

NHS GREATER GLASGOW AND CLYDE PLANNING GUIDANCE 2013-16

1. INTRODUCTION AND PURPOSE

1.1 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.”

1.2 The primary way in which we develop and drive the change required to deliver this purpose is through our planning process. This paper sets out the guidance for the production of Development Plans by the Acute Division and Partnerships which will cover the period 2013-2016. The guidance is drawn from the Corporate Plan and the planning frameworks and policy statements which are derived from it.

1.3 The Corporate Plan for 2013-16 sets out the five strategic priorities to move us towards achieving our purpose over the next three years, and also sets out the outcomes we will deliver for those five priorities. The five priorities are:

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

1.4 This direction set by the Corporate Plan is amplified in the Planning Frameworks and Policy Statements these cover:

- **Planning Frameworks:** Acute Services; Adult Mental Health; Cancer; Children and Maternity; Disability; Drugs and Alcohol; Long Term Conditions; Older People; Primary Care; Sexual Health.
- **Policy Statements:** Employability, Financial Inclusion and Responding to the Recession; Health Improvement; Quality; Sustainability; Tackling Inequalities; Unpaid Care.

1.5 Importantly the planning and policy frameworks also set out work which will be taken forward through the cross organisation planning and policy groups rather than through each separate Development Plan.

1.6 The next section of this guidance sets out the content and structure required for Development Plans. The detailed planning frameworks and policy statements can be accessed through the link:

<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Corporate%20Planning%20and%20Policy/Pages/PlanningGuidance.aspx>

as support to the development planning process.

1.7 Planning timetable for 2013-2016 planning round:

Timeline	Task	Date
January-March 2013	Draft 2013-16 Development Plans submitted to CPP team	14 th February 2013
	Collective review of draft Development Plans. Workshop of all Directors and policy and planning leads to be arranged	Late February 2013
	Final 2013-16 Development Plans submitted	29 th March 2013

2. CONTENT AND STRUCTURE OF DEVELOPMENT PLANS

2.1 This guidance has three distinct sections:

- **A section** for each of the five Corporate Plan priorities which extracts from the frameworks and statements the essential issues to be addressed. These can be defined as the essential changes which are required to deliver progress towards each corporate priority for that area of activity over the next three years. The intention is that this material provides direction across the three year period but will be subject to some annual revision. This will ensure each part of the organisation describes what changes will be delivered to achieve the five priorities and how progress can be measured. The indicators related to these essentials, drawn from the planning frameworks and national targets, will form the basis of the corporate performance reporting, including OPRs.
- **A section** which sets the financial context for planning.
- **A section** setting the direction for effective organisation.

2.2 We expect each Development Plan to have seven or eight sections structured as follows:

- **A section** for each corporate priority sub divided as set out in this guidance. Where your Development Plan has a contribution to make to an essential issue the table shown below should be completed with action and measures. The highlighted HEAT targets and essential measures need to be within the table, alongside the required action which we will work with you to disaggregate into a localised target.
- Actions should be short and summarised and should not be duplicated and measures may be appropriate for more than one action but should be shown only against the primary action to which they relate.

Action to deliver Corporate Priorities	Performance Measure	Baseline 2011-12	Year One Target 2013-14	2016 Target

- The final element in each of these five sections should be a short section on the financial issues arising including how your actions relate to the Corporate Plan financial outcomes which are at the end of each priority.
- **A section** on finance following this guidance.
- **A section** on effective organisation following this guidance.

2.3 Where the Partnership has a lead role for a planning framework or a service there should be a further section outlining the actions and measures which relate to that lead role. The Acute Division is the lead for MCNs so should reflect the actions they require to take to deliver the requirements in this guidance in the Acute Division plan.

2.4 What is included in the rest of the plan in terms of context or other local issues can be defined locally, the corporate focus will be on the essential actions and their measurement. This will include equality outcomes as required by the Equality Act 2010, specific duties which are currently being developed.

3. EARLY INTERVENTION AND PREVENTING ILL-HEALTH

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

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

3.2 Actions to deliver:

- Actions and measures to improve health drawn from the health improvement policy statement, actions and targets must reflect HEAT requirements.
- Improve access to financial inclusion and employability
- Actions and measures to meet the requirements of the carers policy statement.

