

# **Renfrewshire CHP**

# **Development Plan**

## **2013/16**

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## **INTRODUCTION AND CONTEXT**

NHS Greater Glasgow and Clyde's purpose is to:

“Deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities.”

This development plan describes how Renfrewshire CHP will work with partners over the next three years to drive the changes required to achieve this purpose.

Renfrewshire CHP has co-terminous boundaries with Renfrewshire Council. The population is 170,250 (June 2010), and this has fallen by 2% over the last ten years. 9,588 are children under 5 and 6,941 are aged over 80 years. SIMD data for 2012 shows that Renfrewshire's share of deprived datazones in Scotland has increased since 2004. Of Renfrewshire's 214 datazones, 6.5% are in the 5% worst deprived datazones in Scotland and 22.4% are in the 15% most deprived datazones.

The plan is centred around the five strategic priorities:

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

The following sections describe the actions we will take to deliver these corporate priorities, the performance measures we will use and the targets for 2013/14 and, where appropriate, for 2016.

## SECTION 1 EARLY INTERVENTION AND PREVENTING ILL-HEALTH

### 1.1 Cross Cutting Priority Areas

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Achieve 925 successful smoking quits, including 461 in the 40% most deprived areas within Board SIMD areas by March 2014.	Actual quits at 4 week follow up	1,061 (April 2012 – Jan 2013) including 456 from the most deprived areas	925 with 461 from the most deprived areas	TBC
In partnership with carers, implement actions from the Carers' Strategy 2013-16.	Evidence of progress on Action Plan measures.			
	Number of carers accessing training programmes.	200	230	250
	Number of self assessments issued to carers.	233	250	280
Contribute to the Board target of 50 Modern Apprenticeship schemes offered.	Number of Modern Apprenticeship schemes	0	1	+3
Develop opportunities for vulnerable groups to improve their skills for employment.	Number of work placements for vulnerable groups.	2	10	20

## 1.2 Adult Mental Health

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Review and improve clinical pathways in community mental health teams to improve access to psychological therapies.	% patients waiting over 18 weeks RTT (Referral to treatment).	7%	4%	0%
	% of patients who started treatments within 18 weeks of referral	NA	85%	90%
Deliver Board-wide waiting time targets for Primary Mental Health services, ensuring equality of access for all (age, sex and SIMD).  Roll out self referral to Primary Mental Health services across Renfrewshire.	Average wait in days.  Referral to assessment.  Referral to treatment.  Number of self referrals.	37    0	4 weeks  9 weeks	
Raise awareness of suicide prevention by delivering training to front line staff.    Work with Education to develop a suicide prevention policy for schools and to build suicide prevention in the new strategy for Community Learning and Education (CLAD).	Maintain level of 50% of staff trained.  Suicide rate (per 100,000 population) reduced by 20% between 2002 and 2013.  Policy agreed by March 2014.	48%  20.9 (2002)	50%  16.7	50%  16.7

### 1.3 Cancer

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Maintain the rates of breast screening in primary care.	Breast screening uptake rates.	72.1% (2009)	72.1%	72.1%
Support the uptake of bowel screening.	Bowel screening uptake rates.	53.3%	60%	60%
Meet the national target for cervical screening in primary care.	Cervical screening uptake rates.	79.4%	80%	80%

### 1.4 Children and Maternal Health

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Develop and implement a teenage pregnancy pathway to support young women and their partners.	Pathway agreed by June 2013.  Develop outcomes for 2014/15.			
Implement Family Nurse Partnership (FNP)	100 women supported within two years of full team being in place.	0	0	100
Implement the 30-month check, and link effectively with Triple P and Speech and Language Therapy.	Percentage of children receiving 30 month check.  Number of children referred to Speech and Language Therapy and Triple P.	0  27 SLT 50 Triple P	60%	80%
Work with partners in Education and Social Work to develop a 'hub model' for early years.	Agreed outcomes by September 2013.			
Develop a sustainable model of financial advice for pregnant women and young families building on the learning for Healthier Wealthier Children.	Number of referrals.  Financial benefits.	389  £685,737	400  £700,000	400  £700,000

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Continue to implement a population based model of parenting support through Triple P.	Number of staff trained and participating in programme delivery.	110	115	120
	Number of attendees at seminars (Level 2).	280	300	320
	% of interventions with complete pre and post intervention data.			
Maintain UNICEF accreditation for breastfeeding.	Re-accreditation June 2013.			
Work in partnership with maternity services and young mothers to support more young women to breastfeed.	6-8 week exclusive breastfeeding rate.	20.4%	21.4%	21.4%
	Exclusive breastfeeding rate at health visitors' first visit	26.6%	28.6%	28.6%
	<i>Exclusive breastfeeding rate at discharge from hospital.</i>	35.2%	37.4%	41.6%
	<i>Exclusive breastfeeding rate at birth.</i>	48%	50%	53.1%
Develop sustainable models of service for children who are overweight or at risk of becoming overweight.	Number of completers for ACES and Active Choices	158	169	
	ACES referrals from Active Choices.	0	5	10
	Sustainable model post 2014 agreed.			

