

RENFREWSHIRE COMMUNITY HEALTH PARTNERSHIP

DEVELOPMENT PLAN

2006 – 2007

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1. INTRODUCTION

Renfrewshire Community Health Partnership was established in 2006. Renfrewshire CHP brings together, for the first time, the opportunity to plan and manage the provision of health services for the population of Renfrewshire within a local health organisation. The new arrangements will deliver:

- better care pathways for patients, including the priority of integrating primary and acute services;
- a clear programme to tackle health inequalities and their root causes;
- community participation;
- results within the Performance Assessment Framework and Local Improvement Targets, and
- a substantial population focus to the work of the NHS in Renfrewshire.

This is the first plan produced by Renfrewshire CHP in what is regarded as a transitional year. Key priorities in this first year are to strengthen relationships and joint activity with Renfrewshire Council and to begin to develop more consistent health services for the area covered by the CHP. The CHP will deliver and manage community services for its local population and seek to ensure that a strong area wide sense of consistency and equality exists.

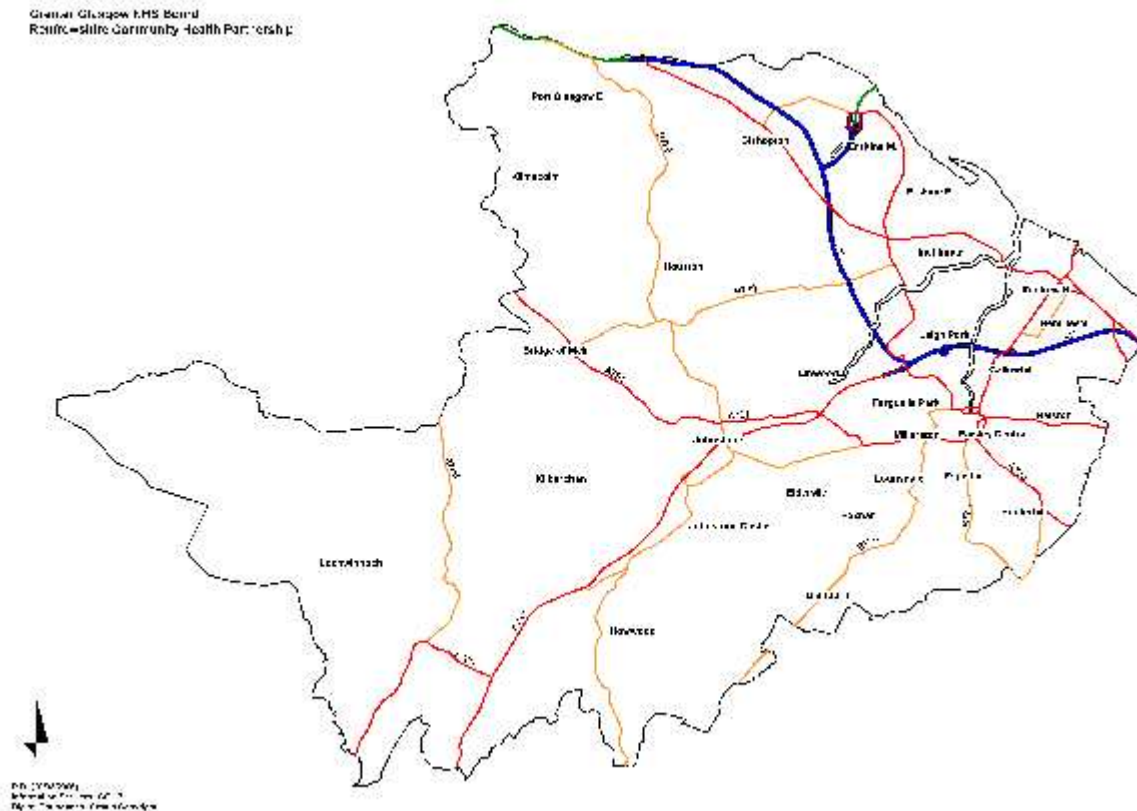
The CHP will be characterised by:

- Reduced bureaucracy and duplication
- Modern community health services focussed on natural localities
- Integrated community and specialist healthcare through clinical and care networks
- An organisation, which supports achievement of service delivery, monitored through agreed performance management measures
- Ensuring patients and a broad range of front line healthcare professionals are fully involved in service delivery, design and decisions
- A central role in service redesign
- A pivotal role in delivering health improvement

Health and Care is one of the three key themes of Renfrewshire's Community Planning Partnership. The CHP will link closely to the Community Planning Structure within Renfrewshire and will have a key role, along with the Council and other Community Planning Partners, in contributing to the health and wellbeing objectives and targets agreed within the Community Plan for the area. These targets are currently being revised as part of the mid-term review of Renfrewshire's Community Plan, *'A Pattern for Partnership', 2002-2010*.

2. KEY CHARACTERISTICS OF RENFREWSHIRE CHP

This section provides a brief profile of Renfrewshire CHP, highlighting the key health and social issues.



Renfrewshire CHP covers the entire population of the local authority of Renfrewshire Council. The total population of the Council area is 178,000 and the main population centres within the Council area are Paisley, Renfrew, Johnstone, Linwood, Erskine, Bridge of Weir and Elderslie along with a collection of smaller, more rural villages, such as Bishopton, Lochwinnoch, Houston, Howwood and Kilbarchan.

Profile

The CHP encompasses the former Paisley Local Healthcare Co-operative (LHCC), Renfrew LHCC and West Renfrewshire LHC. The new CHP has 30 GP practices, 30 Dental practices, 44 Pharmacies and 20 Optometry practices.

The economy of Renfrewshire is mixed. Gross average weekly earnings are above Scottish average, the claimant unemployment count is below average and long term unemployment fell more rapidly in Renfrewshire last year than in Scotland as a whole. However, between 1997 and 2004, the number of jobs decreased by 1% compared to a 12% increase for Scotland as a whole.

There are some pockets of severe deprivation in the area. Renfrewshire is jointly the fifth most deprived local authority area in Scotland. Unemployment is as high as 15% in some council wards and a higher than average percentage of people of working age claim sickness, disability or lone parent benefits.

The population for the area is declining. There is a projected 9% drop in the population by 2024 compared with a broadly static population for Scotland as a whole over this period. The drop is particularly marked in the working age population. Life expectancy is below the Scottish average, particularly for males.

Specific health needs and inequalities

Further analysis of existing data sources reveal specific areas of health needs and inequality. In particular:

- An increasing ageing population presenting need in relation to later life ill health, poor mental health and poverty.
- Inequality in accessing health and other services due to relative geographic deprivation, with transport a key issue
- Limited access to quality affordable housing (social or private) with associated homelessness issues
- Socio economic and health inequalities in specific geographic areas: West Johnstone and Ferguslie

Challenges

This presents major challenges for health improvement and for the development and delivery of services in an equitable way by the CHP and other local service providers, mainly Renfrewshire Council and the Voluntary Sector.

This plan acknowledges that the CHP must take a strategic approach to addressing inequality and improving health in Renfrewshire. This approach encompasses the values and principles of partnership working, community engagement and equity, with the overarching aims of improving health and reducing the many forms of inequality that impact on the health of the local population in Renfrewshire.

3. ROLE OF THE CHP

This section outlines the range of services managed by the CHP and sets out the governance and management structure.

The purpose of the CHP as set out in The Scheme of Establishment, is to :

- Manage local services
- Improve the health of its population and close the inequalities gap
- Co-ordinate and articulate NHS inputs to the Community Planning process
- Achieve better specialist healthcare for its population
- Drive NHS Community Care and Childrens' Services planning processes
- Lead NHS participation in local Joint Future and Childrens' planning arrangements with Renfrewshire Council.

Directly Managed Services

The CHP will manage the following NHS services and functions:

- Community Nurses
- Health Visitors
- Relationships with Primary Care Contractors
- Local Older Peoples' and Physical Disability Services
- Mainstream School Nursing
- Chronic Disease Management Programmes and staff
- Oral Health Action Teams
- Allied Health Professionals
- Palliative Care
- Public Health Practitioners and geographically based Health Promotion staff
- Specialist children's community services

Other Management Arrangements

Progressively the CHP will be involved in new approaches to demand management and delivery of investigations conducted by secondary care. In time, prescribing budgets will also be devolved to the CHP within a framework of shared risk across the NHS system. It is recognised that year one will be a time of transition and change for the CHP and the wider NHS system.

