

Renfrewshire CHP

Development Plan Update 2009/10

We are moving into year 3 of our current 3 year 2007/10 CHP Development Plan. This update responds to the NHSGG&C Planning and Priorities guidance issued in November 2008, and should therefore be read in conjunction with the Renfrewshire CHP Development Plan 2007/2010 and the annual update 2008/09. www.chps.org.uk/renfrewshire

The update is focussed on seven of NHS Greater Glasgow and Clyde's Corporate Objectives:

- Improve Resource Utilisation
- Shift the Balance of Care
- Focus Resource on Greatest Need
- Improve Access
- Modernise Services
- Improve Individual Health Status
- Effective Organisation

For each Corporate Objective, we have described our key priorities for 2009/10. Where there is an associated Health Improvement, Efficiency, Access and Treat (HEAT) target, we have noted how we will progress to achieve the target and what our trajectory is. HEAT targets are listed at Appendix 1. Although HEAT targets are a prime driver for CHP activity, there are many other areas where we will focus attention during 2009/10 not least the two other Corporate Objectives – Transformational Themes (see section 7.3) and Inequalities Sensitive NHS (see section 3.3). These are listed as other priorities under each Corporate Objective.

Our work with Community Planning partners in Renfrewshire is driven by national and local outcomes to ensure our priorities have a positive impact on population. We have attempted to overlay this outcomes approach in the Corporate Objectives and throughout this update plan.

This plan has been produced as a framework for managers in the CHP and in response to the Planning and Priorities Guidance. It is not meant for wide public circulation. A more readable summary of our priorities for 2009/10 will be produced in partnership with the Public Partnership Forum (PPF).

1. Corporate Objective 1 – Improve Resource Utilisation

1.1 Introduction

Improving resource utilisation means that we will make better use of our financial, staff and other resources.

A key priority for Renfrewshire CHP in 2009/10 is to meet the financial challenges presented by lower uplifts than have been experienced in recent years and continued cost pressures. However, our financial resources are only one aspect of the total resources available to us. We are also focussing on our physical assets, such as buildings, equipment and our staff. Even within the current financial constraints, we are committed to considering the health improvement consequences of financial decisions made.

1.2 HEAT Targets

E6: NHS boards to meet their cash efficiency target.

Table 1 below provides details of the CHP's service budget for 2009/10, incorporating the full-year effect of agreed service developments, cost savings plans, the revenue impact of capital investments, prescribing growth uplift and inflation on contractual commitments.

Table 2 is a summary of cost savings plans, identified to achieve the target level of savings set centrally for the CHP - £265,000.

Table 1

Renfrewshire CHP Opening Budget 2009/10	£M
Current Budget	105.9
Less: 08/09 Non-recurring	(0.2)
Add: 08/09 FYE Service Developments New Alcohol Monies Renfrew JSWC Tobacco Monies	0.2 0.3 0.3 0.1
Add: 08/09 FYE and Service Developments	0.9
2009/10 Base Budget	106.6
Inflation uplifts	1.6
Total Savings Targets	(0.3)
2009/10 Opening Budget	107.9

Table 2

Cost Savings Plans 2009/10 Proposals	Full-year effect £000
Supplies - Children & Families	25
Band-mix: Children & Families Team	27
SLT and Clinical Psychology	28
Band-mix Adult Services	88
Redesign medical staffing in EMI	40
Planning & Health Improvement	16
Estate Rationalisation	20
Band-mix: Management & Admin	21
Total	265

Within NHS GGC there is recognition that the NHS has a duty to mitigate the impact of climate change by working to reduce our carbon footprint and to act as a truly sustainable organisation across energy use, transport, procurement, waste and building design areas. NHS Greater Glasgow and Clyde has a Sustainability Planning and Implementation Group which provides leadership for the organisation in matters relating to the environment and sustainability. NHS Greater Glasgow and Clyde has responded to the consultation on the Climate Change Bill.

Sustainable waste management is a key priority for Community Planning partners in Renfrewshire. The environmental impact of waste is considerable in terms of land usage for landfill disposal, transportation mileage incurred during refuse collection and disposal and the greenhouse gases released from the decomposition of waste. The percentage of municipal waste recycled in Renfrewshire is continuing to improve year on year; however, further improvements are required to meet national waste targets.

During 2007/08, a recycling rate of 30.1% was achieved; 29,442 tonnes of waste was recycled or composted from the 97,806 tonnes of municipal waste collected; the remaining 68,364 tonnes of municipal waste collected was sent direct to landfill. Recycling facilities are available across Renfrewshire and the implementation of the final phases of the kerbside recycling service to the remaining households in Renfrewshire is underway.

Litter is an environmental hazard. The Clean Renfrewshire campaign was launched in May 2008 with the aim of changing habits to create a culture where Renfrewshire is a cleaner and more attractive area to live, work, play in and visit. The Clean Renfrewshire campaign aims to encourage local community participation to clean up local areas and tackle environmental problems caused by litter, graffiti, fly tipping and dog fouling. Almost three thousand calls were received on the Clean Renfrewshire helpline from the launch to November 2008 and thirty two community clean ups have taken place involving over five hundred participants.

1.3 **Other Priorities**

□ Accommodation

The new Renfrew Health and Social Work Centre is scheduled for completion at the end of 2009. It is a positive example of bringing together public resources to provide a more efficient service for the population. It is also an opportunity to develop a building which is energy efficient. Renfrewshire CHP is working closely with the Council and with Renfrewshire Leisure to look at best use of our physical assets, offering opportunities for efficiencies and for more integrated services.

A condition of planning consent for the new Renfrew Health and Social Work Centre was to develop a travel plan to reduce the reliance on cars at the Centre. A draft travel plan has been established which commits us to appointing a Travel Plan Co-ordinator to lead the work in surveying staff, understanding the potential to reduce cars and work with the public transport providers to influence the availability of buses on this route. This will require dedicated resource initially, but will become part of the way our CHP works in the future.