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
<p>Review data about childhood injuries to establish patterns and those communities/caseloads with higher than expected rates of injury.</p> <p>Provide targeted intervention.</p>	<p>Data source identified by September 2013.</p> <p>Outliers identified by March 2014 2014/15 activity targeted with families and other agencies.</p> <p>Set outcome measures for 2014/15</p>			
<p>Implement Life Skills Training (LST) in Renfrewshire schools, to improve resilience and self esteem among young people.</p>	<p>Number of children participating.</p> <p>Evaluation and evidence of outcomes.</p>	0		
<p>Deliver Fluoride Varnish programme in target nurseries for 3-5 year olds</p>	<p>At least 60% of 3 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.</p> <p>At least 60% of 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.</p>	<p>0.61%</p> <p>0.26%</p>	<p>35% by Dec 2013</p> <p>35% by Dec 2013</p>	<p>60%</p> <p>60%</p>
<p>Deliver Childsmile Schools Programme for P1 and P2 children in partnership with the Oral Health Directorate</p>	<p>100% of schools participating.</p> <p>Maintain % with no obvious decay in P1</p> <p>Reduced % with no obvious decay in P7</p>	<p>100%</p> <p>62.1%</p> <p>NA</p>	<p>100%</p> <p>62.1%</p> <p>60%</p>	<p>100%</p>

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
	Maintain dental registration rates 3-5 years.	86%	86%	
	Improved dental registration rates 0-2 years.	45.3%	76%	
Deliver the CAMHS referral to treatment waiting times target.	Referral to treatment time.	44 weeks	26 weeks from March 2013.	18 weeks by December 2014.
Carry out a Health & Wellbeing survey on Renfrewshire young people to improve identification of schools to target health improvement activity.	Target/Priority areas agreed with schools			
Promote vaccination programmes to increase the MMR vaccination rates at 24 months and 5 years.	MMR rate at 24 months	93%	95%	95%
	MMR rate at 5 years	96.7%	97%	97%
Work with maternity services to identify late bookers and develop targeted approach with Pharmacy and Sandyford	80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12 <sup>th</sup> week of gestation by March 2015.	78.4%	78.4%	80%

### 1.5 Disability

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Undertake case sampling and identify trends. (Adult Protection)	15 cases sampled and trends identified and addressed.	10	15	15
Implement the local actions from the GGC-wide Health Needs Assessment of people with Learning Disabilities.	Number of health checks.	0	40	

<b>Action to Deliver Corporate Priorities</b>	<b>Performance Measure</b>	<b>Baseline</b>	<b>2013/14 Target</b>	<b>2016 Target</b>
Encourage and promote healthy lifestyles through activities/day services.	Number of day service users.	150	200	250
Examine outcomes from 21 <sup>st</sup> century health checks as basis for agreeing new developments/initiatives.	Number of health checks.	0	40	43

## 1.6 Drugs and Alcohol

<b>Action to Deliver Corporate Priorities</b>	<b>Performance Measure</b>	<b>Baseline</b>	<b>2013/14 Target</b>	<b>2016 Target</b>
Early identification of children affected by parental substance misuse.	All assessments to note number of children, dates of birth and where living.  Evidence that when children are identified (where the adult has any type of caring role), the impact of substance use on their ability to care for their children is considered.	75% in sample audit	100% in sample audit	100% in sample audit
Use Licensing Policy and input to Licensing Forum and ADP to influence availability of alcohol, particularly in areas where health outcomes are poor.	Review of Licensing Policy.  Extension of Over Provision area.			
Reduce harm and deaths by drug and alcohol overdose.	Number trained in overdose awareness raising.  Naloxone units issued.	44  38		

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
	Drug related deaths.	14.1 per 100,000 population.	13.9 per 100,000 population.	13.4 per 100,000 population.
	Alcohol related deaths.	28 per 100,000 population.	27.5 per 100,000 population.	26.6 per 100,000 population.
Develop and implement a pregnancy protocol for women with problematic use of drugs and alcohol.	Number of women following the protocol.			
Support Primary Care to deliver target numbers of Alcohol Brief Interventions.	Number of Brief Interventions.  Audit of assessments (10%).  Follow up (10%).	963	1,122	1,122
Promote the use of Alcohol Brief Interventions in priority settings out with primary care.	Number of people trained in criminal justice system.  Reporting/monitoring system established.	0	5	+5

### 1.7 Long Term Conditions

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Ensure our integrated rehab team work to target LTCs and support GPs to focus on this.  Review with GPs locally both enablers and challenges to the QOF/QIP pathways from 2012.	Hospital admissions for LTCs (COPD, CHD, Asthma, diabetes)	LTC:11,810.7 COPD: 3,435.1 CHD: 6,559.6 Asthma: 331.1 Diabetes: 1,484.9	9,640.0 3,105.0 5,920.0 310.0 1,176.0	9,640.0 3,105.0 5,920.0 310.0 1,176.0
Support a structured education programme (including DESMOND) for diabetes patients and for primary care staff.	Increased awareness in primary care of programme.			

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
	Number of referrals.			
	Staff trained.			
Promote the use of library resources to support patients to self manage their condition.	Lending rate by library.			
Develop and implement the ALISS pilot to ensure effective signposting to community assets.	Completion of Johnstone pilot.			
	Implementation plan.			