Community learning disability services will be managed jointly with Renfrewshire Council. Mental health and addictions services will be managed, in the short term, by general managers working between the Mental Health Partnership and the CHP. When local community services are established, the CHP will assume full management responsibility.

There is the expectation that budgets and contracts for the following services will be fully devolved to the CHP at an agreed point:

- Contracts for Primary Care services
- Diagnostics and Laboratory services
- Prescribing

The CHP will participate in the management arrangements for the following services:

- Non-local older peoples and physical disability services
- Community Midwifery services
- Non-local Mental Health services through networking with the MHP
- Acute and Children's Health Services Planning
- Joint services with the local authority

Renfrewshire CHP will host specialist community children's services for the Clyde area and will have responsibility for developing and implementing change programmes for older peoples' services for the Clyde area

Governance Arrangements

The CHP governance arrangements reflect the desire to achieve high levels of stakeholder and 'frontline staff' involvement in what we do. This will be achieved through a number of complementary decision making and advisory structures. The primary components are:

- CHP Committee
- Professional Executive Group
- Management Team
- Public Partnership Forum
- Staff Partnership Forum

The CHP will have a clear link to the developing Core Governance Structures developing in the Mental Health Partnership, Learning Disability and Addictions ensuring a co-ordinated system of governance and accountabilities.

CHP Committee

The CHP Committee has been established as a formal Sub-Committee of the NHS Board to emphasise the status and significance that the CHP has within the overall NHS Greater Glasgow and Clyde system.

The purpose of the Committee is to set and monitor budgets within the allocations made by the NHS Board and to take a strategic overview of the CHP's activities, priorities and objectives. The Committee will also hold to account the management team for the delivery of the CHP's annual plan, which is developed in partnership with the Professional Executive Group.

Professional Executive Group (PEG)

The PEG is linked with the CHP Committee and is an integral part of the CHP's management arrangements, ensuring wider professional representation than can be achieved by Committee membership alone. PEG has clear responsibilities to lead service re-design, planning and prioritisation. Initial priorities for the PEG include:

- Service re-design and clinical re-development
- Contributing to service planning and prioritisation
- Engagement with secondary care
- Clinical and Care Governance
- Organisational Development
- Communication and consultation Issues

Public Partnership Forum

Local NHS services already have in place a variety of mechanisms that appropriately involve patients, service users and their families and carers, the voluntary sector, and the wider general public in the planning and delivery of local health services. This complies with the current requirements of the Patient Focus and Public Involvement (PFPI) agenda in the NHS. With the establishment of the CHP, we are taking the opportunity to build on these current arrangements in developing a Public Partnership Forum for the CHP that will provide the formal component of voluntary sector and community engagement within the CHP. We will seek to align these engagement processes with those of partners where this makes sense, eg: community planning fora.

A virtual PPF network is being established and will come together formally through a PPF Executive Group. This has a mix of representation from across the CHP area from recognised local engagement processes and self-selected membership. The PPF Executive Group will nominate two representatives to sit on the CHP Committee.

The PPF will provide an informed, representative, independent and accountable voice in the formal decision making process of the CHP.

The CHP will adopt over time the Community Engagement standards from the Scottish Community Development Centre as a benchmark for all community participation.

The CHP recognises the valuable contribution made to Community Health services from the Voluntary Sector in Renfrewshire and is committed to further developing its relationship with that sector through the local Voluntary Sector networks (including the Council for Voluntary Services) ensuring this is explicitly linked to our service delivery and PPF arrangements.

Staff Partnership Forum

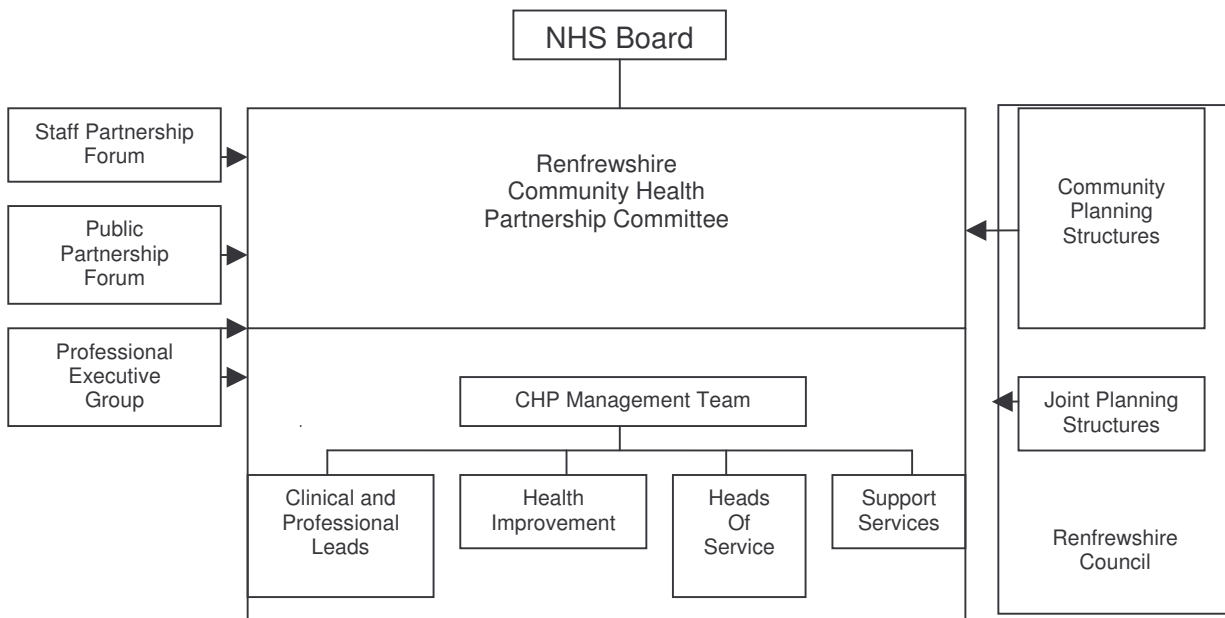
The CHP will build on successful partnership working locally and evolve existing arrangements to support and engage frontline staff in developing a Staff Partnership Forum.

The CHP will ensure that staff are treated as full partners and decisions that affect the planning and delivery of services in line with the objectives set out in Partnership for Care and the NHS Governance Standard.

A representative from the Staff Partnership Forum is a full member of the CHP Committee.

Clinical and Corporate Governance

The component parts outlined above come together to form the governance arrangements with the CHP and this can be represented diagrammatically, as shown below:



The CHP is in the process of establishing a Clinical Governance Framework which builds on existing Clinical Governance arrangements, developed in the previous LHCCs and across the NHS generally. A Clinical Governance Lead Clinician will be accountable to the Clinical Director of the CHP. The PEG will establish a Clinical Governance Sub-Group which will be responsible for planning and implementation of Clinical Governance throughout the CHP.

The Clinical Governance Sub-Group of the PEG will, throughout 2006/7, and take a lead role in ensuring that:

- Services are client centred
- Professional staff can evidence development and application of the knowledge base to support their decision making
- Services provided by / within / for the CHP are safe and reliable
- Clinical professional effectiveness is enhanced and maintained
- Appropriate Quality Assurance and accreditation processes and systems are a routine and organised part of the work the CHP
- Every professional is supported in gaining and sustaining the skills, knowledge and attitude that delivers high quality care
- Co-ordination of effective action is achieved by the communication and application of effective information

4. PARTNERSHIP WORKING

This section describes how the CHP will interface with Renfrewshire Council

The CHP will be a key partner in joint working with a number of organisations. This will include Renfrewshire Council. This will cover a broad range of joint and common service areas including services for older people, learning disability and children. It will involve working with a range of key departments including Social Work, Education & Leisure, Housing & Property and Planning & Transport. More widely, the CHP will also develop working arrangements with local housing associations and the voluntary sector.

As a consequence of the local Government in Scotland Act (2003), there is a duty placed on the Local Authority to lead on Community Planning, in partnership with NHS Boards, Local Statutory Enterprise Agencies, Police Boards, Joint Fire Brigade Boards and Transport Authorities.

There are already a number of joint posts with Renfrewshire council, and a joint approach to managing children's services is being developed. Building on these initiatives will be a priority for the CHP in 2006/07.

Community Planning

The CHP will represent NHS Greater Glasgow and Clyde within the Community Planning arrangements and will be responsible for NHS commitments in the Community Plan and the Regeneration Outcome Agreement (ROA). The ROA will provide a single strategic framework which links national and local priorities with spending and activities on the ground. Health improvement is a key aim of the ROA and will be delivered through the Joint Health Improvement Plan.