❑ Evening Visitor Transport Initiative

An innovative scheme which makes effective use of resources is the implementation of the Hospital Evening Visitor Transport Scheme in Renfrewshire. This is a partnership between Renfrewshire Council, WRVS and the CHP where free transport, enables Renfrewshire residents to visit acute hospital sites. This initiative makes use of vehicles at a time they would previously not be used and taps into the rich reserve of volunteers.

❑ Health and Wellbeing Conference

Renfrewshire CHP, supported by Community Planning partners, hosted a Health and Wellbeing Conference in November 2008. Over 200 local people and staff attended, including a significant number of young people. Ten key messages emerged from the event, one of which directly affects the way we will make resource allocation decisions in Renfrewshire:

“current financial constraints are recognised, but we will challenge ourselves to be clear about the expected health improvement impact of any resource decisions we make”

This is supported by Renfrewshire Council, who have developed a health impact assessment tool to be used in any new strategies or plans.

❑ Performance Management

Our Performance Management Framework will help us to be informed on where we are making progress towards improving resource utilisation. We have developed a quarterly reporting system for our Committee which builds on NHS Greater Glasgow and Clyde’s ‘performance traffic light system’. We have created a dashboard for presentation purposes which summarises the key points and alerts us to areas where action has to be taken.

❑ Workforce Planning and Development

We recognise the importance of a workforce that in terms of skills, knowledge and experience can be defined as ‘fit for purpose’. Whilst acknowledging the contribution made by staff across all of its service areas, the CHP is equally aware of the dynamic environment in which we operate and seeks to ensure that its workforce is equipped to work flexibly and adapt effectively to change.

A number of change and redesign projects are established within the CHP. As well as exploring alternative models of care and best practice, there is a focus on developing:

- A more diverse workforce that better reflects the community in which we operate;
- Staffing structures which support succession planning, offer career pathways and take account of affordability and financial pressures;
- New and different job roles where these will add value.

It is recognised that developing new and changed roles may require different approaches to delivering learning, education and development support. Our Learning and Education Advisor will continue to work with Heads of Service and their teams to address the development needs of individual Staff groups identified through the personal development and planning process. The annually updated CHP Learning Plan will provide structure and a focus on identified priorities.

2. Corporate Objective 2 – Shift the Balance of Care

2.1 Introduction

In Renfrewshire, we want to shift the balance of care by delivering care in and close to people's homes and communities, where this is possible and appropriate. We will take this forward through our joint planning arrangements with Social Work. For the purpose of this update plan, we have described our activity in long term conditions and in developing primary care services

2.2 HEAT Targets

T6: To achieve agreed reductions in the rates of hospital admissions and bed days of patients with primary diagnosis of COPD, Asthma, Diabetes or CHD, from 2006/07 to 2010/11

▪ Baseline Information

For the period July 2007 to June 2008:

	Discharge Rate	Bed Days
COPD	415.7	6.7
Asthma	160.4	1.9
Diabetes	169.2	5.0
CHD	1,304.2	4.0
Long Term Conditions: COPD, Asthma, Diabetes, CHD	2049.5	4.5

Note: Discharge rates are shown per 100,000 population

Current Prevalence Rates (from Quality Outcomes Framework)

	Renfrewshire	GG&C	Scotland
COPD	1.7%	2.3%	1.9%
Asthma	5.3%	5.3%	5.5%
Diabetes	3.7%	3.6%	3.7%
Coronary Heart Disease	4.8%	4.5%	4.5%

▪ COPD

Renfrewshire practices participating in the Scottish Primary Care Collaborative (SPCC) initiative have focussed on validating contact registers, ensuring that all patients are being reviewed and managed within current guidelines. For COPD currently 90.52% of patients have had their diagnosis confirmed by spirometry, a 22% improvement since 2007, and compares favourably to the national figure of 83.43%.

▪ **Diabetes**

Renfrewshire Diabetes Steering Group is now established with representation from primary care, secondary care and service users. It is a sub group of the PEG working within the MCN framework. There are currently 5,900 type 1 and type 2 diabetics (estimated 5,300 of these are type 2) – with an expected annual increase in line with national predictions

There are 3 main elements to service

1. RAH specialist diabetes services – Type 1 patients and complex type 2 , insulin pumps, diabetes in pregnancy, adolescents , centre of excellence
2. GP based services – management of uncomplicated type 1 and type 2 diabetics, annual screening, onward referral, promotion of self management
3. Renfrewshire Diabetes team provide one point of access for Referrals at the RAH And provide support to practices and other professional services

These services are underpinned by referral protocols, service standards, shared care approach with RAH , discharge planning and clinical governance plan. Work is underway to plan initial transfer of patients during 2009/2010. Audit of GP practices and support and development has taken place over last 12 months for 25 of 30 GP practices - reaudit completed July 2009. Programme of multi professional educational events in place.

▪ **Coronary Heart Disease**

A prevalence of coronary heart disease of 4.8% within Renfrewshire (QOF analyser data as of September 2008) compares with a Board and Scotland wide prevalence of 4.5%.

The figures for admission rates to hospital and average length of stay, in relation to coronary heart disease, compare less favourably within Renfrewshire than the average across the NHS Greater Glasgow & Clyde area. Discussions between the CHP and the cardiologists at the Royal Alexandra Hospital will continue to better understand the influences which underlie these figures and address how we might reduce both rate of admission and average length of stay for patients with coronary heart disease.

The development of the Heart Failure Liaison Nurse Service within the Renfrewshire area will provide a further opportunity for improvements in patient care in respect of the diagnosis and management of congestive cardiac failure in the community.

T8: Increase the level of older people with complex care needs receiving care at home.

At December 2008, 20% of older people with long term care needs were receiving 10+ hours of home care. This reduced from 26% at June 2008.

Home care levels had remained steady until the introduction of a meals service which removed a number of hours from the service. This has lead to a decrease in the intensity of the service in terms of client hours delivered. Now that the meals service and revised structure have become established levels of service are expected to stabilise and improve over the coming year.