3.3 HEAT and essential targets:

- Achieve 20,303 successful smoking quits, including 12,182 in 40% most deprived areas within Board SIMD areas by March 2014.
- Increase the proportion of identified carers with a carers assessment.
- Number of Modern Apprenticeship schemes offered (target 50).
- Increase the number of work placements for vulnerable groups.
- Increase in the number of staff making referrals to financial inclusion and employability advice.
- Additional income (£) generated as a result of financial inclusion advice received.
- Increase the number of appropriate staff trained in Suicide Prevention Training.

3.4 Acute Services:

- Increase the proportion of key conditions detected at an early stage.

3.5 Adult Mental Health:

- Improve access to psychological therapies.
- Improve PCMHT access, reduce variation in access and waiting times and reduced inequality of access and waiting time between areas within GGC.
- Reduce suicide.

HEAT and essential targets:

- Reduce suicide rate between 2002 and 2013 by 20%.
- 18 weeks referral to treatment for Psychological Therapies from December 2014.
- Reduce PCMHT waiting times, (SIMD, age and sex).

3.6 Cancer:

- Deliver detect cancer early.
- Deliver public health programmes.
- Gaps in referral guidelines identified and addressed.

HEAT and essential targets:

- To increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25% by 2014/2015.
- 95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.
- Increase uptake of cancer screening programmes (SIMD, age and sex).

3.7 Children and Maternity:

- Develop an agreed model for the delivery of maternity services to vulnerable women.
- Improve identification and support for vulnerable children and families.
- Shift to early intervention and prevention including action to address “mind the gaps” and ongoing implementation of Healthier Wealthier Children.
- Complete implementation of comprehensive parenting strategy.
- Reduce smoking and alcohol use in pregnancy and reduced equalities gap.
- Improve maternal and infant nutrition.
- Reduce childhood obesity.
- Reduce injuries to children.
- Improve mental health of children and young people.
- Improve oral health.

HEAT and essential targets:

- At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation by March 2015.
- At least 60% of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.
- To achieve 14,910 completed child healthy weight interventions over the three years ending March 2014.

- Maintain level of Healthier Wealthier Children referrals.
- Deliver 26 weeks referral to treatment for CAMHS for March 2013, reducing to 18 weeks by December 2014.
- Improve breastfeeding rates at birth, discharge, Health Visitors first visit, 6-8 weeks and SIMD.
- Reduce breast feeding drop-off rates at birth, hospital discharge and health visitors first review.
- Reduce smoking and alcohol use in pregnancy (SIMD).
- Improve dental registration rates P1.
- Reduce dental decay rates P 1 and P7.
- Increase/maintain MMR 24 month and 5 years vaccination rates.
- Improve uptake rate and report on the outcomes the Triple P delivers.
- 26 weeks referral to treatment for specialist CAMHS from March 2013, reducing to 18 weeks by December 2014.

3.8 Disability:

- Ensure adult support and protection is operating effectively.
- Implement conclusions of health needs assessment for learning disability.
- Increase number of people with disability accessing HI services.

HEAT and essential targets:

- Number of health checks for people with a learning disability.

3.9 Drugs and Alcohol:

- Ensure adults and children are reduced substance misuse.
- Actions for the NHS from ADP strategies are set out in Development Plans.
- Reduce drug related deaths.
- Services assess to children's issues.
- Improve care of pregnant women.
- Deliver ABI performance and extend settings.

HEAT and essential targets:

- Reduce drug related deaths.
- Reduce alcohol related deaths.
- Current HEAT ABI in the 3 established settings.

3.10 Long Term Conditions:

- Increase early intervention and prevention using the anticipatory care framework including a focus on co morbidity;
- Focus resources in primary care on the most effective interventions for highest risk patients.
- Further implementation of the supported self care framework to maximise quality of life, independence, and life expectancy

HEAT and essential targets:

- Increased number of patients in anticipatory care programmes.
- Indicators included elsewhere on admissions and bed days;

3.11 Older People:

- Programmes to support active ageing.
- Increase delivery of early intervention for vulnerable older people.
- Redesigned local falls prevention programmes in light of national recommendations.

3.12 Primary Care:

- Support GPs to identify and intervene with vulnerable children and families.
- Keepwell roll out is completed.

HEAT and essential targets:

- Increase the number of practices opting to deliver Keepwell.
- Increase the number of cardiovascular health checks carried out.

3.13 Sexual Health:

- Reduce unintended pregnancy.
- Effective SHRE in all schools.
- Increase HIV testing.

HEAT and essential targets:

- LARC increased in primary care, maternity and termination services.
- Teenage pregnancy rates (SIMD).
- HIV testing level.