The community Plan for Renfrewshire 2000 - 2010 contains 3 guiding principles:

- Social Inclusion
- Modernising Government
- Sustainable Development

and three key themes:

- Learning and Work
- Health Improvement
- Housing, Neighbourhoods and Community Safety

The Community Planning Health Improvement Group have prepared a Joint Health Improvement Plan (JHIP) 2005-08, which identifies the major health issues facing Renfrewshire, based upon an identification of local needs. Drawing upon this local analysis and upon national priorities and policy developments, key Health Improvement priorities have been also been identified within this plan and actions to be taken forward over 2005-08 are documented.

Inequalities

Renfrewshire Council has been successful in obtaining Regeneration Outcome Agreement Funding of £13.8m 2005-2008 to focus on, Johnstone West, Ferguslie, Millarston and West End, Foxbar, Glenburn, Thrushcraigs, Blackhall, Cart Corridor and Gallowhill and Renfrew Moorpark which are among the 15% most deprived areas in Scotland. Match funding has also been

provided by Community Planning partners, including the CHP, who will work closely with partners to target these resources in pursuit of the agreed Regeneration Priorities, which include 'Improving Health'.

The CHP will play a significant role within wider Community Planning arrangements, in order to tackle priority issues. This role will include:

- Full member of the Community Planning Management Group and influencing the development and prioritisation of the Community Plan
- Full engagement with partner agencies in developing the physical, socio-economic development programmes
- Contributing to the ROA process

Joint Futures

The CHP will work with the Local Authority and other partners to deliver the expectations and requirements set out by the Scottish Executive in respect of the Joint Future agenda. This includes continued development of both integrated strategic plans and delivery arrangements for community care services

A Joint Management Group will be established to ensure effective joint working, information sharing and communication between Renfrewshire CHP and Renfrewshire Council. This will be underpinned by 6 Joint Planning, Performance and Implementation Groups (JPPIGs) which will be service or care group specific:

- Older peoples' services
- Learning disabilities
- Mental health
- Addictions
- Carers
- Palliative care

The inaugural meeting of the JPPIG for Older Peoples' Services took place in September and included managers and clinicians from the full spectrum on Health and Social Care, including partnership representation.

Four cross-cutting working groups will support the work of the JPPIGs, focussing on finance, workforce planning, information and data sharing, and assessment and care management.

Children's Services

In Renfrewshire, a new children's services planning structure is being developed to be responsible for the continuing development and review of the Integrated Children's Services Plans and better integration of children's services agenda. It is proposed that a consultative body, Renfrewshire Children's Services Joint Partnership, is established. This will be supported by The Children's Services Management Group which will report jointly to both the partnership and the Community Planning Management Group and by three local area implementation groups. The CHP is the primary health service partner in these joint arrangements. The key challenges in 2006 are:

- Implementation of Health For All Children
- Implementation of Additional Support for Learning Act
- Improving Child Protection procedures
- Developing an Integrated Assessment Framework

Renfrewshire CHP will play a key role in supporting and driving forward the work of the Child Protection Committee.

5. IMPROVING HEALTH

This section sets the context for improving health within the CHP and details where we will target our activity.

A fundamental requirement for the Renfrewshire CHP is to improve the health of Renfrewshire's population, especially people with the poorest health. We want to make a positive difference to the health of the people we serve by placing high priority on improving health through efforts to promote good health, prevent ill health and gain the best possible benefit for treatment and care - improving health and narrowing the inequality gap.

Renfrewshire CHP has a significant contribution to make to NHS Greater Glasgow and Clyde's strategies, plans and priorities. In carrying out its role, the CHP will take into consideration the Corporate Priorities of NHS Greater Glasgow and Clyde, 2006 – 2007, the Local Health Plan for NHS Greater Glasgow and Clyde 2002 – 2007 and the Local Delivery Plan 2006 – 2007. The CHP has a responsibility to deliver on health targets within Renfrewshire Council's Community Plan and Regeneration Outcome Agreement (ROA).

The majority of the activity to improve health in Renfrewshire happens in partnership with other agencies, in particular Renfrewshire Council. The CHP will, therefore, also work closely with Community Planning Partners towards common targets specified within the 2000 – 2010 Community Plan and the Joint Health Improvement Plan, 2005-08. Underpinning the strategies and plans is a focus on tackling health inequalities. CHP staff will work with the Corporate Inequalities Team to deliver on our Public Sector duties in relation to gender, sexual orientation, disability, age, race and faith. They will also work with Community Planning partners to take forward the implementation of the Regeneration Outcome Agreement.

The CHP will have a dedicated health improvement resource and this team will be closely involved in the continued development of the Joint Health Improvement Plan, and Regeneration Outcome Agreement activity. Areas of joint work include agreeing processes and timescales, overseeing the writing of the plan and co-ordinating partners to contribute to the various sections of the plan. The CHP will commit to joint delivery of the JHIP actions that complement the CHP Development Plan. The CHP wider workforce has a significant role in making a difference in terms of the primary care services provided. To maximise this opportunity, support is required to build the capacity of this wider workforce.

Underpinning the strategies and plans is a focus on tackling the health inequalities. CHP staff will work with the Corporate Inequalities Team to deliver on our Public Sector duties in relation to gender, sexual orientation, disability, age, race and faith.

The particular areas of health improvement focus and activity are detailed below:

5.1	Physical Activity
5.2	Nutrition
5.3	Infant Feeding
5.4	Tobacco
5.5	Alcohol and Drugs
5.6	Sexual Health
5.7	Mental Health
5.8	Suicide
5.9	Coronary Heart disease (CHD) & Stroke
5.10	Cancer
5.11	Oral Health
5.12	Community Safety and Injury Prevention
5.13	Early Years

5.14	Child and Youth Health
5.15	Older People
5.16	Learning Disability
5.17	Workplace Health

5.1 Physical Activity

Physical inactivity contributes to both poor physical and mental health. Regular physical activity of at least moderate intensity provides general health benefits across a range of diseases and across all ages. The greatest health benefits occur with the least active people become moderately active. Data from the Director of Public Health Annual Report 2002 reveals that in Renfrewshire, 42% of the population took 30 minutes of moderate exercise everyday.

Inequality issues include access to opportunities, gender, ethnicity, disability and age.

Targets

Increase physical activity and exercise amongst 11-15 year olds with 50% of 11 –15 year olds taking vigorous exercise four or more times a week by 2010.

Increase physical activity and exercise amongst 16 – 64 year olds with 60% of men and 50% of women taking at least 30 minutes of moderate activity five or more times a week by 2010.

Increase the percentage of people aged 17 – 24 taking part in sport. This is included within the Renfrewshire ROA with a target being set for ROA target areas of 55% of those aged 17-24 taking part in sport more than twice a week.

Increase physical activity and exercise amongst 11-15 year olds with 50% of 11 –15 year olds taking vigorous exercise four or more times a week by 2010.

Increase the percentage of people aged 14 and over taking part in sport. This is included within the Renfrewshire ROA with a target being set for ROA target areas of 49% of those aged 14 and over taking part in sport more than twice a week.

What we will do

- Working with Renfrewshire Council (RC), support the development of a Renfrewshire Physical Activity, Sport and Health Strategy (in development)
- Through the local implementation plan, address the main barriers that prevent local people participating in physical activity
- Support the Health Improvement Fund funded projects for example Buggyfit and Johnstone Walks

5.2 Nutrition

Good Nutrition is essential to good health at all stages in life. It is well established that the dietary patterns of Scotland contributes to heart disease, obesity, type 2 diabetes, stroke, cancers, high blood pressure, osteoporosis and tooth decay. Eating a healthy diet can help reduce these risks.

Target

Increase peoples' especially children consumption of fruit and vegetables in order to attain the nationally recommended target of 5 portions a day.

What we will do

- Develop a multi-agency strategic approach to food and health
- With Renfrewshire Council and NHS Health Scotland, train professionals for the 'Eat Well to Play Well' early years programme to prevent obesity
- Continue to build partnership between the Hungry for Success Implementation Group and other health improvement groups
- Promote breastfeeding in 5% and 10% data zone areas across Renfrewshire funded by Community Regeneration Fund (CRF)
- Work with partners to improve nutritional standards of food in Care Homes
- Provide nutritional training for health professionals in order to deliver appropriate and consistent information

5.3 Infant Feeding

Breastfeeding has major health benefits for both mother and baby and the positive health benefits are maintained into childhood. RAH & Community Midwives have UNICEF and Baby Friendly award which will support achievement of this target.