	Mar-07	Sept-07	Dec-07	Mar-08	Jun-08	Sep-08	Dec-08
Clients LT Residential	1071	1075	1056	1053	1037	1042	1136
Clients Intensive HC (10hr+)	402	378	390	327	388	317	304
Geriatric Long Stay	59	59	59	59	59	59	59
Total	1532	1512	1505	1439	1484	1418	1499
%HC	26.24%	25.00%	25.91%	22.72%	26.15%	22.36%	20.28%

▪ **Intermediate Care**

Intermediate Care (IC) is the term used to refer to a range of services aimed at promoting faster recovery from illness, prevention of unnecessary acute hospital admission, supporting timely discharge and maximizing independent living. Its aim is to coordinate a variety of services for people whose health care needs are complex and in transition. These services are more effective when planned and delivered in partnership. This whole systems approach to care provision provides better outcomes for users and makes more effective use of capacity within the services currently provided by health and social care. Renfrewshire has developed a model which is community-based and focuses on rehabilitation and enablement, with the availability of fast track comprehensive medical assessment as required.

Priority activities from the 09/10 Intermediate Care Workplan include:

- Use of SPARRA and local information to inform and follow up patients with multiple admissions and 'at risk' of admissions.
- Develop Model of Telehealth to demonstrate use of assisted technology to support management of Long Term Conditions.
- Support redesign of Day Hospital Services for service improvements to include opportunity for integrated approach.
- Use of Single Shared Assessment as core assessment document to follow patient through journey of care.
- Develop single point of access (SPOA) for IC model.
- Develop robust discharge planning process within acute service.
- Support roll out of falls strategy that incorporates care pathway model for IC service.
- Seeking to optimise potential benefit for support staff within MATCH/REN24 regarding rehabilitation and enablement.

Over the next year, we will bring this workstream together with our work on rehabilitation and enablement (see below)

2.3 **Other Priorities**

□ **Rehabilitation and Enablement**

The definition of rehabilitation used in this framework is; 'a process aiming to restore personal autonomy to those aspects of daily life considered most relevant by patients and service users, their family and carers'. Enablement means health and social care

staff supporting people through promoting self help and health improvement and by encouraging them to be as independent as possible.

The objective is to bring together the existing health, social work, community based and hospital based outreach services to work better for service users, through delivery of integrated services.

The purpose of the Renfrewshire Implementation Group for Community Rehabilitation and Enablement Services is to provide clear and effective direction to support the implementation of the framework. In addition, the group will put in place comprehensive monitoring and reporting arrangements ensuring these are met in full. The work of this local group will be undertaken within the context of the NHS GG&C Rehabilitation Co-ordinating Group, The Implementation Group is accountable to the Older People's Joint Planning Performance and Implementation Group the NHSGG&C co-ordinating group and CHP, Social Work and RAD Management Groups. The Group is now established and meeting regularly, with a draft implementation plan in place.

❑ Development of Primary Care Services

▪ Community Pharmacy

Our Lead CHP Clinical Pharmacist is establishing a Community Pharmacy Forum which aims to bring together local community Pharmacists to share ideas about the potential for development of community pharmacist services, particularly as they relate to the provisions of the new contract for community pharmacy with a particular emphasis on the promotion of the minor ailments and chronic medication service part of the new contract. The Board's strategic framework for the management of long term conditions recognises the increased contribution that community Pharmacists can offer in respect of the management of long term conditions such as COPD, Asthma, Hypertension and Coronary Heart Disease in particular. There is significant potential for better medicines utilisation by patients and community pharmacists have a key role in promoting the same with patients who attend their service.

▪ Optometry

The establishment of a Renfrewshire Eye Care Group in 2008 brings together representatives of local optometry, ophthalmology and social work services who benefit from the input of the voluntary sector including the Royal National Institute for the Blind. The group is developing improved ways of working and communication between the community optometry and the hospital ophthalmology Service including direct referral from optometry to ophthalmology. In addition work is ongoing to promote optometrists' development around supplementary and ultimately independent prescribing. In addition work is underway to consider how improved access, for patients, to low visual aids might be made available through community optometrists in addition to the hospital eye service.

3. Corporate Objective 3 – Focus Resource on Greatest Need

3.1 Introduction

Our aim is to ensure that the most vulnerable sectors of our population have the greatest access to services and resources that meet their needs.

Our activity under this Corporate Theme centres around the two HEAT targets for breastfeeding and smoking cessation. In addition, we are supporting the new Local Area Committees (LACs) in Renfrewshire. The LACs are a vehicle for focussing resources on local priorities and needs.

3.2 HEAT Targets

H6: Through smoking cessation services, support 8% of your Board's smoking population in successfully quitting (at one month post quit) over the period 2008/09 - 2010/11.

▪ 2008 Activity

The CHP's target for 2008 was to support 701 people in Renfrewshire to successfully quit smoking. The target was to be measured at one month post quit. Our community and pharmacy services recorded 562 quitters for 2008 although this figure may still increase.

Should the CHP not achieve the target of 701 for 2008, the shortfall, currently 139 will be added to our 2009 target of 818. Community and pharmacy services are confident they will make the 818 target in 2009.

▪ Projections for 2009

The 2009 target for Renfrewshire is 818 successful quitters.

In 2009, Community Smokefree Services will run a total of 49 groups (7 cycles of 7 groups, each lasting 7 weeks). This would give an estimated number of 368 quitters; based on an average number of 7.5 quitters at the end of each group (15 people making a quit attempt, with estimated quit rate of 50%). Additionally, we would expect approximately 20 quitters from the telephone support service and approximately 30 quitters from the Health Inequalities Project, Good4U. Therefore, the estimated total number of quitters in the Community Smokefree Services is 418 for 2009.

The target for Pharmacy Services in 2009 is 60% of the total 818 quits (491). If both services achieve their estimated numbers, the 2009 target for Renfrewshire is achievable.

