimated independent evaluation of the CHCP's self-assessment of the HHAP for 2011/12, shows a 30% increase in outcomes assessed as 'very good' in comparison to the HHAP of 2010/11.	Independent evaluation of the CHCP's HHAP to show a 10% increase in outcomes assessed as 'very good'.	Independent evaluation of the CHCP's HHAP to show a 10% increase in outcomes assessed as 'very good'.
	Increased Access to mainstream health services for persons affected by homelessness confirmed through homeless service user consultation, including maintaining the target of	First Annual Consultation Exercise, February 2012: 27 (Target 20) Homeless Service Users consulted 26 out of 27 Service Users confirming their overall satisfaction with Health	Target of 20 Homeless Service Users to be consulted.	Target of 20 Homeless Service Users to be consulted.

	20 homeless service users to be consulted.	Services; 1 of those 26 stating that they did not feel that their health needs had been met, but have since been met extremely well		
Improve Access to advocacy services in line with the NHSGGC Advocacy Plan.	**Numbers accessing advocacy services**	Aug12 – Dec12 150	10% increase on baseline	15% increase on baseline
Reduce non-attendance rates (differentials for sex and those from deprived areas)	**Reduce DNAs** **Reduce DNAs (Male SIMD1)** **Reduce DNAs (Female SIMD1)** **Reduce DNAs (Male)** **Reduce DNAs (Female)**	11.9% 18.1% 13.1% 14.1% 10.5%	11.3% 11.3% 11.3% 11.3% Maintain 2011/12	TBC 11.3% 11.3% 11.3% 11.3%
Improve access for all to primary care mental health services	**Reduce waiting Times to PCMHTs (SIMD)** **Reduce waiting Times to PCMHTs (Sex)**	0 0	Maintain baseline performance Maintain baseline performance	Maintain baseline performance Maintain baseline performance
Sexual Health				
Reduce the inequalities gap for sexual health and blood borne viruses. Reduce SIMD gradient in interventions delivered to BBV patients	**Increase testing rates for STIs in SIMD1** **Increase testing rates for BBV in SIMD1** **Increase uptake of**	INA N/A ***Data to be provided for***	TBC TBC	TBC TBC

People with BBV lead longer healthier lives;	**Hepatitis B vaccination**	***CHCP by diagnostics***				
	Proportion of Inverclyde under 16s, by gender and SIMD, who accessed a Sandyford service in 2012		Female	Male		
		SIMD1	8.35%	2.38%		
		SIMD2	6.77%	0.45%		
		SIMD3	4.39%	0.88%		
		SIMD4	5.42%	0.45%		
		SIMD5	2.34%	0.67%		
	Proportion of Inverclyde 16-19yr olds, by gender and SIMD, who accessed a Sandyford service in 2012		Female	Male		
		SIMD1	29.37%	6.81%		
		SIMD2	23.81%	4.79%		
		SIMD3	25.00%	3.30%		
		SIMD4	18.15%	3.82%		
		SIMD5	17.67%	1.40%		

Financial Context

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

2. Financial Resources

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

2.1.2 Revenue Budget

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

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

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

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

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

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

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

This relates to the following service areas:

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

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

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

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

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

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

2.1.3 Capital Resources

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

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

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

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

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

2.1.4 NHS Hub Initiatives / Ravenscraig Reprovision

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

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

2.2 Financial Context

2.2.1 Financial Resources

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

2.2.3 Revenue Budget

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

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

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

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

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

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

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

- Impact of organisation wide workstreams and service wide redesigns
- Existing NHS pressures relating to continence supplies, high level observation costs with Mental Health inpatients, staffing pressures from endpoint structure now in place for Ravenscraig, staffing and supply pressures within Children's Specialist Services – funded on a non recurring basis in 2012/13
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The NHS budget includes £1.4m Older Peoples Change Fund with the 2013/14 allocation expected to remain at £1.4m (being year 3 of 4).

2.3.1 Capital Resources

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

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

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

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

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

2.4.1 NHS Hub Initiatives / Ravenscraig Reprovision

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

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

3. Effective Organisation

3.1 Organisational Development Priorities and Approach for Inverclyde CHCP

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

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

3.2 CHCP Programme for each of the five FTFT themes:

Our culture:

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

Activities to evidence work towards the outcome

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

Our leaders:

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

Activities to evidence work towards the outcome

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

Our patients:

Expected outcome – We make real changes to patient experience.

Activities to evidence work towards the outcome

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

Our people:

Expected outcome – Our workforce feels positive to be part of Inverclyde CHCP, staff feel listened to and valued and staff take responsibility to identify and address issues in their area of work

Activities to evidence work towards the outcome

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

Our resources:

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

Activities to evidence work towards the outcome

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