Target

Increase the percentage of mothers in Renfrewshire breast-feeding at the 6 –8 week assessment from 32% 1998-1999 to 50% by 2005. This is included within the Renfrewshire ROA, with 15% of pregnant women within the ROA target areas breast-feeding in 2002 as opposed to 32-8% within Renfrewshire as a whole.

What we will do

- The CHP will implement NHSGG&C Infant Feeding Strategy and Action Plan 2005/10)
- Provide breastfeeding co-ordinator to support the 5% and 10% data zones in Renfrewshire funded by CRF
- The CHP will begin to implement the National Infant Feeding will work closely with the newly appointed NHSGG&C Breast Feeding Co-ordinator to implement the Action Plans

5.4 Tobacco

There is little doubt that smoking is a significant preventable cause of ill health and premature death. Recent progress in the introduction of smoke free legislation in Scotland has been supported in NHS Greater Glasgow and Clyde by the development of smoking cessation services. Inequalities issues include poverty, gender and equality of outcome in smoking cessation services.

Targets

Reduce smoking among 12-15 year olds in line with the national target for 2010, which is to reduce smoking among this age group to less than 11%.

Reduce smoking during pregnancy in line with the national targets for 2010 which is to reduce smoking during pregnancy to less than 20%. This is included within the

Renfrewshire ROA with 30.8% of pregnant women reporting they smoke in 2002 as opposed to 28% for Renfrewshire as a whole.

Overall, the prevalence of smoking in Renfrewshire is below both the Scottish and Glasgow rates. In some areas the smoking rates (as a percentage of the adult population) are very low. In five postcode sectors in West Renfrewshire/Renfrew smoking rates are above the Scottish average. In Johnstone and Inchinnan smoking rates are 39.4% and 38.8% respectively while in Linwood, Renfrew North and Johnstone Castle around 42% of the residents smoke.

The highest prevalence of smoking in Renfrewshire however is found in Paisley where five postcode sectors, Paisley Central, Millarston, Gallowhill, Laigh Park and Ferguslie Park have smoking rates greater than 45%. The highest rate of 54.6% is in Ferguslie Park.

A similar pattern exists in relation to the % of women who smoke during pregnancy. Overall, the rates are lower than Scotland or Glasgow and in some postcode areas the rates are very low e.g. Houston with 7.2%. However in the West Renfrewshire/Renfrew area in Linwood (30%), Renfrew North (33.2%) Inchinnan (32.4%), Johnstone Castle (40.1%), Johnstone (34.9%) and Elderslie (29%) smoking rates in pregnancy are higher than the Scottish average (27.5%).

The highest prevalence of smoking in pregnancy however is found in Paisley where 8 postcode areas are higher than the Scottish average. The rates in three areas are particularly concerning: 42.4% in Laigh Park, 42.7% in Foxbar and 49.3% in Ferguslie

What we will do

- Ensure equity of provision of smoking cessation services. Specialist services should be available to all who want help to stop smoking, targeting the areas identified above as having higher than the Scottish average smoking rates
- Identify specific ways of addressing tobacco issues and smoking cessation in specific communities in Paisley and Johnstone Castle with a view to improving success rates
- Provide support and information about local services for women who smoke during pregnancy
- Continue to work with the joint planning structures in Education to ensure that tobacco prevention work in schools is supported
- Work with the Acute sector to ensure that cessation advice and support is available for patients as they return from hospital to their own homes/in the community
- Work closely with relevant partners to help reduce illegal sale of cigarettes to under 16s
- Through Tobacco and Health workers, funded by CRF, target the 5% and 10% data zone areas, specifically young people

5.5 Alcohol and Drugs

Excessive alcohol consumption can lead to a range of health and social problems. Short-term problems such as intoxication can lead to risk of injury and is associated with violence and social disorder. Over the longer term, excessive consumption can cause irreversible damage to parts of the body such as the liver and brain. Alcohol can also lead to mental health problems, for example, alcohol dependency and increased risk of suicide. In addition, alcohol is recognised as a contributory factor in many other diseases including cancer, stroke, heart disease and acquired brain injury. Wider social problems include family disruption, absenteeism from work and financial difficulties.

Targets

Reduce the percentage of 12-15 year olds drinking alcohol in line with the national target for 2010, which is to reduce drinking among this age group to less than 16%.

Reduce the percentage of men and women aged 16-64 exceeding safe alcohol limits in line with the national target for 2010, which is to reduce the percentage of men aged 16- 64 exceeding safe alcohol limits to less than 29% and the percentage of women to less than 11%.

What we will do

- As a partner we will support the Corporate Action Plan for Drugs and Alcohol (CAP) for 2006/07 has the following headline plans
- Prevention & Education - delivery of a range of drug and alcohol awareness training and information to youth workers, youth groups, schools, community groups and young people involved in Training for Work programmes across Renfrewshire
- Young people - Implementation of a range of services specifically targeting young people e.g. RCA Trust Young Persons Advisory Project working with young offenders (under 16's) covering issues related to offending behaviour and drug and alcohol use
- Treatment & Support - a range of new service developments will be implemented e.g. 4.5 new social care posts will be in place to support children and families affected by alcohol/drug misuse. An implementation officer will be appointed to deliver training and ensure policy and protocols are implemented in relation to 'Getting our Priorities Right.' An additional nursing post will be based within the acute alcohol liaison service at the RAH in Paisley
- Protection Controls and Availability – targeting off sales regarding sale and supply of alcohol to under 18's and implementation of town centre co-ordinator scheme linking pubs and clubs via radio link direct to police
- The CHP will work as a member of The Renfrewshire Addiction Forum to support the implementation locally of the national Plan for Action on alcohol problems and the national Drugs Strategy 'Tackling Drugs in Scotland - Action in Partnership. This will be taken forward directly by ensuring co-ordination between the CHP development plan and the annual Renfrewshire Drug and Alcohol Corporate Action Plan
- The Corporate Action Plan reports on progress achieved and planned actions for the forthcoming year across four key strategic pillars:
 - Culture change & communities
 - Prevention, education & young people
 - Provision of support and treatment services
 - Protection, controls and availability

5.6 Sexual Health

Sexual Health in Scotland is poor, with sexually transmitted infections widespread and increasing. Teenage pregnancies are amongst the highest in Western Europe. It is important therefore to promote positive sexual health.

Targets

Reduce pregnancies among 13-15 year olds by 20% by 2010 from the rate of 7.7 pregnancies every 1000 girls aged 13-15 years which was evident nationally in 1998.

What we will do

- As required by the Scottish Executive Strategy “Respect and Responsibility”, establish a Sexual Health Group to ensure a joint Renfrewshire Council and CHP approach to developing a local strategy and action plan for improving Sexual Health. This group will link to NHS GG&C Strategy Group
- General Practices will be benchmarked in relation to their cervical screening uptake and sharing the best practice in relation to targeting, call/recall systems will be promoted between practices
- Dedicated Youth Worker time to develop programmes within the CHP

5.7 Mental Health

Mental health problems are common, varied in nature and have a complex set of causes with depression as the most prevalent of mental health problems. The most commonly identified groups are children, older people and carers.

Target

Achieving a clear and sustained year on year reduction in the proportion of the population being described drugs for anxiety, depression or psychosis. This is included with the Renfrewshire ROA, with 10% of the population of the ROA target areas being prescribed these in 2002.

What we will do

- The CHP will work along with the Greater Glasgow and Clyde Mental Health Partnership in developing a Mental Health Strategy. Key features of the service specification include meeting the requirements of the Mental Health Act. This will see us developing a network of services across current services and will see significant development of new / extended services. Features of the network may include:
 - Community Mental Health Team (CMHT)
 - Crisis Intervention Service
 - Assertive Outreach
 - Primary Care Mental Health Team
 - Older Adults Community Mental Health Team
- The CHP will work to ensure adequate provision of Child and Adolescent Mental Health Services in terms of the Child and Adolescent Mental Health Services Strategy
- LLN Healthy Living Initiative will provide stress management and counselling for the harder to reach groups in Renfrewshire
- Integration of promotion and prevention approaches at all tiers of mental health with particular emphasis at population level
- Support Doing Well by Depression programme
- Provide a Mental Health & Wellbeing programme to support the 5% and 10% data zones in Renfrewshire funded by CRF

5.8 Suicide

In Scotland, national policy and strategy aimed at reducing suicides acknowledges the importance of mental well-being at all stages in life.