### 1.8 Older People

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Increase uptake of the Vitality Programme.	Number of attendees.	10,021	10,350	10,600
	Maintain/increase number of classes available and venues.	21 classes 7 venues	23 classes 7 venues	25 classes 7 venues
Support ROAR (Reaching Older Adults in Renfrewshire) to maintain a network of clubs and services across Renfrewshire.	Number of clubs	11	11	
	Number of service users.	300	300	
	Robust business plan.			
Implement locally the Greater Glasgow and Clyde Falls Programme.	Number of falls reported.	0		
	Readmissions following a fall.	0		

## 1.9 Primary Care

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Develop Keep Well to increase the number of health checks in our more deprived areas, and direct patients to a range of health and lifestyle services.	Number of Practices opting to deliver Keep Well	8	14	16
	Number of Keep Well checks.	619	1,542	1,542
	Number of checks in deprived areas.	0	1,080	1,080
	Number of referrals to other services including financial advice services and employability.	0	160	180
Establish a system to identify and address barriers to effective GP contribution to child protection case conferences.	System identified and implemented.			

## 1.10 Sexual Health

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Review the SHRE resource used in schools and train/support teaching staff to deliver.	Teenage pregnancies (15-17) at conception (crude rate/1000).	25.9	25	23
	Staff trained.	86	+20	+20
Increase the number of parents reached through workshops.	Number of workshops.	3	4	5
	Number of attendees.	22	28	35
Work with GP Practices to increase the use of LARC (Long Acting Reversible Contraception) in Primary Care.	LARC: IUD + IUS + Implants (rates per 1,000 women aged 15-49)	15.3	15.5	16.1

## **1.11 Finance**

We continue to work in partnership with Renfrewshire Council to invest in evidence based early intervention programmes such as Triple P, Family Nurse Partnership and Incredible Years. We anticipate savings in expensive residential places for young people.

We will invest in two significant health behaviour surveys in 2013/14 to improve our understanding of health behaviours and to help us target resources to areas which are most needy.

Change Fund has been partially used to support and develop ROAR clubs in Renfrewshire (Reaching Older Adults).

Keep Well was introduced in Renfrewshire in October 2011 with investment in the LES and in supporting health improvements services. We have used this to fund financial inclusion, employability, smoking cessation and primary care support services. Annual investment is £180k (excluding the LES).

Health improvement funding has been used to contribute to Healthier Wealthier Children post, which has resulted in significant gains for families and improved pathways into financial inclusion services.

## SECTION 2 SHIFTING THE BALANCE OF CARE

### 2.1 Adult Mental Health

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Following the pilot project to extend CPN Out of Hours services to Renfrewshire, implement a sustainable model of this service.	OOH service model agreed by September 2013.  Implemented by March 2014.			
Develop a longer term plan for the beds currently at the Mansionhouse unit (post 2015).	Options developed by December 2013.  Final plan agreed by June 2014.			
Roll out the Liverpool Care Pathway to mental health inpatient services.	% of staff trained in Older People's Wards  Number of LCPs.	0  0	70%	70%

### 2.2 Children and Maternal Health

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Work in partnership with the Council to implement 5 evidence based services: <ul style="list-style-type: none"> <li>• Triple P</li> <li>• Incredible Years</li> <li>• Functional Family Therapy</li> <li>• Multidimensional Foster Care</li> <li>• Family Nurse Partnership</li> </ul>	Reduction in residential places.			

## 2.3 Long Term Conditions

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Support the respiratory early supported discharge initiative.	Number of patients supported. Number of readmissions.			

## 2.4 Primary Care

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Improve the interface between primary and secondary care by developing a programme of GP/Consultant educational evenings for 12 months ahead. Involve Acute Sector managers in this work to help effect change.	Calendar of events organised 12 months ahead. Number of attendees per meeting. Evidence of actions/changes made.	Average 15 per meeting in 2011/12	18	25
Develop community leg ulcer clinics.	Range of options explored. Financially sustainable model agreed and implemented.			
Review information from the Scottish Patient Safety Programme medical reconciliation and apply lessons learned across CHP.	Information reviewed. Evidence of actions/changes.			
Monitor the implementation of the effective working paper by briefing GPs on their role and reviewing exceptions and issues quarterly at the GP Forum.	Effective working paper implemented.			

<b>Action to Deliver Corporate Priorities</b>	<b>Performance Measure</b>	<b>Baseline</b>	<b>2013/14 Target</b>	<b>2016 Target</b>
Build and develop locality groups to improve understanding of local issues in Paisley and West Renfrewshire.	Evidence of local issues addressed.			
Develop joint working between Education, Social Work and the CHP to develop the family centred model.	Evidence of joint approach in the development of the family centred model.			
Implement the Practice Activity Report (PAR) to identify and work with outlying practices.	Practice Activity Report rolled out by September 2013.			
Roll out the Chronic Medication Service in Renfrewshire.	Participating pharmacies.	1 practice/ pharmacy.	20%	100%