▪ Young People smoking

The Health and Wellbeing Survey of Young People in Renfrewshire Schools 2008 showed that 1 in 10 of the pupils participating in the survey (50% of S1 – S6 pupils) were 'smokers' i.e. smoked everyday (6%) or some days (4%). Nearly two thirds of respondents (63%) had 'never tried smoking', whilst a further 1 in 5 (21%) had 'tried smoking once or twice'.

H7: Increase the proportion of new-born children exclusively breastfed at 6-8 weeks
From 26.6% in 2006/07 to 33.3% in 2010/11.

- Targets and trajectories

While the national target for exclusive breastfeeding at 6-8 weeks is 33.3% by 2010/11, the agreed target for NHS GGC is 30%. In order to achieve the 30% across the Greater Glasgow and Clyde area, Renfrewshire CHP is required to achieve 28.4% by March 2011. Trajectories for each year are 23% for 2008 (actual 16.9%); 25% for 2009 and 27% for 2010.

- Priorities for 2009

Reaching the 28.4% breastfeeding target in 2011 will be challenging for Renfrewshire CHP and a number of initiatives are underway to address this:

- Expand Peer Support Programme - In Renfrewshire the Health Inequalities Project will continue to target those women who are socially excluded due to poverty, ethnicity, disability and age.
- Increase capacity at CHP level to implement Baby Friendly in the Community
- Take forward GG&C Infant Feeding Strategy and local Action Plan

3.3

Other Priorities

Local Area Committees – Health Improvement Plans

Renfrewshire has established 5 Local Area Committees (LACs), feeding into the Community Planning process. The LACs have grant approving authority. The CHP has aligned a member of the Senior Management Team to each LAC. Using the Community Profiles published by the Centre of Population Health, we have developed draft Health Improvement Plans for the LACs. These plans show key indicators for each locality against Renfrewshire and Scottish averages, alerting LACs to areas which may benefit from additional investment. For example, breastfeeding rates are significantly lower in Renfrew and Gallowhill than in the rest of Renfrewshire and in Scotland. Health Improvement Plans will be developed during 2009/10 with a view to influencing spend and resource, targeting areas of greatest need.

Adult Protection

In February 2008 a Vulnerable Adults Implementation Group was established within the CHP with the primary focus of planning the development, delivery and evaluation of an Adult Support and Protection training programme for staff within the CHP.

In Renfrewshire CHP there are 837 employed staff who require training. As of March 2009, over 700 members of staff have been trained. The numbers of staff who have not been trained have been identified and arrangements are in place to ensure they receive training as soon as possible, with an ongoing programme for new staff and staff who return to work. In addition a plan to make training and development available to independent contractors will be progressed in 2009. The Scottish Government has recently advised that each CHP will receive a one off allocation to enable them to undertake training and awareness activities in support of the Act.

□ **Progress Towards Inequalities Goals**

GOALS	ANTICIPATED PROGRESS FOR 2009/10
Engaging with populations and patients. The health service:	
1. Knows and understands the inequalities and discrimination faced by its patients and population	Hold development sessions for staff to raise awareness of equalities and discrimination experienced by service users in the primary care setting. Equalities to be explicit in performance objectives for Extended Management Group. Update CHP Committee on progress.
2. Engages with those experiencing inequality and discrimination	Explore improving access for patients to low visual aids through optometrist services. Engage Public Partnership Forum with Renfrew Health and Social Work Centre planning. Establish a community led health programme. Establish Healthy Weight Intervention Programme.
3. Knows that people's experience of inequality affects the health choices they make	Through the Local Areas Committees, health improvement activity to be targeted in areas with the lowest breast feeding rates, highest smoking levels and the mental health issues.
5. Uses an understanding of inequality and discrimination when devising treatment and care	Undertake EQIA on the AHP implementation plans. Hold training workshops to increase the knowledge of EQIA.
6. Uses its core budget and staff resources differently to tackle inequality	Consider the health improvement impact of any resource decision.
Developing the workforce. The health service:	
7. Has a workforce which represents our diverse population	Explore gathering information on how representative the CHP workforce is in relation to our population.
8. Creates a non-discriminatory working environment and a workforce which has the skills to tackle inequality	Culture Web activity, being undertaken in the CHP will support developing the workforce. See section on Culture Web.
Health Service's role in society. The health service:	
9. Spends the money being invested in buildings, goods and services in a way which tackles poverty	Provide support for a financial inclusion programme based in GP surgeries. Provide support for Employability and Health Programme to assist those who are not in work as a result of ill-health, improve their work/training opportunities.
10. Works with partners to reduce health inequality by addressing issues such as income inequality, social class inequality, gender inequality, racism, disability discrimination and homophobia.	Work together with Renfrewshire Council to provide training on Gender based violence. Explore with partners the opportunities for greater co-operation and co-ordination between the ranges of services involved in providing money advice, employability and credit union services in Renfrewshire. Implement with Partners the requirements of the Single Equality Act 2009.

□ **Parenting Support Framework**

Work began to develop a Parenting Strategy for Renfrewshire in March 2008. A full strategy will be published in summer 2009, following consultation. Key pieces of work which have been undertaken so far include the mapping of current service provision across Renfrewshire and the development of a Tiered Approach to the range and level of services and the identification of gaps. It was agreed that key staff should be trained in the Solihull Approach, following a robust evaluation of current parenting programmes available. This training began in March 2009 and will continue until June. Health Visiting, education and social work staff will all receive training to embed a partnership approach to parenting.

4. Corporate Objective 4 – Improve Access

4.1 Introduction

We aim to ensure that service organisation, delivery and location enable easy access. In Renfrewshire we have been involved in the pharmacy pilot at Braehead and have developed a wide range of services with partners in care locations.

4.2 HEAT Targets

A11: To offer drug misusers faster access to appropriate treatments to support their recovery.

Renfrewshire drug services continue to explore ways of improving waiting times. There are vacancies within the service, which impact on the service response but recruitment active and agreement to recruit an additional nurse to the service to implement low threshold interventions, which will impact on waiting times.