Local data is summarised in Renfrewshire's Choose Life Action Plan. Since 1996, an average of 14 people per year have committed suicide in Renfrewshire. This represents 1 in 8000 of the population. Renfrewshire statistics reflect national trends in relation to gender in that twice as many men as women will commit suicide.

Equality issues include poverty (those living in deprived areas have a suicide risk almost double that of the Scottish average), age (suicide is a leading cause of death in those aged under 35) and gender (rates for males is nearly 3 times that for females).

What we will do

- Continue to be a key partner in the local strategy and implementation group for choose life
- Support the roll out of the Assist (suicide prevention) training to Primary Care staff
- Support the establishment of local services to address stress management
- Work towards a co-ordinated approach to promoting positive mental health for all age groups
- Target services and health improvement work to the areas of greatest need

5.9 Coronary Heart Disease (CHD) and Stroke

It is estimated that approximately 33% of men and 75% of women are at risk of CHD and stroke due to inactivity. The main risks linked to stroke and CHD are: smoking, poor diet, lack of exercise and high blood pressure. Health improvement programmes to support smoking cessation, improve diet and physical activity levels should have an impact on CHD mortality rates.

Targets

Reduce the deaths from CHD amongst people aged 75 to 150 per 100,000 in 2010 in line with national target. This is included within the Renfrewshire ROA, with 81 deaths per 100,000 population within the ROA target areas in 2002 as opposed to 87 within Renfrewshire as a whole. The ROA also specifies a target for CHD, which is to reduce inequalities by increasing the rate of improvement for ROA target areas by 15% by 2008. Halve deaths from stroke among people aged under 75 from 58 deaths per 100,000 people nationally in 1995 to 29 per 100,000 in 2010, in line with the national target.

What we will do

- General practices are actively undertaking secondary prevention of CHD, as well as Stroke, as part of nGMS contract. This systematic Call/Recall Programme is further enhanced by most practices undertaking the Local Enhanced Service (LES) relating to CHD
- Appropriate measures for Primary Prevention of CHD are also in place and are likely to be further enhanced in the light of future nGMS development
- Implement Have a Heart Paisley Phase 2
- The CHP will be actively involved where appropriate in service redesign of stroke services in its catchment area. General practices will be encouraged to provide effective programmes in

both primary and secondary prevention, including those ensconced in nGMS and Local Enhanced Services

5.10 Cancer

One of the major causes of cancer is smoking and general practices are encouraged to record smoking status of adults, offering nicotine replacement therapy where appropriate. Onward referral to other services is also available and encouraged.

Target

Reduce the deaths from cancer amongst people aged under 75 to 150 per 100,000 in 2010 in line with national target. This is included within the Renfrewshire ROA, with 201 deaths per 100,000 population within the ROA target areas in 2002 as opposed to 183 within Renfrewshire as a whole. The ROA also specifies a target for cancer, which is to reduce inequalities by increasing the rate of improvement for ROA target areas by 15% by 2008.

What we will do

- The CHP will be involved in discussions with the Acute Operating Division regarding service redesign to minimise the time from initial referral to hospital attendance in those with suspected cancer.

5.11 Oral Health

Oral health is one of the major causes of ill health in the community and remains the single biggest cause of hospital admission among 0-5 year olds. By the age of 3, over 60% of children from areas of deprivation have dental disease and by the age of 5, over 56% of all Scottish children have dental disease.

Dental disease in childhood may be broadly attributed to a high sugar diet and lack of care through protective measures, mainly tooth brushing with fluoride toothpaste.

It is during infancy and early childhood that the foundations for good oral health are established and ensuring that an integrated approach will help to improve the oral health status of young children in Renfrewshire.

Target

Increase the number of under 5's with no decayed, extracted or filled teeth from 43%(1997/98) to more than 60% in 2010.

What we will do

- Continue to develop the Scottish Executive's Early Years Tooth brushing Initiative and extend daily tooth brushing programmes into nurseries and schools in line with the recommendations in 'An Action Plan for Improving Oral Health'
- Continue to support and participate in 'Childsmile', the West of Scotland Children's Oral health programme, which looks at prevention of dental decay from birth to 2 years of age
- Continue to deliver and support the Oral Health Action Plan and Increase Number of 5 year olds without Dental Disease

5.12 Community Safety and Injury Prevention

In recognition of the importance of community safety issues on the quality of life and health and well-being of local residents, the Scottish Executive established Community Safety Partnerships in each local authority area in the late 1990's. Health was clearly identified as one of the key partners. The Renfrewshire Community Safety Partnership (RCSP – a sub group of Community Planning, Housing Neighbourhood and Community Safety) provides the leadership and focus for the safety theme within Renfrewshire's Community Planning structure.

What we will do

- Continue to support Community Planning by establishing and providing CHP leadership for injury prevention practice and local partnership developments around community safety
- Support the roll out of specific injury prevention initiatives within the CHP

5.13 Early Years

Health through life is powerfully influenced by experiences in early childhood and from the time of conception when parental health is also important.

Target

Reduce the percentage babies with a birth rate weight less than 2,500grammes. This is included within the Renfrewshire ROA, with 4.7% of births within target areas under 2,500grammes as opposed to 2.2% within Renfrewshire as a whole.

What we will do

- Implement 'Health For All Children' by targeting those women and children in most need. We will focus on resources towards those families who have additional or intensive support needs and carry out evidenced based screening programmes

5.14 Child and Youth Health

Improving child health and well being will result in better health and will last into adulthood. Children in the deprived areas are much more likely to have poor health than children in other areas. In Renfrewshire children represent 23% of the population.

Targets

The targets related to children and youth are referenced in Physical Activity, Tobacco, Alcohol, and Nutrition sections.
All schools have been given a target of becoming a health promoting school by 2007.

What we will do

- Develop a Programme of Work to Address the Needs of Vulnerable Children
- Continue to build partnership between the Hungry for Success Implementation Group and other health improvement groups
- Implement 'Health For All Children' by targeting those women and children in most need
- The CHP will play its part in delivering on the key priorities identified in the Renfrewshire Children's Services Plan 2005/08. These are:

- Integrate Children's Services Planning (including developing and implementing an Integrated Assessment Framework)
 - Keeping our children and young people safe (including improving child protection arrangements)
 - Improving the health of children and young people *(including oral health, breastfeeding, nutrition and sexual health)
- Dedicated Youth Worker time to provide a health improvement programme for young people in Renfrewshire
 - Support schools in Renfrewshire to become a Health Promoting School by 2007 by contributing to thematic review assessment in individual school visits as part of the Health Promoting School accreditation process

5.15 Older People

The population of Renfrewshire is expected to drop by 3% by 2013 however, the projected increase in the elderly population by 17% during the same period. As a result there will be potentially more chronic disease in the population and services will be required to adapt to meet changes in service need. The Joint Planning Performance & Implementation Group for Older Peoples' Services will lead a modernisation and redesign programme to develop the community infrastructures to facilitate the patients journey through the full spectrum of health and social Care. This joint planning group will be built upon the many initiatives already in place and work collaboratively to develop seamless services for older people and their carers.

Targets
The targets related to Older People are referenced in Physical Activity, Tobacco, Alcohol, and Nutrition sections.
The development of early intervention initiatives and intermediate care will also be key targets in meeting the needs of this client group.

What we will do

- Develop proposals for the integration of older peoples' services
- Reducing multiple admissions – work is currently taking place on this at the Older Peoples' Joint Planning Group, which brings together Health Professionals, Social Work, Community and Primary Care Services
- Falls prevention – the Home Falls Prevention Programme is available within the CHP and works in partnership with Health, the Local Authority and Voluntary Organisations to provide a specialist Falls Prevention Service
- Care management initiatives are being developed to meet needs of older people with complex needs to prevent avoidable admission to hospital and facilitate timely discharge
- Partnership working with care home providers is also being progressed, again to prevent avoidable admission to hospital
- Plans are well underway to introduce a joint community equipment store which will streamline processes to provide adaptations and aids to support patients discharge and return to their homes

5.16 Learning Disability

It is important that services are available to enable those with learning disabilities to improve the quality of their life.

Through successful joint planning and implementation of hospital retraction programmes more people with learning disabilities have opportunities to live in a home of their own with support. With our planning partners, patients and carers, we will continue to develop the range and availability of independent living opportunities for people with learning disabilities in the coming years.