## SECTION 3 RESHAPING CARE FOR OLDER PEOPLE

### 3.1 Older People

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Continue to maintain high numbers of patients on dementia registers and deliver improvements in services against the previous benchmarking work on dementia standards.	Evidence of post diagnostic support.	Currently seen 3 times per year.		
	Numbers on dementia register.	1,441	1,258	1,258
Explore the introduction of nurse led memory clinics to improve access.	Reduced waiting times.	0		
Extend Dementia awareness training across Adult and Older People's mental health services.	Number of staff trained.	0		
Pilot the extension of the Rapid Response Team hours to 9pm for 6 months, and develop a sustainable model, learning from that pilot.	Reduced rate of emergency inpatient bed days for people aged 75 and over per 1,000 population.	5,238.02	5,015.99	4,893.96 (2014/15)
	Reduced number of emergency admissions (65 years +).	8,358	8,157	8,100
	Rate per 1,000 population.	295	288	280
	Reduced ALOS (emergency admissions).	3.2	3.1	3.0
Develop the Rehabilitation and Enablement Service (RES) to support care homes and extra care housing staff to prevent hospital admission.	Number of emergency admissions to hospital from care homes.	512		
	Reduced number of	96,766	94,444	94,000

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
	unplanned acute bed days (65 years+). Rate per 1,000 population.	3,431	3,349	3,300
Develop telecare through the Smartcare Project with neighbouring authorities (funded by European Social Fund).	Number of people in receipt of telecare (aged 75+).	266		
Develop re-ablement model to support people to live independently in their own community.  Test a model of "Time to Think" beds to improve effective discharge from hospital.	Bed days lost to Delayed Discharge (inc AWIs) to 25% of 2009/10 baseline.  Bed days lost to Delayed Discharge for AWI patients) to 25% of 2009/10 baseline.  Delayed discharge > 28 days.  Delayed discharge > 14 days	16,207 (2009/10)  2,128 (2009/10)  N/A  N/A	   0  0	4,051  532  0  0
Progress a campaign to encourage advanced care planning for older adults.	No. of advanced care plans offered.  No. of advanced care plans started.	123 Jan – March 2013  79 Jan – March 2013	492  316	550  375
Agree and implement the Joint Commissioning plan for older people, linking this with the Change Fund plan.	Joint Commissioning Plan produced by June 2013.  Implementation plan with timescales and leads identified.			
Use PRISMS and the Prescribing Information System to increase the review of variation in prescribing practice across a range of therapeutic areas.	Outlying practices supported to reduce variation. Scriptswitch,			

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
	Medicines Management LES and Polypharmacy LES implementation.			

### 3.2 Primary Care

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Implement locally the agreed service model to provide GP cover to nursing beds in Care Homes as per the outcome of the GGC Board wide review. Use the information from closer working together to inform the application of above review.	Number of emergency admissions to hospital from Care Homes.	512		
Increase the % uptake of flu jab vaccinations in the over 65 age group	% uptake of vaccinations in 65+ age group	67.5%	70%	72.5%
Increase awareness and use of SPARRA data to improve anticipatory care.	Reduced hospital readmissions (65+).	1,770		
All GP practices to be trained in version 12 of Liverpool Care Pathway (LCP)	Number of LCPs. Number of practices trained.	21 Jan – March 2013	70	80
Extend the use of the LCP to care homes and mental health inpatient services.	Number of staff trained. Number of LCPs.			
Extend the use of advanced care planning in care homes.	Number of care plans.			

### 3.3 Finance

There has been significant investment in shifting the balance of care and in services for older people through the Change Fund. In 2013/14, this will include improvements in housing aids and adaptations, additional respite services, investment in RES and other community rehab services and investment in telecare.

## SECTION 4 IMPROVING QUALITY, EFFICIENCY AND EFFECTIVENESS

### 4.1 Adult Mental Health

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Develop and implement a workplan from the National Mental Health Strategy.	Workplan with clear outcomes agreed by June 2014.			
Demonstrate changed practice in inpatient services by listening to patients' views, and develop a system for community services to receive patient feedback.	Evidence change in practice from patient conversations.  System for community services agreed by September 2013.  Evidence of changes by March 2014.			

### 4.2 Children and Maternal Health

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Reduce Speech and Language Therapy waiting times in the Community Paediatric Service.	Triaged within 8 weeks.	15 weeks	8 weeks	8 weeks
	Assessment appointment within 18 weeks.	63 weeks	18 weeks	18 weeks

### 4.3 Disability

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Ensure a robust system of information sharing and consultation with all RLDS, service users, carers and partners.	Patient/carer involvement in reviews.  Carer and service user groups are well supported.  Shared information database audited.			
Working closely with Children's Services, improve the transition experience of young people with learning disabilities graduating into adult services.	Transitions Policy reviewed and implemented.  Number of cases in transition with clear and agreed transition plans in place 6 months prior to transfer.	0	15	15

### 4.4 Drugs and Alcohol

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Improve access to services.	90% of clients will wait no longer than 3 weeks from referral to drug or alcohol treatment.	91.1%	91.5%	91.5%
Reduce alcohol emergency admissions.	Alcohol emergency admissions rate per 1,000 population.	9.2	9.0	8.43
Roll out the use of the STAR outcome tool to demonstrate recovery improvements.	Establish baseline, then demonstrate % improvement in each dimension.			