A12: NHS Boards to deliver faster access to Child and Adolescent Mental Health Services.

Measurement to be developed during 2009/10.

Renfrewshire CHP is currently developing existing information management systems to ensure that we are able to gather and report on this information, to ensure that the CHP can measure its position against this target. The demand and capacity work which has been in place in Renfrewshire since December 07 has led to improved accessibility to the service and this work will continue. The current position in Renfrewshire – March 09: 3 children from a total of 110 are waiting + 18 weeks.

T9: Each NHS Board will achieve agreed improvements in the early diagnosis and management of patients with a dementia by March 2011.

At March 2008, Renfrewshire CHP had 1,240 patients on the dementia register.

Within EMI non acute care is currently based within Dykebar Hospital with assessment and treatment beds in the RAH. Cabinet secretary approval has been granted and work has commenced to develop the future partnership model within Renfrewshire for continuing care.

Early diagnosis for dementia is managed through the recently established memory clinics currently based with the EMI day hospital at the RAH.

4.3 **Other Priorities**

Community Pharmacy Walk-in Service Pilot

Following Better Health, Better Care, the Scottish Government announced an initiative aimed at increasing access to services through community pharmacies. Two pilots are being established in NHS Greater Glasgow and Clyde – one in Boots at Braehead in Renfrewshire. Services which it is proposed will be available, supported by appropriately trained pharmacy staff are:

- Sexual health – C-card distribution, chlamydia testing
- Minor ailments
- Smoking cessation
- Lifestyle assessments
- Alcohol brief interventions

National funding is available for two years and the pilot will be externally evaluated.

Employability, Financial and other Advice in Primary Care

Patients may present in primary care with a range of problems which affect their health but which are not resolved by traditional treatment and referral. In Renfrewshire we have developed a number of services in and around primary care to enable easy referral and access to services which complement health services. These include:

- Citizens Advice Bureau advisors in primary care
- Condition Management Programme
- Equal Access, health and employability, linking to the wider Equal Access team and workforce plus Pathways Advisory Service

To simplify routes into these services, we are developing a resource booklet for primary care practitioners. The services work closely with each other and with our primary care mental health service. Doing Well, to ensure cross-referral where appropriate.

5. Corporate Objective 5 – Modernise Services

5.1 Introduction

We aim to provide our services in ways and in facilities which are as up to date as possible. Within Health and community Care a number of service reviews have been undertaken during 2008 with the aim of modernising services to better meet the needs of the population of Renfrewshire set within context of the NHS GG&C corporate objectives. Full service reviews have been undertaken in our Podiatry and Physiotherapy Services and specific review of Paediatric Dietetics has been completed. A review of District Nursing Services has commenced. The review groups were inclusive, involving representatives from health, local authority social work and education departments, the Public Partnership Forum and the Staff Partnership Forum.

5.2 HEAT Targets

E7: To increase the percentage of new GP outpatient referrals into consultant led secondary care services that are managed electronically to 90% from December 2010.

A number of the 31 practices in Renfrewshire have moved towards using EMIS(3) or vision(3). This means they cannot make electronic referrals via SCI gateway, until additional software is installed.

5.3 Other Priorities

□ PPF

The Public Partnership Forum (PPF) has been actively involved in all service re-design in Renfrewshire CHP. A process to seek interested contributors from the PPF network of over 200 people has been agreed. Feeding back to the network has proved challenging, but topic based coffee mornings have been one route used (eg mental health, carers). In addition we have used the PPF Newsletter and Community Planning Conferences. PPF representatives on redesign groups are supported with appropriate training and have expenses reimbursed. They have brought a level of scrutiny and challenges to our work which is welcomed.

□ AHP Reviews

Our vision for our podiatry service is to develop *“A service that enables us to provide podiatry care to those who need it and keeps us skilled as professionals constantly learning and improving.”* The review produced 12 key recommendations which are now in the process of being implemented. Key areas for improvement include; introduction of improved referral criteria, introduction of a needs matrix to support assessment, care planning and discharge and a revised appointment system and an improved approach to workforce planning and development.

Our vision for our physiotherapy service is to *‘To provide high quality specialist patient centred care, within available resources and to develop a rehabilitation and enablement culture.’* This review produced 19 recommendations which are now being progressed. Key areas for improvement include reduction in community waiting times, improved low back pain service, improved patient pathways and care planning and further developing our partnership with leisure services and voluntary sector.

Our review of the paediatric dietetic service was aimed at ensuring best value and clinically effective services to meet needs of local children. The review process has identified areas for service improvement and future development. These covered 3 main themes;

- Development of the Vision and Models of Care; including improved pathways and application of Care Aims approach
- Development of Workforce Planning; skill mix, recruitment and retention
- Development of Partnership Working; working with children with allergies and their families, supporting children with complex feeding problems and further development of partnership with education and leisure.

□ **District Nursing Review**

We have recently commenced a review of our District Nursing Services. A steering group is now in place to provide clear and effective direction to the review process, and to ensure that comprehensive monitoring and reporting arrangements are in place and adhered to. It is anticipated that the review period will commence in September 2008 and report recommendations by June 2009. Priority areas under review are, maintaining positive aspects of current model, IM&T, shifting the balance of care, workload and workforce planning, partnership working with service users and carers, homecare services and acute services and developing our workforce.

In line with national and local strategies there is an increased focus within all adult services on promoting an *'enabling health system that encourages and supports individuals to be self sufficient and use professional and health interventions as a local resource when needed'*. This work will be progressed during 2009/2010 through the implementation of the NHS GGC Community Rehabilitation and Enablement Framework and Long Terms Condition Strategy.

□ **Modernising Mental Health**

We are now implementing a range of service developments across Renfrewshire which include:

- The roll out of Primary Care Mental Health to the remaining 50% of Renfrewshire GP practices who did not have a service.
- Established Intensive Home Treatment Team as an alternative to acute hospital admission for those whose acute episode can be safely managed in a community setting. Have also undertaken 6 month review
- The expansion of Community Mental Health Teams
- Discharged a significant number of people from adult continuing care wards on the Dykebar Hospital site to alternative and more appropriate care in a variety of community settings.