What we will do

- Develop proposals for the integration of learning disabilities services

5.17 Workplace Health

The workplace setting is a major opportunity for health improvement. Being in work brings physical, mental, spiritual and financial benefits, being out of work can be detrimental to health and wellbeing.

What we will do

- As an employer the CHP will promote 'Healthy Working Lives' for its' staff
- Work with the board wide Healthy Working Lives team, to support organisations in Renfrewshire promoting health
- Through Renfrewshire Community Planning - Learning and Work group, support the Employability Framework

6. TACKLING HEALTH INEQUALITIES

This section explains the health inequality focus of the CHP and what steps will be taken to ensure the plans and programmes maintain this focus.

There is a huge difference in life expectancy between those who are disadvantaged by where they live, the opportunities they have, and those who are better off.

Renfrewshire has broadly the same level of affluence and deprivation as Scotland as a whole. It is considered the 9th most deprived of the 32 Scottish Local Authorities with regard to income deprived.

Addressing health inequalities is a key imperative of both national and local health policy and requires a co-ordinated and systematic response across all economic, social and cultural policy domains. The Government has given the Health Service a key role to play in this, and we have two sets of responsibilities, firstly as a provider of appropriate inequality sensitive and equitable health care and secondly as a partner organisation working with others to address the determinants of poor health.

The Scottish Executive's approach to tackling health inequalities, detailed in *Delivering for Health*, is to target and enhance primary care services by focusing health improvement action and resources at the most disadvantaged areas and building the capacity of Primary Care to deliver proactive preventative care.

The inequalities picture is complex and requires the merging together of a number of policy imperatives to construct a systematic and comprehensive approach. The key drivers are the Local Delivery Plan health improvement targets and the service quality targets based on the QIS Clinical Governance and Risk Management which identifies the need to address differential needs across diverse groups.

Current and forthcoming equality legislation and public sector duties on race, gender and disability require the NHS and CHP to address discrimination both as a service provider and employer. This is supported by the Scottish Executive's Fair for All Policy, which was originally developed to support the Race Relations Amendment Act, however, Fair for All has now been extended to cover all the equality strands – gender, sexual orientation, disability, age, race and faith.

What we will do

- Identify current activity that promotes prevention of inequalities, of its effects on the development of inequality sensitive practice
- Produce a set of realistic aims and objectives for 2007/08 onwards which reflect healthcare and partnership responsibilities preventing and ameliorating inequalities and for ensuring that assessment and management of health problems takes peoples' experience of inequality into account
- Develop co-ordinated plans that build on existing programmes designed to address work with this, as part of efforts to reduce poverty and its effects
- Identify effective planning processes to support the implementation and sustainability of the Inequalities Sensitive Practice Initiative funded for two years by the Scottish Executive Social Inclusion Division to support the mainstreaming of effective responses to people experiencing multiple disadvantage

7. HEALTH SERVICES

Health improvement and health services are inextricably linked, so a number of the issues noted in the sections above will have service implications which have already been referred to.

Acute Specialist Providers (Including Children's Services)

The CHP will develop an effective working relationship with Acute Specialist Services across Greater Glasgow & Clyde. The main task for the CHP and Acute Specialist Services together are to:

- Improve patient access to diagnosis treatment and care
- Advance health improvement
- Address national and Board priorities and targets
- Scrutinise patient pathways and develop the work of MCNs
- Develop common analysis
- Identify service priorities
- Agree joint investments
- Manage local performance

Rehabilitation Services Outwith the CHP

The CHP will develop proposals to enable appropriate linkages to be developed between the Rehabilitation Service and the CHP. There is already an agreement for CHP involvement in the Directorate management arrangements.

Mental Health Services

Community based health services for adults and older people will be managed by the CHP within the context of the wider Mental Health Partnership for NHSGG&C.

There will be strong links with the Elderly Mentally Illness (EMI) Service as part of the Mental Health Partnership (MHP). The MHP will be responsible for EMI inpatient services.

The accountability and governance arrangements for these services will be specified in conjunction with the other partnerships across the NHS Greater Glasgow and Clyde area and will include the operational arrangements and linkages to In Patient Services and specialist area wide resources provided and delivered by the systemwide Mental Health Partnership.

Cancer

One of the major causes of cancer is smoking and general practices are encouraged to record smoking status of adults, offering nicotine replacement therapy where appropriate. Onward referral to other services is also available and encouraged.

The CHP will be involved in discussions with the Acute Operating Division regarding service and pathway design to minimise the time from initial referral to hospital attendance in those with suspected cancer.

Homelessness

There is good access in Renfrewshire to local GPs for primary health care needs and robust systems in place for homeless people when accessing hospital services and when being discharged. The Homelessness Team of Renfrewshire Council have done some work around liaison with School Nurses and agreed what information can be shared to help homeless families and a multi-agency training forum has been formed to help joint training for vulnerable groups.

Access to Primary Care Mental Health Teams needs improving. Further joint working around addictions and homelessness is required, although the recent appointment of a Homelessness Support Worker to the Community Addictions Team has improved service joint working.

The role of School Nurses in homelessness needs to be clarified and all agencies need to ensure that we prevent homelessness and repeat homelessness as much as possible. Work will progress on this into 2007/08.

The CHP is working with Renfrewshire Council, who are currently drafting their 2006-2009 Homelessness Strategy. The Action Plan will cover the following objectives:

- Reduce the incidence of homelessness resulting from relationship breakdown
- Reduce the incidence of housing crisis resulting from domestic abuse
- Develop good quality, targeted and proactive budgeting and debt management services aimed at preventing homelessness
- Develop multi-agency mechanisms which mitigate the risks of homelessness, thereby improving prevention
- Develop an effective supply of land designated for affordable housing
- Increase the supply of affordable rented housing options
- Increase the supply of affordable home ownership options

Service Change and Improvement

A range of service change and improvement targets is identified within the Corporate Plan and the Local Delivery Plan. The CHP will respond to these as follows:-

- Reduce delayed discharges. The CHP will work with Renfrewshire Council and the Acute Services to ensure the partnership meets the target of reducing all delays over 6 weeks by 50% by March 2007
- Develop proposals for the integration of children's services, older peoples' services and physical disability services
- Contribute to the development of a Winter Plan that addresses future issues for the CHP
- Deliver 48 hour Primary Care Access Target
- This target is defined as face-to-face, telephone or email contact with an appropriate member of the primary care team which could be a GP, practice nurse or other healthcare professional such as a physiotherapist and does not apply to urgent cases. GP and nurse routine appointment stocktakes are undertaken quarterly and this information will be available to the CHP Management Team. Practices experiencing difficulty in meeting the target will be offered appropriate support and assistance.
- Development Plans for Chronic Disease linked to nGMS. All general practices will be encouraged to participate fully in chronic disease management and also to participate in appropriate Local Enhanced Services. Where appropriate the CHP, either alone or in partnership with other CHPs will ensure that all patients within the CH(C)PS' boundaries have access to these services
- Improve Stroke Services and prevention
- The CHP will review the current service arrangements and agree when appropriate service redesign of stroke services should be made. General practices will be encouraged to provide

effective programmes in both primary and secondary prevention, including those ensconced in nGMS and Local Enhanced Services

- Child & Adolescent Mental Health Services Strategy
- The CHP will work to ensure adequate provision of Child and Adolescent Mental Health Services in terms of the Child and Adolescent Mental Health Services Strategy. In December 2005, a multi-agency stakeholder event around the implementation of the framework for Children and Young Peoples' Mental Health was held in Renfrewshire. The report on the event has only recently been produced by the Scottish Development Centre. The CHP, partner CHCPs and Renfrewshire Council will pull together an action plan to take the actions identified in the report forward
- We will support partners in implementing The Additional Support for Learning Act
- We will review current AHP services, aligning them to CHP priorities
- 4 hour waiting target in A&E. Many of the prevention of admission initiatives led by the CHP will assist the 'Unscheduled Care Collaborative' and achievement of the 4 hour working target in A&E by reducing the volume of patients currently accessing these services

8. FINANCE AND CAPITAL

This section notes the CHP's revenue and capital allocations for 2006/07

Revenue Budget

Renfrewshire CHP is committed to operate within its financial allocation for 2006/07. The annual budget is detailed below:

<i>Care Group</i>	<i>£000</i>
Children and Families	3,328
Elderly	250
Health and Community Care	4,835
Learning Disability	789
Management and Administration	1,521
Mental Health	2,524
Elderly Mentally Ill	5,100
Planning and Health Improvement	935
Primary Care	50,592
Transfer to local authority (resource transfer)	12,734
Capital Charges	266
Reserves (inflationary uplifts)	303
Total Budget	83,184

A scheme of delegation, including budgetary control, authority limits and rules for virement of budgets, will be prepared.