<b>Action to Deliver Corporate Priorities</b>	<b>Performance Measure</b>	<b>Baseline</b>	<b>2013/14 Target</b>	<b>2016 Target</b>
Review Tiers 3 and 4 alcohol services.	Completion of Review.			
Implement review of drugs services.	Development of L&E/Workforce Plan.  Training programme completion.			
Evidence user involvement in the development of services and develop a service user network.	Client satisfaction questionnaires annually in all addictions services.  Evidence of service change.  Number of members of network increasing. Evidence that all communities of interest are represented.			

#### 4.5 Primary Care

<b>Action to Deliver Corporate Priorities</b>	<b>Performance Measure</b>	<b>Baseline</b>	<b>2013/14 Target</b>	<b>2016 Target</b>
Implement the District Nursing Review in Renfrewshire.	Skill mix improved. L&E plan.  District Nursing patient facing time increased.	Current skill mix: 60/40 band 5s to band 6s  41%	70/30 band 5s to band 6s  45%	45%
Progress Releasing Time to Care across the District Nursing service.	Demonstrate changes to services/activity from this process.			

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Review the results of the quarterly GP access audit and share 'good practice' in terms of patient access.	Pattern of improved access performance.	November 2012: 23 out of 29 Practices participated. Number of patients reviewed: 447.	25	29
	GP Practice Team 48 hour access.	93.6%	95%	95%
	GP Practice Team Advance Booking.	71.8%	90%	90%
Review the results of the GP DNA audit and provide positive feedback to patients to encourage improved attendance.	Average number of clinical hours lost per Practice per month.	2008: 23.5 hours. 2010: 22.1 hours. 2012: 23.0 hours	2014: 21.5 hours	20 hours
Implement Scriptswitch across 27 practices to improve formulary compliance to support improved quality and cost effective prescribing.	Evidence of improved quality and cost effective prescribing.			
Review prescribed antidepressants to ensure they are used effectively and are clinically appropriate for the patient.	Fluoxetine and Citalopram targets achieved		>65%	>65%
Review the cost per weighted patient variation across GP practices with outlier practices supported to review prescribing and consider changes.	Reasons identified and practices supported to reduce variation in cost per weighted patient spend.	Cost per weighted patient £12.18 at Feb 2013.		
Promote the uptake of Patient Opinion by services within Renfrewshire and encourage patients to feed back.	Number of parts of the CHP signed up.  Number of improvements.			
Encourage the use of the online practice patient safety profile.	Number of online practice patient safety profiles.	0		

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Increase the use of the trigger tool in Primary Care to identify significant events.	Clinical Governance Group to produce benchmarking/ feedback information.			
Increase referrals via SCI Gateway.	% of referral via SCI Gateway.	90%	95%	95%
Increase uptake of medicines management LES.	Uptake practices.	0	29	29

#### 4.6 Finance

Renfrewshire CHP will continue to invest in Bright Ideas, an initiative to support frontline staff to access small amounts of funding to facilitate innovative ideas to improve services.

As host for Podiatry Services, we will invest £0.9m in single use instruments across Greater Glasgow and Clyde.

We will continue to invest in IT, in particular in mobile technology to support the roll out of EMISS in CAMHS and SLT services. We also have a programme of investment (£56k in 12/13) to support agile working for staff. Over 60 staff are currently able to work agilely and we aim to increase this to 100 over the next 3 years.

We will support facilities to invest in energy efficient equipment and schemes to reduce expenditure in this area.

## SECTION 5 TACKLING INEQUALITIES

### 5.1 Cross Cutting Priority Areas

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Implement the Scottish Government's Health and Homelessness Standards.	Independent evaluation of the Health and Homelessness Action Plan showing evaluation ratings.	11 out of 19 outcomes assessed as 'very good' (remaining 8 outcomes assessed as 'good').	10% increase in outcomes assessed as 'very good'.	10% increase in outcomes assessed as 'very good'.
Carry out annual homeless service user consultation and involvement exercise.	30 homeless service users consulted.	24	30	30
Assess the current position, develop and implement actions to reduce discrimination faced by people with the following protected characteristics: LGBT; sensory impairment; and learning disabilities.  Establish areas of exemplary practice in services most likely to be accessed by them.	Outcomes and indicators to demonstrate progress developed.			

### 5.2 Adult Mental Health

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Review EQIAs carried out in the last two years and ensure actions are progressed. Carry out EQIA of revised operational policy.	Review completed by September 2013.  EQIA of operational policy by March 2014.			

<b>Action to Deliver Corporate Priorities</b>	<b>Performance Measure</b>	<b>Baseline</b>	<b>2013/14 Target</b>	<b>2016 Target</b>
Monitor the effectiveness of the recently agreed homelessness pathway.	Number of referrals to housing. Number of tenancies lost.			
Introduce Sensitive Routine Enquiry in community mental health teams.	Number of staff trained and undertaking SREs by March 2014. Number of SREs and number with GBV issues identified. Baseline to be established for 2014/15.	26 in 2012		
Pilot a planned admission project for patients with emotionally unstable personality disorder.	Reduced length of stay/year for these patients.		8 weeks length of stay over a year for 3 patients.	8 weeks length of stay for 6 patients.