Goals/Targets for 2009/10

- To complete the roll out of model of Primary Care Mental Health to all practices in the Renfrewshire area.
- To take forward the actions for change/improvement highlighted in the IHTT 6 month review.
- Undertake a significant review of systems and processes within Community Mental Health Teams and to further expand team capacity.

Children and Family Health Teams

For the past 18 months, Renfrewshire CHP has been pro-active in supporting the development of its health visiting and school nursing service. We have provided additional funding to employ interim health visitor team leaders and associated administrative support. The interim Health Visitor Team Leaders have also forged close working relationships with their School Nursing interim Team Leaders and Health Improvement staff.

Our vision is based on establishing three Children and Family Health Teams that work co-terminously with the Local Authority Area Based Social Work Teams, thereby providing a sound basis for developing joint working and improved communication and networking. The Children and Family Teams include Health Visiting and School Nursing, and, in a later stage, Community based Paediatric Speech and Language Therapy (SLT) services. The Teams will have improved links / pathways to our key specialist children's services in Renfrewshire, particularly the Child and Adolescent Mental Health Service.

These teams are still at an early stage in their development and the following work-streams are and are due to be completed by Autumn 2009:

- Recruitment to three permanent Team Leader posts responsible for both Health Visiting and School Nursing services.
- Transfer of the HV adult workload to CHP Adult services
- Establishing an agreed system for Health Visitor support for families who have a GP based in Renfrewshire but the family lives outside Renfrewshire and vice versa.
- Workforce planning to ensure a fair distribution of resources.
- Organisational development for Teams and Team Leaders.
- Teams work consistently to one public health plan.
- Establishing a childhood immunisation delivery model and associated public health input.

Child Protection

The CHP will continue to take forward service improvements as identified in the self-evaluation process around the HMle inspection of child protection services.

The CHP has representatives on Renfrewshire's Child Protection Committee and its sub-groups which are all multi-agency. Children's services has instigated a number of lunchtime seminars with front line staff from Health, Social Work and the police. These seminars have evaluated very positively with participants.

The CHP drafted a new proactive Non Attendees Policy designed to ensure services identify and follow up vulnerable children who do not attend health appointments. This policy has now been adopted by NHS Greater Glasgow and Clyde and Renfrewshire Child Protection Committee. Implementation of this policy will be a priority for the CHP in liaison with its partners in the acute sector.

6. Corporate Objective 6 – Improve Individual Health Status

6.1 Introduction

We aim to improve individual health status by changing key factors and behaviours which impact on health. Our focus in 2009/10 will be on achieving the two HEAT targets around child healthy weight and brief interventions for alcohol. We will implement Active Children Eating Smarter (ACES) in Renfrewshire but also focus on prevention and education issues in the wider population.

6.2 HEAT Targets

H3: Achieve agreed completion rates for child healthy weight intervention programme by 2010/11.

Implementing the HEAT 3 programme (Active Children, Eating Smarter (ACES)) is a key strand of our work to tackle childhood obesity.

Renfrewshire's share of the Greater Glasgow and Clyde target (2287) is 354. With some expected drop out rate, we will target 460 children and young people over a two year period. A local Implementation Group has been set up, with direction from the Acute Planning Health Improvement Team. The local Group comprises representation from:

- Dietetics
- Children's services (including specialist services)
- Education and Leisure
- Renfrewshire Leisure Ltd (RLL)
- Health improvement

We plan to recruit coaches through Renfrewshire Leisure Limited under a Service Level Agreement. Training for the 24 week intervention programme will be offered to a wide range of staff including Active School Co-ordinators, Health Improvement staff and Live Active Coaches. Discussions are underway with Environmental Services about the delivery of the practical food sessions and we are exploring the use of schools and a local college as potential venues. While this work is being taken forward, we are developing a resource directory (drawing from existing work) to identify local physical activity and nutrition opportunities.

H4: Achieve agreed number of screenings using the setting-appropriate screening Tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by 2010/11.

GPs/LES

In Renfrewshire 21 GP practices have signed up to the enhanced service contract. Five have opted out and 4 have not made their position clear. Of these, 18 have attended training with a further event planned for March 2009. All GP Primary Care activity is co-ordinated and monitored centrally through Glasgow Addiction Services. Project manager and IT posts have been advertised to support this.

Other Non-GP Staff

Other staff in the CHP area have been identified to deliver opportunistic screening and brief interventions.

A scoping exercise was conducted to ascertain the number of staff requiring training as follows –

Mental Health (including AHPs and non alcohol addiction staff)	210
District Nurses	80
Health Visitors	71
Learning Disabilities	6
Health Improvement Staff	25
Other Community Care and AHPs	2
TOTAL	394

There is an opportunity for a further 10 individuals to undertake Training for Trainers if available.

Training

There are 2 trainers in Renfrewshire, 1 in the Alcohol Liaison Service and 1 in the Health Improvement Team. Priority has been requested for 2 additional trainers for the area - 1 Community Alcohol Nurse and a new Health Improvement post. There are ongoing issues in accessing training for trainers which require further clarity.

Training is to be made available locally from the Communication Strategy funding from 2007-08 which has been used to purchase Create Consultancy time to support the delivery of the training in CH(C)P areas. Each area can access up to 6 training events between April and June 2009 for up to 20 delegates at each event; for Renfrewshire this allows access to training for 120 delegates.

Acute

Acute Alcohol Liaison Nurse delivers brief interventions within Acute Settings and capture of this data locally has recently been agreed.

There has been discussion with A&E locally in relation to piloting a screening tool for A&E staff at RAH.

H5: Reduce suicide rate between 2002 and 2013 by 20%, supported by 50% of key frontline staff in mental health and substance misuse services, primary care, and accident and emergency being educated and trained in using suicide assessment tools/suicide prevention training programmes by 2010.