Renfrewshire CHP will work with the rest of NHS Greater Glasgow and Clyde to develop a cost savings plan to address the recurrent deficit of £28M from the former Argyll and Clyde Board area, eliminating it within a three-year period.

A key priority for future years is to align this budget with related budgets in Renfrewshire Council, examining ways in which we can jointly improve services and achieve value for money.

Capital Programme

The following schemes have received funding in 2006/07 :

<i>Project</i>	<i>£000</i>
Community Joint Equipment Store	200
Physically Disabled Rehab. Unit	100
Training Facility – GPs Bishopton	57
Dental Facility – Russell Institute	210
Total Budget	567

A further £1million has been allocated in formula capital (for minor works and equipment) to Clyde Partnerships and a proportion of this will flow to Renfrewshire.

The Minister for Health and Community Care announced that £15m will be made available to modernise and redesign primary and community health and social care services and facilities in Renfrew. An outline Business Case will be taken to the Board before the end of 2006, and the project will be completed during 2009.

9. ORGANISATIONAL DEVELOPMENT

This section describes our aspirations to develop the CHP as an organisation, reflecting the transformational themes that underpin how NHS Greater Glasgow and Clyde will work.

Organisational Development is not seen as belonging to one person. There are a number of key people who have important contributions in terms of developing and implementing an organisational development programme for the Renfrewshire CHP. This process should be viewed as iterative.

Specific strands of activity have taken place as part of the transition to a CHP. This work will be further developed and the following areas have been identified as priorities:

Transformational Themes

As outlined in the Managing the transition paper in October 2005. Nine Transformational themes are expected to be embedded in the ways of working across NHS Greater Glasgow and Clyde NHS Board. A process will be developed to support achievement of these objectives for the CHP. The themes are:

1. Achieving an organisation in which its component parts work together for shared aspirations and objectives and not competing ones, and clinical leaders' work with shared values and priorities.
2. The whole team and organisation contribute to leadership on health improvement and tackling inequalities.
3. Focusing on service improvement and equipping frontline staff and first line managers to help us deliver it.
4. Moving away from functional systems of management to general management with all managers responsible for quality of service delivered to patients and professional development staff developed into management and leadership roles.
5. An organisation where people take responsibility for their work and for the wider performance of the organisation.
6. An organisation focused on learning and development, as individuals and collectively to improve our performance.
7. A culture of clear objectives, accountability and performance at all levels of the organisation.
8. Driving integration of acute and community and health and social care services to improve the experience of patients.
9. Leaders and managers who have a value base in the public services, acting in the interests of patients and the communities we service and behave in a collaborative and not competitive manner.

Team Readiness Process

A range of activities are underway or planned which support the effective establishment of the management teams, service teams and governance structures (Committee, PEG, PPF and SPF) and staff. This process is focused primarily on objective setting, developing a set of shared values and clarifying roles and responsibilities. In addition, we will closely work with Renfrewshire Council to develop the existing joint teams.

Learning and Organisational Development Plan

Work towards developing a Learning and Organisational Development Plan which is driven by local priorities and reflects corporate or overarching strategy, as appropriate.

Diversity and Inequalities

A process requires to be established which supports the development of a framework for the CHP to monitor the Diversity and Inequalities requirements covered by Fair for All (2002) policy and meet legislative requirements. Some work has begun at a corporate level this requires to be adapted and further developed at a local level.

Personal Development Planning and Individual Objective Setting

All staff within the CHP will have a Personal Development Plan to support them in delivering their objectives.

10. HUMAN RESOURCES

This section describes how we will work with one of our greatest resources – the staff in the CHP – to deliver better services for Renfrewshire’s population.

Staff Partnership Forum

We will work towards the establishment of a fully functioning Staff Partnership for Renfrewshire CHP. Local stewards have been identified through NHSSGG&C Area Partnership Forum to discuss issues on an ongoing basis. Further work is required to clarify from the NHSSGG&C Area Partnership Forum regarding the final membership and constitution. It is expected that the full meetings of SPF will begin in August, with the opportunity for a development session.

Workforce Planning

Community Health Partnerships have a key role in linking the planning of local services with planning the workforce required to deliver these services. In doing so CHP’s require to assess the capacity and competence of the existing workforce in order to deliver service improvements.

Initial workforce implications for the partnerships are likely to arise from the realignments in geographical areas and the associated management changes. Baseline staffing information and detail will be completed in the next couple of months which will then allow systems to be streamlined to ensure all appropriate data is recorded in relation to turnover, age profiling, areas of staff shortage and also the overall profile of our existing workforce.

As the CHP begins to review existing methods of service delivery it is to be expected that workforce planning activities will be informed by CHP aspirations on resource allocation, service management and delivery and performance management.

Absence Management

To actively support achievement of corporate targets for absence levels of 4% for Health under Efficient Government targets. This area of work will be a focus of activity for the foreseeable future.

Staff Governance

Staff Governance is incorporated into the NHS Reform (Scotland) Act 2004, thereby making it a statutory obligation placed upon boards. The CHP will:

- Implement the Board Staff Governance Targets at a local CHP level, as agreed by the SPF and SMT which will be reviewed annually
- Ensure that the CHP meets the standards required by the Staff Governance Standard so that all staff are well informed, appropriately trained, involved in decisions which affect them, treated fairly and consistently and provided with an improved and safe working environment.
- Contribute to the SAAT as required.

Integration / Culture

The CHP will work to support the integration agenda in its widest sense, dealing with issues as they arise and working with managers across the SMT to support the integration of teams across services.

Pay Modernisation

We will contribute towards the implementation of pay modernisation programmes such as Agenda for Change in Health (particularly Knowledge & Skills Framework) as required.

11. JOINT PLANS WITH ACUTE DIVISION AND CHP

The development of the CH(C) P Development Plans and the Acute Division Operating Plan for 2006/07 provides an opportunity to establish robust working arrangements and effective links with the common objective of improving outcomes for service users and developing services that optimise value for money.

Planning Processes

The NHSGGC Corporate Objectives for 2006/7 set out the priorities for Acute services and community based services. It is important to ensure that the CHP Development Plans for 2006/07 take cognisance of the issues and pressures facing the Acute Operating Division, and that mechanisms are established to enable effective and productive joint working and joint planning. There are a number of elements within the plans (CHP and Acute Division) that require a joint approach.

Waiting Times

One of the main priorities in 2006/7 is the delivery and sustainment of waiting time milestones and targets.

The Acute Operating Division is required to achieve and sustain waiting times guarantees in relation to:

- Out patients
- In patients and day cases
- Diagnostics
- A&E
- Coronary Heart Disease
- Cancer
- Cataracts
- Hip Surgery

The current waiting times targets of:

- 26 weeks for an outpatient appointment with a consultant and
 - 6 months for day case or inpatient treatment
- are being sustained but there are more challenging targets to be achieved by December 2007. These include a 9 week maximum wait for certain diagnostic tests, a maximum wait of 18 weeks from GP referral to an outpatient appointment, and shorter maximum waiting times for specific conditions including:

- 18 weeks from referral to completion of treatment for cataract surgery
- 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment
- 24 hours from admission to a specialist unit for hip surgery following fracture
- 16 weeks from GP referral through a rapid access chest pain clinic or equivalent, to cardiac intervention

Availability Status Codes (ASCs) will also be abolished by the end of 2007.

To facilitate the achievement of the waiting time guarantees, CHPs and the Acute Operating Division will work together in 2006/7 in the following ways:

- Working within the existing planning structures to ensure that plans to meet the guarantees are developed with input from primary care
- Continue to develop mechanisms for understanding and managing demand (the development of a Referral Management Centre/Information Service continues – ADD Details)
- Develop patient pathways that increase local access and ensure that patients see the most appropriate health care professional
- Establishing forums and mechanisms as required for collaborative working that are built around common agendas (e.g to initiate work on improving access to laboratory and diagnostic services)
- Bring a CHCP perspective and input to the development of capacity planning and delivery plan to achieve and sustain waiting time targets

Service Improvement and Design

Service improvement and design has a major part to play in determining and shaping current services and underpinning future configuration

Over the past 2-3 years there have been a number of Collaboratives and redesign initiatives funded by the Centre for Change and Innovation (CCI).