### 5.3 Cancer

<b>Action to Deliver Corporate Priorities</b>	<b>Performance Measure</b>	<b>Baseline</b>	<b>2013/14 Target</b>	<b>2016 Target</b>
Increase uptake of bowel screening in deprived areas.	% uptake in SIMD 1.	42.4%	44.4%	TBC
Increase the rates of cervical screening in primary care.	Cervical screening uptake rates in SIMD1.	74.7%	75.7%	TBC

## 5.4 Children and Maternal Health

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Complete EQIAs for CAMHS and Children and Families teams.	EQIA complete. Action Plan developed. Evidence of changes made.			
Target youth workers to identify and support young people experiencing GBV.	Scoping exercise completed. Training plan developed. Number of GBV issues raised.			
Through a range of health improvement activity, targeting those in SIMD1, reduce the inequalities gap in breastfeeding and reduce the use of alcohol in pregnancy.	% exclusive breastfeeding in 15% most deprived areas.	14.9%	17.9%	TBC
	% of babies with a low birth weight (<2,500g) reduced.	6%	6%	5.5%
Direct Renfrewshire pregnant smokers to the pregnancy services and publicise the service with GPs and community work.	Smoking in pregnancy rates (SIMD).	26.6%	27.1%	25.1%
	Smoking in pregnancy rates.	16.8%	20%	20%

## 5.5 Drugs and Alcohol

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Support people in Mental Health and Addiction Services into work, including job retention for those already in work.	Number of referrals. Number of people able to stay in work. Number of people who attend service. Number of people engaged in meaningful day activities.			
Support people with addictions to stop smoking.	Retention rate. Number of quits.			

## 5.6 Long Term Conditions

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Review access to financial advice for healthcare workers and develop a model with Advice Works (Social Work) to support people with cancer and other long term conditions.	Number of referrals to money advice services and waiting times.			

## 5.7 Older People

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Test the CHPs services for older people to ensure they are compliant with age discrimination legislation.	Review complete by March 2014.			

<b>Action to Deliver Corporate Priorities</b>	<b>Performance Measure</b>	<b>Baseline</b>	<b>2013/14 Target</b>	<b>2016 Target</b>
Develop the Inequalities Sensitive Practice model in the RES and DN services.	Complete by March 2014.			
Review the range of addictions services available for older people and the demand (working with the RES team).	Completion of review implementation.			

### 5.8 Primary Care

<b>Action to Deliver Corporate Priorities</b>	<b>Performance Measure</b>	<b>Baseline</b>	<b>2013/14 Target</b>	<b>2016 Target</b>
Use a future Annual PLT event to increase awareness of GBV, and primary care response.	Event evaluation.			

### 5.9 Sexual Health

<b>Action to Deliver Corporate Priorities</b>	<b>Performance Measure</b>	<b>Baseline</b>	<b>2013/14 Target</b>	<b>2016 Target</b>
Develop, agree and implement a sexual health and relationships policy (with partners) for Looked After and Accommodated Children (LAAC).	Policy developed. Policy agreed. Training Undertaken. Staff survey repeated.		10	30

### 5.10 Finance

Service redesign has allowed us to begin a process to invest in a comprehensive meaningful day/employability service for people with mental health or addictions problems. This service will link other employability services and will also support patients/clients to retain their jobs.

We are also funding a local bowel screening campaign to build on the national campaign and target men in our more deprived areas.

## SECTION 6 HOSTED SERVICES

### 6.1 Primary Care Support

#### Early Intervention and Preventing Ill Health

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Develop a new approach to enhanced services to comprehensively support chronic disease management/implementation of intelligent templates.	Maximise take up of LES (all practices).	0	29 Practices	29 Practices

#### Improving Quality, Efficiency and Effectiveness

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Support CHPs to match practice lists with geographic localities.				
Develop and test a toolkit to support more effective primary care teams.				
Ensure improvements in GP premises consistent with the premises survey analysis undertaken in 2011.	Survey results discussed and improvement plan agreed.			

#### Tackling Inequalities

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Develop an agreed action plan from the work of the deprivation group.	Local action plan developed and 3 year implementation plan agreed.			

Tackling Inequalities

<b>Action to Deliver Corporate Priorities</b>	<b>Performance Measure</b>	<b>Baseline</b>	<b>2013/14 Target</b>	<b>2016 Target</b>
Support CHPs to narrow the inequalities gap in DNAs between SIMD 1 and SIMD 5.				

## 6.2 Podiatry

### Early Intervention and Preventing Ill Health

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Implement a routine system to direct podiatry patients who smoke to smoking cessation services.	Number of referrals to smoking cessation services.	0	Renfrewshire CHP implementation into all bases.	Board wide implementation.
	Number of quits.	0		
Implement standardised assessment and treatment pathways for administration of local anaesthetic, nail surgery and vascular assessment across NHSGGC.	Improved consistency of care delivery and standardisation of clinical practice across NHSGGC.	0 bases	80% of bases	100% of bases
Produce bi-monthly FootNotes newsletter as part of the ongoing organisational development work in Podiatry linked to the Effective Organisation component of FTFT.	6 newsletters per annum.	6	6	6

### Shifting the Balance of Care

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Implement shared diabetes care between 1 <sup>o</sup> & 2 <sup>o</sup> care for all diabetic patients with active foot disease.	Establish baseline for number of patients with active foot disease in Greater Glasgow and Clyde.			
	Set annual improvement measure.			