3.14 Financial outcomes from Corporate Plan

- A shift in spending to prevention and early intervention, including from hospital care.
- Being able to evidence that shift and its financial effectiveness.
- Focusing on interventions which are effective and reduce demand.
- Care is provided in the most appropriate place by the most appropriate professionals.

4. SHIFTING THE BALANCE OF CARE

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

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

4.2 Acute Services:

- Deliver more appropriate use of A&E.
- Reducing the number of patients who die in acute hospital.

- Identify the areas where hospital activity will be reduced and implement action to deliver shift.
- Action change from OOH review.

HEAT and essential targets:

- 98% patients wait less than 4 hours from arrival to disposal.
- Reduced % of total deaths which occur in hospital.
- Reduce ALOS of admissions.

4.3 Adult Mental Health:

- Maintain delayed discharge.
- Improved crisis response.
- Clear clinical pathways for co-morbidities.
- Shift community/inpatient balance and relationships, reduced bed days.

HEAT and essential targets:

- Reduce delayed discharge for adults mental health < and > 28 days.
- Reduce bed days lost to delayed discharges.

4.4 Cancer:

- Improve access to radiotherapy and chemotherapy.

HEAT and essential targets:

- Reduce waiting times

4.5 Children and Maternity:

- Proportion of resources on community services is increased.
- More paediatric activity is delivered in the community.

HEAT and essential targets:

- Current and planned resource use.

4.6 Disability:

- Reduce disability beds and shift resources to community services and social care support.

HEAT and essential targets:

- Reduce bed days lost to delayed discharge.

4.7 Long Term Conditions:

- Reduce use of hospital inpatient care through care planning and management.
- Reduce hospital follow up.
- Increase range and level of community service responses.
- Increase early supported discharge.

- Reduce burden of disease.
- Increase effectiveness of supported self care.

HEAT and essential targets:

- Reduce LTC bed day rates per 100,000 population.

4.8 Primary Care:

- Deliver a programme of demand reduction for acute care.
- Deliver the changes required by the “effective working” agreements.
- Progress approach to improve team working between community services and GP practices.
- Deliver changes identified through the Quality and Productivity processes.
- Systematic review of referral data and action to address variation and issues.
- Shift to a more geographic pattern of practice lists.
- Ensure patient services which can be delivered in primary care are.
- Ensure clear value of CMS is realised.
- Progress approach to improve team working with GP practices.
- More direct access to diagnostics and other investigations.
- Increase range of urgent access options to advice and appointments for GPs.

HEAT and essential targets:

- Increase the % of community pharmacies participating in medication service.

4.9 Financial outcomes from Corporate Plan:

- A shift in spending from hospital to community services.
- This will require creation of levers and incentives for our existing and new Partnerships to change patterns of demand.
- We also need to reshape spending on community and primary care services, including controlling growth in prescribing, to free up resources to invest in local services.

5. RESHAPING CARE FOR OLDER PEOPLE

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

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

5.2 Acute Services:

- Deliver requirements of change plans.
- Actions to improve hospital care of older people with dementia.
- Reduced delays in hospital for older people and reduced resources consumed.

HEAT and essential targets:

- Reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population, by at least 12% between 2009/10 and 2014/15.
- No people will wait more than 28 from April 2013; followed by a 14 day maximum wait from April 2015 for hospital discharge.
- Reduce bed days consumed by delayed discharge to 25% of 2009/10 baseline.
- Reduce the number of unplanned acute bed days (65 years+).
- Reduce the number of emergency admissions (65 years+).
- Reduce number of unplanned acute bed days (75 years+).
- Reduce the number of emergency bed days (75 years+).
- Reduce hospital length of stay (65 years+) emergency admissions.

5.3 Older People:

- Deliver dementia strategy priorities.
- Proportionate access to psychological therapies and crisis supports.
- Joint commissioning plans delivered.
- Housing plans move to match older people's needs.
- Anticipatory care plans in place for people at risk of hospital admission.
- Range and volume of community services expanded to meet needs at home.
- Early supported discharge is increased.
- Revised model of support to care homes is concluded and implemented.
- Deliver the full pattern of evidence based services including single point of access and specialist assessment.
- Improve end of life care.
- Reduce polypharmacy.
- Local action to deliver the corporate commitments to improve the care of older people.

HEAT and essential targets:

- Maintain the proportion of people with a diagnosis of dementia on the QOF dementia register.
- Increase older people on anticipatory care plans.

5.4 Primary Care:

- Primary care contractors a core partner in local older people's services.