These have been driven either by a speciality within the Acute Operating Division (for example plastic surgery, ENT, Dermatology) or within Primary Care (for example the Primary Care Collaborative). In some cases there has been joint working (Community Outpatient Services, Unscheduled Care Collaborative, development of Extended Scope Practitioners in Podiatry).

The SEHD Delivery Unit, comprising the National Waiting Times Unit and the Centre for Change and Innovation, will seek to continue this focus on design and improvement and there are currently a number of centrally funded Collaboratives, either established or about to be established, that will be the vehicles for this. These include:

- The Unscheduled Care Collaborative (to deliver a maximum 4 hour wait in A&E by 2007)
- The Diagnostics Collaborative (to deliver waiting time targets)
- The Planned Care Improvement Programme
- The Eye care Redesign Programme

It is important to ensure that, regardless who leads or drives the process, there is input to these programmes/collaboratives from Acute and CHPs and that any service changes and their consequent resource implications, are agreed within this context.

Acute services across Clyde are under review within an overall integrated framework. One area that has service redesign as a core element is the implementation of the Acute Services Review. The Acute Services Review shapes future acute services provision, a key feature of which will be the development of two Ambulatory Care and Diagnostic Centres (ACADs) on the Stobhill site and the site of the Victoria Infirmary.

The reconfiguration of acute services and in particular the establishments of the two ACADs will have a major impact on the interface between primary and secondary care and will have consequences for service users. For example, patient pathways will need to be tested for 'fitness for purpose' and where necessary redesigned. It is likely that some geographic patient flows will change.

Involvement of the CHPs in the work to support the move to new systems, new buildings, and new services is vital. CHPs should be actively engaged in working with the Acute Planning Team and the Acute Operating Division to achieve a whole system approach to underpin these changes and developments. This is a priority for 2006/7.

Links between Health Improvement, Managed Clinical Networks and Chronic Disease Management Programmes

CHPs have a responsibility for improving the health and wellbeing of their population and for reducing inequalities. Priority programmes have been identified and include

- Early years
- Young People
- Mental Health and Emotional well being
- Addictions
- Healthier lifestyles
- Poverty and worklessness
- Older People
- Homelessness
- Capacity building

It is important to achieve an integrated approach to health improvement and chronic disease management. The CHP will have a focus on both primary and secondary prevention and will work with the established Managed Clinical Networks (CHD, Diabetes and Stroke) and chronic disease management programmes to achieve that balance.

The CHP will work with the Acute Operating Division to maximise the opportunities for health improvement activity. More substantial and effective links will be developed between the Acute Operating Division and CHPs with health improvement as the core shared objective. An example of this may be to work with Acute Out Patient Services to ensure that patients seen in an outpatient department are offered information and access to health improvement advice and resources within the community.

CH(C)P and RAD

The RAD Director has met with each CHP to explore interface and joint working arrangements. These are the focus of a separate paper.

Integration of Planning across NHSGG including the Acute Planning Team and the Acute Operating Division

Over the next year a key priority will be to establish a range of mechanisms and forums to ensure that the issues above can be taken forward and services developed with the input of both Acute Services and CHPs.

There are already many working groups and forums in existence within and across Acute and CHP environments and we should seek to expand and use these making them relevant and representative of new single system ways of working (e.g. MCNs, Service Planning Groups, waiting times planning, etc).

An important issue to address will be how to foster this partnership working at all levels within NHSGGC and to establish an effective matrix of communication information sharing and performance monitoring/reporting.

This work will be progressed through the meetings of CHP Directors/Acute Director and Acute Medical Directors/CHP CDs.

12. JOINT PLANS WITH MENTAL HEALTH PARTNERSHIP & CHP

This section describes how the CHP will interface with the Mental Health Partnership.

There are a number of plans and priorities for mental health services managed by the CHP, which have been described previously in this plan. In terms of services managed by the Mental Health Partnership, the priorities shared with the CHP for Inpatient and Specialist Services are noted below.

Service developments

Meet compliance requirements of Mental Health Act and Delivering for health standards by:

- Modernisation of Gartnavel inpatient services
- Development of Stobhill local forensic psychiatric unit
- Review of arrangements for medium and low secure provision
- Contract for inpatient eating disorder services on commissioned basis

Effectiveness of service delivery

Inpatient and specialist services ensure:

- Therapeutic environment of inpatient care supports stabilisation and recovery
- Access to specialist services at appropriate level of intervention
- Timely discharge to lowest appropriate levels of restriction
- Efficient and effective deployment of inpatient capacity

Health inequalities, health promotion and social exclusion

- Development of framework for local implementation of National Strategy for Mental Health and Well Being
- Local framework to be developed within which activity of CHPs and MH Partnership takes place
- Performance framework for above developed

The CHP will work with the Mental Health Partnership to progress on incorporation of inequalities issues in:

- Delivery of core Mental Health services and user access to broader range of supports
- Influencing the activity of other NHS and social care practitioners beyond mental health service providers, to benefit of service users
- Bridge building to broader community planning and environmental factors, and their impact on health inequalities

13. PERFORMANCE MANAGEMENT & REPORTING CYCLE

Performance Management within the CHP will be informed by the Board's Local Delivery Plan for 2006/07, the Corporate Objectives for the NHS Board agreed in March 2006, the planning guidance issued to CHP Directors and Heads of Planning.

The Performance Framework will take the form of:

- A quantitative assessment of available key targets and standards by objective
- A progress report on those non-quantifiable elements
- A quantitative assessment based on self-audit
- An analytical commentary

During 2006/07 the Framework will be developmental and the initial attention will be focused on getting the basis of the quantitative assessment in place, together with the analytical capability plus progress reporting. The quantitative assessment will be structured around selected targets and standards, with clearly defined improvement gains, within explicit timelines. It is recognised that information and IT are critical factors and this is being addressed at Board level.

The CHP will comply with the NHS Board's common reporting format.

During 2006 the CHP will report on what the Board has committed to deliver, will have met this during the course of the year, as and when other local targets are identified and agreed.

The proposed reporting frequency is as follows:-

<u>Performance period</u>	<u>Reporting Month</u>
March to June	August
July to September	November
October to December	February
January to March	May

These dates require to be integrated with key stages of the planning and budgeting cycle. The first reporting cycle will commence in July, using the 2006/07 first quarter information for March to June, or other periods as available, and the proposed remit will be reviewed once it has been operational after six months.

14. GLOSSARY

Appendix 1

A&E	Accident and Emergency
ACAD	Ambulatory Care and Diagnostic Centre
AHP	Allied Health Professional
ASC	Availability Status Codes
ASL	Additional Support for Learning
CAP	Corporate Action Plan
CAT	Community Addictions Team
CCI	Centre for Change and Innovation
CDM	Chronic Disease Management
CHD	Coronary Heart Disease
CHP	Community Health Partnership
CHCP	Community Health and Care Partnership
CMHT	Community Mental Health Team
CRF	Community Regeneration Fund
DN	District Nurses
EMI	Elderly Mentally Ill
ENT	Ear, Nose and Throat
FFA	Fair for All
GG & C	Greater Glasgow and Clyde
GP	General Practitioner
HV	Health Visitor
IAF	Integrated Assessment Framework
IRIS	Immediate Response Service
ISPI	Inequalities Sensitive Practice Initiative
JHIP	Joint Health Improvement Plan
LD	Learning Disability
LES	Local Enhanced Services
LHCC	Local Healthcare Co-operative
MCN	Managed Clinical Network
MHP	Mental Health Partnership
nGMS	New General Medical Services (contract)
OD	Organisational Development
OAMHT	Older Adults Mental Health Team
OHAT	Oral Health Action Team
PAF	Performance Assessment Framework
PCMHT	Primary Care Mental Health Team
PDP	Personal Development Plan
PEG	Professional Executive Group
PFPI	Patient Focus and Public Involvement
PHP	Public Health Practitioners
PIP	Partnership in Practice
PPF	Public Partnership Forum
QA	Quality Assurance
QIS	Quality Improvement Scotland
RC	Renfrewshire Council
RCSP	Renfrewshire Community Safety Partnership
ROA	Regeneration Outcome Agreement
RRA	Race Relations Amendment (Act)
SIP	Solid Inclusion Partnership
SN	School Nurse

SOE	Scheme of Establishment
SPF	Staff Partnership Forum