## Reshaping Care for Older People

<b>Action to Deliver Corporate Priorities</b>	<b>Performance Measure</b>	<b>Baseline</b>	<b>2013/14 Target</b>	<b>2016 Target</b>
Deliver podiatry services to people in care homes	All care homes allocated to identified caseload.			
Social Footcare/Supported Self Care	Agreed response to local implementation of national Personal Footcare Guidance document.			
Define the role of podiatry in falls prevention.	Identified input into each local system's falls prevention strategy.		Commence in one quadrant.	Rollout across GGC.

## Improving Quality, Efficiency and Effectiveness

<b>Action to Deliver Corporate Priorities</b>	<b>Performance Measure</b>	<b>Baseline</b>	<b>2013/14 Target</b>	<b>2016 Target</b>
Implement the recommendations from the nail surgery and local anaesthetic review completed in March 2013 with the aim of introducing standardised, evidence based practice across the NHSGGC podiatry service.	Number of clinical bases implementing the guidelines.	0	All clinical bases	
Review on an annual basis the NHSGGC workforce plan to ensure that staffing levels, skill mix, competencies and succession planning meet the current and future needs of our population.	Current and future workforce profile.	2011/12 workforce plan.	Ensure that 2013-14 workforce shift is delivered.	
Explore the potential to use a single referral/appointment HIT system for referrals, appointments and activity.	Business case to be developed by end 2013.			
Develop IT capacity across NHSGGC podiatry service to support IM&T agile working and the potential for utilising the EMiS system as part of the AHP IT workstream.	Number of bases with fit-for-purpose IT and agile working capacity.	0	100% NHS bases fit for purpose. 2 bases per quadrant with agile working capacity.	All bases fit for purpose for potential IT system implementation.

Improving Quality, Efficiency and Effectiveness

<b>Action to Deliver Corporate Priorities</b>	<b>Performance Measure</b>	<b>Baseline</b>	<b>2013/14 Target</b>	<b>2016 Target</b>
Develop and implement a referral pathway for vascular patients as part of the NHSGGC work programme.	Number of Specialist Diabetes sessions worked in Community locations.	0	10%	25%
Review podiatry services for those with learning disabilities and implement the recommendations of the AHP review group.	Integration of learning disability services in all quadrants.			

Tackling Inequalities

<b>Action to Deliver Corporate Priorities</b>	<b>Performance Measure</b>	<b>Baseline</b>	<b>2013/14 Target</b>	<b>2016 Target</b>
Undertake EQIA of NHSGGC Podiatry Services commencing with community based services.	Full EQIA to be completed December 2013.	2011/12 initial EQIA.		
NHSGGC Podiatry Service to review DNA policy and carry out audit to ensure that the policy is consistently applied across the Service, and does not disadvantage anyone with protected characteristics.	Commence year 1 (2013/14). Audit completed (August 2013). Analysis and Action Plan (by Nov 2013). Ongoing implementation to ensure the DNA policy is not increasing the range in SIMD, age, sex and BME.	2013 Audit	Reduction of DNAs by 5%	Reduction of DNAs by 10%

## SECTION 7 FINANCIAL PLANNING

### 7.1 Finance

In this section we explain the key financial challenges facing the CHP in 2013/14.

### 7.2 Revenue Budget

It is forecast that the CHP will achieve its financial target of operating within its allocated revenue budget of £139.5m 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 March 2013.

<b>2013/14 Draft Budget</b>	
	<b>£m</b>
2012/13 Current Net Expenditure Budget	139.5
Less: Non Recurring	(6.3)
2012/13 Base Budget	133.2
Less total Indicative Savings Targets (see note 4)	-
FYE of EMI reinvestment (£0.1m in 12/13)	0.4
<b>Draft 2013/14 Opening Budget</b>	<b>133.6</b>
<b>Notes</b>	
<p>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 NHS Boards and NSD.</p> <p>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.</p> <p>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.</p> <p>4. Partnerships will deliver savings target of £2.4m in 2013/14. Work is underway to confirm Renfrewshire CHP's share based on the whole system work to renew and redesign services. In addition, there will be savings generated through improvements in prescribing costs. Where services are hosted within a CHP, total Partnership savings will come from that CHP and so ultimately savings will differ within each CHP from this overall average. In the meantime, savings have not yet been deducted from the 13/14 budgets shown above.</p>	

Based upon the above, the draft opening 13/14 budget by service area is as follows:

<b>Service</b>	<b>Annual Budget £000</b>
Accommodation And Admin	2,368.0
Addictions	2,445.9
Change Fund	5.3
Children's Services	4,587.0
Executive	276.1
Fhs	41,797.2
Primary Care & Community Services	12,913.1
Learning Disabilities	877.8
Mh Adult Community Services	3,543.3
Mh Adult Inpatient Services	9,088.1
Mh Elderly Services	5,121.9
Planning & Hlth Imprv	960.7
Prescribing	30,577.3
Primary Care Support	3,405.6
Res Transfr To Local Authority	15,664.0
<b>TOTAL</b>	<b>133,631.3</b>

For the 2012/13 financial year, the CHP faced a savings challenge of £878,000, which have been delivered through a variety of improved efficiency and service redesign schemes targeted at areas where service delivery would not be affected. The split of this total was £521,000 through collective care group savings at a system-wide level, and £357,000 through local savings initiatives.