5.5 Financial outcomes from Corporate Plan:

- Demonstrating the value for money of the change fund and other community service investments.
- Directing our resources to support primary care to do more for older people.
- Reducing spending on hospital care for older people.

6. IMPROVING QUALITY, EFFICIENCY AND EFFECTIVENESS

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

- Making further reductions in avoidable harm and in hospital acquired infection.
- Delivering care which is demonstrably more person centred, effective and efficient.
- Patient engagement across the quality, effectiveness and efficiency programmes.

- Developing the Facing the Future Together programme to support our staff to improve quality, hear and respond to patient feedback.
- Improve appropriate access on a range of measures including waiting times, access to specialist care, physical access and needs responsive access.

6.2 HEAT and essential targets:

- Further reduce healthcare associated infections so that by March 2013 staphylococcus aureus bacteraemia (including MRSA) cases are 0.26 or less per occupied bed days. and the rate of Clostridium difficile infections in patients aged 65 and over is 0.39 cases or less per 1,000 total occupied bed days.
- Increase Hand Hygiene compliance.

6.3 Development Plan clear on priorities, actions and measures:

- To meet the requirements of the sustainability policy framework and reduce energy based carbon emissions and continue to reduce energy consumption to contribute to the greenhouse gas emissions reduction targets set out in Climate Change (Scotland) Act 2009 and reduce domestic waste to landfill.

6.4 Acute Services:

- Deliver agreed acute services changes up to 2015.
- Deliver the access targets.
- Referral pathways.
- Developing and implementing a programme of effective joint working between primary and secondary care including the referral.
- Develop and deliver an improvement programme for communication with GPs including discharge information.
- Review of boarding.
- Improve stroke services.
- Consolidate radiology from primary care

HEAT and essential targets:

- No patient will wait longer than 12 weeks from referral to first outpatient appointment.
- 90% of planned elective patients to commence treatment within 18 weeks of referral.
- 90% of all patients admitted with a diagnosis of stroke admitted to a stroke unit on the day of admission, or the day following presentation by March 2013.
- Reduce the average length of stay for admissions.
- Reduce level of boarding.

6.5 Adult Mental Health:

- Conclude and implement reviews of specialist services.
- Deliver action to implement national mental health strategy.
- Conclude and implement inpatient services review.

HEAT and essential targets:

- Need to reflect those in the strategy.

6.6 Cancer:

- Improve outcomes through consolidating surgical services.
- Deliver requirements of "Cancer in Scotland: Action for Change".

HEAT and essential targets:

- Need to reflect those in "Cancer in Scotland".

6.7 Children and Maternity:

- Action required to deliver the child and adolescent elements of the mental health strategy for Scotland.
- Action to implement that SLT framework.
- Specialist community paediatrics redesigned and refocused on vulnerable children.
- School nursing integrated into children and family teams.
- Plan for secure and intensive psychiatric care for children and young people.
- Implement CAMHS redesign.

6.8 Disability:

- Improve experience of mainstream services.
- Improve transition from children's to adult services.

6.9 Drugs and Alcohol:

- Assess access to services, including unmet need and action required to improve.
- Assessment of service appropriate to need and gaps.
- Complete review of shared care/cat interface.

HEAT and essential targets:

- 90% of clients will wait no longer than 3 weeks from referral to drug or alcohol treatment
- Reduce alcohol admissions rate.

6.10 Long Term Conditions:

- Deliver the national policy on availability of insulin pumps.

HEAT and essential targets

- Targets per CEL.

6.11 Primary Care:

- Complete and implement review of District Nursing services.
- Ensure patient access to primary care.
- Agree new ways to share information with GPs.
- Reduce variation in prescribing practice.
- Roll out SPSP in primary care.
- Improve the timeliness and quality of patient information to GPs.

HEAT and essential targets:

- Provide 48 hour access or advance booking to an appropriate member of the GP Practice Team.
- Achieve and where appropriate exceed the Fluoxetine target.
- Achieve and where appropriate exceed the Citalopram target.
- Reduce the cost per weighted patient.
- Increase the % uptake of medicines management.
- 100% of referral via SCI Gateway.

6.12 Sexual Health:

- Implement termination service redesign.

HEAT and essential targets:

- Reduced time to access service.

6.13 Financial outcomes from Corporate Plan

- Use technology to further drive forward flexible and agile working to further reduce our office and support costs.
- Encourage and support our staff to generate and deliver ideas which make better use of resources.
- Develop our benchmarking activity to understand where there may be potential for change or improvement.
- Rationalise the number of sites which we occupy.
- Deliver a number of whole system redesigns which reduce costs and increase efficiency and effectiveness including for district nursing and mental health.
- Continue our focus to deliver effective and efficient services, based on best practice and value for money including reducing the numbers of hospital beds the use of hospital services.