The focus of Choose Life this year has been on developing a training programme to meet the HEAT target.

A Greater Glasgow and Clyde Training Action Plan has been agreed and a local draft training plan developed to complement this. A system to collate local data has been implemented. Further national guidance is awaited for some professional groups on prior competence and appropriate training responses e.g. medical staff. There are significant

staff release issues to enable us to meet the target. Their continues to be active liaison with all Choose Life programmes across Greater Glasgow and Clyde to ensure that the work around the HEAT target does not cause detriment to community based capacity building.

The trajectory is for 20% of staff to be trained by March 2009; 35% by March 2010 and 50% by December 2010. To date 161 staff across CHP and in-patient mental health services have been trained. This equates to 22% of staff who have received appropriate training in suicide prevention and intervention has been trained.

In Addiction services 80% of staff have been trained in suicide awareness.

6.3 **Other Priorities**

Child Healthy Weight

In Renfrewshire CHP we are concerned by accelerating increases in childhood obesity rates. It is estimated that 4334 children and young people in Renfrewshire at risk (91st Centile), with 572 being very overweight (>99.6th Centile) and 115 being morbidly overweight. Recognising both the physical and the psychological consequences, we have identified this as one of the top 3 health priorities in the Community Plan. Our headline target is to “stem the rise in the obesity epidemic in Renfrewshire by reducing the level of obesity in children by 5% by 2017”. We will work with Community Planning partners to encourage our young people to make healthy eating choices and to take up a more active lifestyle. At our Health and Wellbeing Conference in November 2008, young people representing most of the secondary schools in Renfrewshire had strong views about the availability and cost of healthy food at school. In response to this we have organised focus groups in Gleniffer High School to explore how we can improve the lunchtime experience and encourage healthy eating. Lessons from this will be applied across Renfrewshire.

Addictions

The Joint alcohol policy statement for Renfrewshire was launched last April. It is a joint statement signed off by partners from the NHS, Council, Licensing Board, police and Strathclyde Fire and Rescue. The policy statement commits partners to work together in setting and delivering on challenging local action to reduce ill health and alcohol related harm.

In June 2008 the Renfrewshire addiction strategy was finalised. The strategy was developed with partners represented on the Addiction JPPIG and sets out our approach to tackling substance misuse in the area and identifies key priorities. The strategy was informed by a number of other local plans relevant to the delivery of addiction services.

With new investment funding for alcohol care and treatment, a proposal is currently being developed to implement and Integrated alcohol service for the area. The proposal considers the tiered approach to service and will include investment for voluntary sector provision to deliver tier 2 services. The team itself will function as a Tier 3 service and in partnership with existing alcohol problems clinic, will build capacity to ensure the provision of appropriate, timely, evidence based interventions

7. Corporate Objective 7 – Effective Organisation

7.1 Introduction

As an effective organisation, Renfrewshire CHP aims to be credible, well led and organised, able to meet our statutory duties

7.2 HEAT Targets

E10: NHS Boards to ensure at least 80% of staff covered by Agenda for Change to have the annual Knowledge Skills Framework development reviews completed and recorded on e-KSF by March 2011.

The CHP made good progress in meeting the NHS GGC target of all staff having agreed KSF-based Personal Development Plans by 31 December 2008. The target was met for all but 12 staff who were part of the recently established Intensive Home Treatment Team and these will be completed by March 2009.

The CHP is now working towards achieving the HEAT target of all PDPs and annual reviews being carried out via the national on-line electronic system (e-KSF) by March 2011. In order to support this, 12 KSF Expert Users are being trained with each of our 156 KSF Reviewers. The intention is that all annual reviews will be completed within the 12 months following agreement of PDPs. Essentially this means that there should be no difficulty in achieving the HEAT target.

Progress towards achieving the target will be monitored on a quarterly basis and appropriate action taken and support provided should any difficulties be encountered in completing annual reviews timeously.

7.3 Other Priorities

Single Outcome Agreement

Renfrewshire CHP is an active partner in Community Planning, leading the Healthier Renfrewshire Planning Group and contributing to the Single Outcome Agreement (SOA). We have ensured the HEAT targets are explicit in the SOA, recognising that our parties have a role to play in the delivery of our smoking, breastfeeding, obesity and other targets. Under the national outcome “we live longer, healthier lives”, we have agreed to local outcomes with associated indicators:

- Reduction in the number of people whose alcohol consumption is beyond safe levels.
- Reduction in the number of people who smoke.
- People enjoy a healthy diet and an active lifestyle.
- People enjoy good physical and mental health and are supported when required.
- Carers are supported to continue their caring role.
- Reduction in the number of people with drug misuse issues.

We have set ourselves challenging long term targets in the Community Plan on alcohol, childhood obesity and coronary heart disease.

- By 2017, reduce by 5% the number of people whose excessive consumption of alcohol leads to hospital admission or alcohol-related death.
- Reduce deaths from coronary heart disease in the under 75s by 60% over 15 years from 1995 – 2010 and reduce by a further 10% from 2010 – 2017.
- Stem the rise in the obesity epidemic in Renfrewshire by reducing the level of obesity in children by 5% by 2017.

We will continue to link the SOA outcomes focussed work with our CHP priorities and our Development Plan.

❑ Transformational Themes

Our aim since 2006 has been to embed the NHS GG&C Transformational Themes in our work at Renfrewshire CHP. We have piloted a tool to help key groups of staff to explore the relevance of the Transformational Themes, through discussion and debate. In this way, managers, team leaders and teams can develop unique, descriptive statements that make the Transformational Themes more immediately meaningful in a local context. The tool also helps identify, and develop an action plan for, specific areas for improvement over the ensuing year and beyond.

This has been tested within our Dietetic Service and will now be refined for use in other services.