Although a balanced budget is forecast for 2012/13 it is important to recognise that a number of financial pressures remain within the system which have been addressed through non-recurring means in 2012/13. In particular:

- Despite savings through redesign of District Nursing teams, budgets continue to be under pressure, mainly as a result of staff progressing through the pay bandings. Additional funding was allocated by the CHP in-year and so a permanent funding solution is being developed for 13/14.
- Learning Disability staff costs, as a result of regrading appeals, have resulted in a recurring pressure. The impact of the LD Resource Allocation Model ('RAM') and the possible transfer of budget to East Renfrewshire CHP – albeit along with staff – will also have to be factored in. (At this stage of the RAM process, it is not known if this will help alleviate budget pressures in this area or not.)
- Although, in-year, Elderly Mental Illness ('EMI') Inpatient services continued to overspend significantly, an extra £0.5m has been secured from whole system redesign programmes. Only £0.1m of this funding was factored into budgets in 12/13 and therefore the underlying overspend continued in-year. Staff are currently being recruited to the workforce and so in 13/14, this expenditure will be incurred on permanent staff rather than on bank and agency. The additional funding and the employment of permanent should allow this service to break even from 13/14.

### **7.3 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 in the region of 1.7% of resources to be redirected to achieving significant service redesign. The CHP will continue to work both locally and system wide to ensure that service redesign is delivered to best effect for all NHSGG&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 £2,409,000 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 Renfrewshire Council, the independent and the voluntary sector has been introduced to develop and deliver changes as detailed elsewhere within this plan. As the Change Fund has been allocated to the Board on a non recurring basis this funding does not appear 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.

#### **7.4 Capital/Accommodation**

In order to ensure maximum use of resources the CHP has undertaken a complete review of 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.

##### 2012/13 and Outlook for 2013/14

During 2012/13, as part of a Board-wide exercise to produce a Property Asset Management Strategy, the CHP produced its own strategy, assessing each of its properties in terms of condition and in terms of proposals for future use. This work identified Linwood Health Centre as the CHP property most in need of investment. Refurbishment work is being carried out during 2012/13. In addition, further work on New Sneddon Street has been completed. However, the Russell Institute remains 'surplus to requirements' and has proved difficult to market. Efforts will continue in 2013/14.

Other priorities for 2013/14 will be dependent upon the outcome of the Partnerships-wide prioritisation of properties. As formula capital funding allocated in 2012/13 included an acceleration of the 2013/14 allocation, spend on the CHP estate will be dependent upon what locally is considered a Partnerships-wide priority.

## SECTION 8 EFFECTIVE ORGANISATION

### Improving Quality, Efficiency and Effectiveness

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
Review hardware requirements of all CHP staff to ensure adequate access to IT.	Replacement programme.			
Explore the use of handheld IT for DNs, HVs and CAMHS staff.	Implementation programme.			
Support the implementation of EMISS for community staff and the eESS system to support HR and performance.	Implementation programme.			
<p><b>Our Culture:</b> we will support and promote an open culture in the CHP and in the teams which deliver services. We will develop Team Briefing as an effective two way system of communication.</p> <p><b>Our Leaders:</b> We will improve leadership in our SMT by continuing on our development programme based on behavioural propensities. We will increase visibility of our managers and Committee by visits to frontline services.</p> <p><b>Our Patients:</b> We will support our staff to recognise wider determinants of health and to confidentially direct patients to supporting services. We will provide training and support for financial inclusion/advice, gender based violence and employability. We will continue to develop and support our Public Partnership Forum.</p>	<p>Survey to establish effectiveness of Team Brief.</p> <p>SMT to review ways of working using BPP/ Dialogix approach. Review effectiveness of FTFT sessions. Review effectiveness of Chairman/Director visits to services.</p> <p>Review ongoing effectiveness of PPF. Review current patient experience approaches.</p>			

## Improving Quality, Efficiency and Effectiveness

Action to Deliver Corporate Priorities	Performance Measure	Baseline	2013/14 Target	2016 Target
<p><b>Our People:</b> We will work closely with our Staff Partnership Forum and the Development Group to involve staff in the CHP decision making process. We will use locality groups to build relationships between professional groups. We will continue our programme of staff engagement events where frontline staff meet the SMT.</p> <p><b>Our Resources:</b> We will develop our Quality and Performance Review Group to improve understanding of performance and finance. We will continue to meet financial challenges.</p>	Review effectiveness of team development. Review visits to services and visibility of SMT.			
Achieve a sickness absence rate of 4%	Sickness absence rate	6.9%	4%	4%
Achieve an e-KSF rate of 80%	e-KSF rate	76.91%	80%	80%
Develop a systematic process to learn from complaints and feedback across the CHP. Maintain performance in the number responded to with in <20 days.	Number of complaints dealt with in <20 days.  Evidence of changes made.	100% at Dec 2012	100%	100%
Develop alternative solutions to improve the Health Centre accommodation in Linwood.	Plan developed.			
Reduce energy consumption across the CHP.	Reduced fuel bills.			
Maintain systematic process to ensure NMC registration is renewed timeously.	NMC registration compliance 100%.	100%	100%	100%
Maintain induction completion rates	Standard Induction Completion Rate within deadline.	100%	100%	100%