7. TACKLING INEQUALITIES

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

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

7.2 Actions to deliver:

- Sensitive enquiry is extended to new settings and higher volume.
- Health care for prisoners is improved.
- Health needs of homeless people addressed.
- Impact of welfare reform addressed where possible.
- Access to advocacy services is improved in line with the NHSGGC Advocacy Plan.

7.3 HEAT and essential targets:

- Increase in numbers of staff undertaking sensitive enquiry.
- Increase in referrals to advocacy services.

7.4 Acute Services:

- Reduce DNAs.
- Deliver A& E inequalities plan.
- Increase access to financial advice.

HEAT and essential targets:

- Reduce DNA by SIMD, Age, Sex and BME gradient.

7.5 Adult Mental Health:

- Effective response to personality disorder led by mental health.
- Address inequities of access to specialist supports.

HEAT and essential targets:

- Proportionate access to psychological therapies by SIMD, age and sex.

7.6 Cancer:

- Identify and reduce inequalities in access to cancer screening and services.

HEAT and essential targets:

- Measures to reflect identified issues.

7.7 Children and Maternity:

- Improve breastfeeding rates and reduce the SIMD differential.
- Reduce smoking in pregnancy.

HEAT and essential targets:

- Reduce SIMD gradient

7.8 Drugs and Alcohol:

- Deliver equalities plan for addictions.
- Deliver interventions to BBV patients.

HEAT and essential targets:

- Reduce SIMD gradient.

7.9 Long Term Conditions:

- Increase access to financial advice.

HEAT and essential targets:

- Reduce SIMD gradient.

7.10 Older People:

- Ensure services comply with age discrimination legislation.

7.11 Primary Care:

- Deliver changes to address the issues identified by our deprivation group work.
- Deliver shared GBV approach with GPs.
- Conclude review of potential 17c contract model to enable a stronger focus on deprivation.

HEAT and essential targets:

- Reduce SIMD gradient.

7.12 Sexual Health:

- Reduce the inequalities gap for sexual health and blood borne viruses.
- People with BBV lead longer healthier lives.

HEAT and essential targets:

- Reduce SIMD gradient.
- Increased Hepatitis B vaccination.

7.13 Financial outcomes from Corporate Plan:

- Demonstrate that we have shifted our use of resources to deliver on these inequalities outcomes.
- Considered the inequality impact in all of our financial decisions.

8. FINANCIAL PLANNING

8.1 Development plans need to set out an initial view of:

- responding to the financial challenge outlined below including savings and investment proposals;
- the local approach to the financial issues outlined for each of the corporate priorities and identified in planning frameworks.

8.2 The context for financial planning is the updated estimate of the level of financial challenge faced by the Board in 2013/14.

	Sep 2012 £m
<u>Carry Forward from 2012/13</u>	
Forecast recurring over-commitment	(0.0)
<u>2013/14 Funding Uplift</u>	
Minimum uplift	57.8
<u>Cost Drivers</u>	
Pay Cost Growth	(31.1)
Prescribing Cost Growth	(28.4)
Energy Cost Growth	(3.0)
Capital Charges Growth	(4.0)
Other Cost Inflation	(13.1)
	(79.6)
<u>New Service Commitments</u>	
Acute - existing commitments	(6.0)
NHS Partnerships - existing commitments	(2.5)
Other - existing commitments	(2.9)
Increase in general provision	(0.0)
	(11.4)
Financial Challenge	(33.2)

9. EFFECTIVE ORGANISATION

9.1 Development Plans need to set out action and measures as follows:

- HIT Systems:
 - All staff have the HIT systems they require to fulfil their roles including electronic referral and appointment systems.
- FTFT:
 - Programme for each of the five FTFT themes:
 - our culture;
 - our leaders;
 - our patients;
 - our people;
 - our resources.
- Administrative Systems and Support:
 - All staff have the administrative systems and support they require to fulfil their roles.

- Sickness and KSF:
 - We deliver the HEAT targets:
 - achieve a sickness absence rate of 4%;
 - achieve an e-KSF rate of 80%.
- Person Centred Care:
 - Actions to deliver the requirements of the patient centred care framework which will be issued at the end of November.
- Complaints:
 - Increase number of complaints responded to within 20 days.
- NMC Registration:
 - Deliver 100% NMC Registration compliance.