In addition, our CHP has worked to impact positively on the culture in our organisation. Work on identifying our ‘cultural web’ has identified our current ‘position’ and how we want to move forward:

<u>From</u>	<u>To</u>
Top down management	Leadership support for service delivery
Them & us	Working together for patients
Money more important than patients	Patients at the centre of what we do
Changes imposed on staff & patients	Involve front line staff in planning / implementing change
Resource imbalance	Appropriate resources
Reactive	Proactive
Mixed messages	2-way communication between management / staff
Lack of recognition	Celebrate success

❑ **Sickness Absence**

Sickness absence levels within the CHP averaged 7.4% during 2008/09 compared with the Partnerships' average for the same period of 6.1%. During 2008/09 managers have been working with their teams to implement a locally agreed action plan aimed at achieving the 4% absence standard and although this has not been achieved, the CHP will continue to address absence with the objective of meeting and sustaining the standard.

Some training on attendance management was put in place in 2008 – 2009 and further training is planned on a modular basis to ensure that all managers, including team leaders, are confident and competent to carry out attendance management with their staff.

Absence levels are monitored on a monthly basis involving the Extended Senior Management Team and managers provided with detailed information to support attendance management. Support continues to be available from HR staff, particularly in progressing complex cases and situations which require a formal approach.

Glossary

A & E	Accident & Emergency
CHD	Coronary Heart Disease
CHP	Community Health Partnership
COPD	Chronic Obstructive Pulmonary Disorder
EMI	Elderly Mentally Ill
GP	General Practitioner
HEAT	Health Improvement, Efficiency, Access and Treatment
HR	Human Resources
IC	Intermediate Care
KSF	Knowledge & Skills Framework
LAC	Local Area Committee
LES	Local Enhanced Services
NHS GG&C	National Health Service Greater Glasgow & Clyde
PDP	Personal Development Plan
PPF	Public Partnership Forum
RAD	Rehabilitation and Assessment Directorate
RAH	Royal Alexandra Hospital
RLL	Renfrewshire Leisure Limited
SOA	Single Outcome Agreement
SPARRA	Scottish Patients At Risk Readmission and Admission

The highlighted targets is in the main update plan

Health Improvement

H2: 80% of all three to five year old children to be registered with an NHS dentist by 2010/11.

H3: Achieve agreed completion rates for child healthy weight intervention programme by 2010/11 (section 6.2).

H4: Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by 2010/11 (section 6.2).

H5: Reduce suicide rate between 2002 and 2013 by 20%, supported by 50% of key frontline staff in mental health and substance misuse services, primary care, and accident and emergency being educated and trained in using suicide assessment tools/ suicide prevention training programmes by 2010 (section 6.2).

H6: Through smoking cessation services, support 8% of your Board's smoking population in successfully quitting (at one month post quit) over the period 2008/9 – 2010/11 (section 3.2).

H7: Increase the proportion of new-born children exclusively breastfed at 6-8 weeks from 26.6% in 2006/07 to 33.3% in 2010/11 (section 3.2).

H8 Achieve agreed number of inequalities targeted cardiovascular Health Checks during 2009–10.

Efficiency and Governance

E4: NHS Boards to deliver agreed improved efficiencies for 1st outpatient attendance DNA, non-routine inpatient average length of stay, review to new outpatient attendance ratio and day case rate by March 2011.

E5: NHS boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement.

E6: NHS boards to meet their cash efficiency target (section 1.2).

E7: To increase the percentage of new GP outpatient referrals into consultant led secondary care services that are managed electronically to 90% from December 2010 (section 5.2).

E8: NHS Scotland to reduce emissions over the period to 2011 (section 1.2).

E9: Achieve universal utilisation of CHI (radiology requests)

E10: NHS Boards to ensure at least 80 per cent of staff covered by Agenda for Change to have their annual Knowledge Skills Framework development reviews completed and recorded on e-KSF by March 2011 (section 7.2).

Access to Services

A8: Provide 48 hour access or advance booking to an appropriate member of the GP Practice Team by 2010/11.

A9: The maximum wait from urgent referral with a suspicion of cancer to treatment is 62 days; and the maximum wait from decision to treat to first treatment for all patients diagnosed with cancer will be 31 days from December 2011.

A10: Deliver 18 weeks referral to treatment from 31 December 2011. No patient will wait longer than 12 weeks from referral to a first outpatient appointment from 31 March 2010. No patient will wait longer than 12 weeks from being placed on a waiting list to admission for an inpatient or day case treatment from 31 March 2010.

A11: To offer drug misusers faster access to appropriate treatment to support their recovery (section 4.2).

A12: NHS Boards to deliver faster access to Child and Adolescent Mental Health Services (section 4.2).

Treatment

T2: QIS clinical governance and risk management standards improving.

T3: Reduce the annual rate of increase of defined daily dose per capita of anti-depressants to zero by 2009/10, and put in place the required support framework to achieve a 10% reduction in future years.

T4: Reduce the number of readmissions (within one year for those that have had a psychiatric hospital admission of over 7 days by 10% by the end of December 2009).

T6: To achieve agreed reductions in the rates of hospital admissions and bed days of patients with primary diagnosis of COPD, Asthma, Diabetes or CHD, from 2006/7 to 2010/11 (section 2.2).

T7: Improvement in the quality of healthcare experience.

T8: Increase the level of older people with complex care needs receiving care at home (section 2.2).

T9: Each NHS Board will achieve agreed improvements in the early diagnosis and management of patients with a dementia by March 2011 (section 4.2).

T10: To support shifting the balance of care, NHS Boards will achieve agreed reductions in the rates of attendance at A&E, between 2007/08 and 2010/11.

T11: To reduce all staphylococcus aureus bacteraemia (including MRSA) by 30% by 2010; to introduce and comply with local antimicrobial policies by 2010; and to reduce the rate of C.diff infection in hospitals by at least 30% by 2011.

T12: By 2010/11, NHS Boards will reduce the emergency inpatient bed days for people aged 65 and over, by 10% compared with 2004/05.

HEAT target numbering is sequential from 2008/09 onwards.