

2. PROGRESS OVER THE LAST 3 YEARS

2.1 Introduction

Our Development Plan for 2007-2010 was shaped and influenced by the NHS Greater Glasgow and Clyde corporate themes, which underpinned both individual and organisational objectives. We have summarised areas of achievement and progress over the last three years and also highlighted barriers to progress. Where possible, we have structured our progress around the new Planning and Policy Frameworks. This Development Plan (2010-2013) is shaped and influenced by NHS Greater Glasgow and Clyde's Corporate Planning and Policy Frameworks.

During the last 3 years we have annually reviewed our action plan, so detailed progress is available. The following summarises progress made.

2.2 Adult Mental Health

We said:

In Adult Mental Health, we set out to develop a comprehensive Mental Health Strategy to include areas such as crisis resolution, outreach, primary mental health, reduction in continuing care beds and a focus on recovery and health improvement.

We did:

Community based Mental Health Services are provided via two joint Community Mental Health Teams (CMHTs), with staff from both health and social work making up the membership of the teams. One team covers the Paisley population and is based in the Charleston Centre; the other covers the West Renfrewshire area. Community based Adult Mental Health Services have more than doubled in resource over the last three years and will include more focused responses for assertive outreach, early intervention and personality disorder. The two joint Community Mental Health Teams (CMHTs) for Renfrewshire have been supplemented by an Intensive Home Treatment Team that has been developed as a first response within 24 hours, to people in crisis.

Primary Care Mental Health Services have also been developed. The "Doing Well" Service, which provides a primary care based service for all people presenting with low mood or depression, now delivers a service to 25 GP Practices across Renfrewshire.

As part of the national "Choose Life" Strategy to prevent suicide in Scotland, there is a whole system target, applicable to all NHS partners, to reduce the suicide rate between 2002 and 2013 by 20%. This is supported by a target of 50% of key frontline staff (in mental health and substance misuse services, primary care, and accident and emergency) being educated and trained in suicide prevention training programmes by December 2010. In Renfrewshire circa 27% of key frontline staff have been trained.

Previously adult acute in-patient care was split across two sites, Dykebar Hospital and the Royal Alexandra Hospital. In addition, there were over 100 continuing care beds for people with longer term mental health issues located on the Dykebar Hospital site. Additionally, 8 Intensive Psychiatric Care beds were located on the Dykebar Hospital site. This provided a service across South Clyde and a small rehabilitation service resource was also available from Blythswood House for

Renfrewshire. Since then, again as part of the Clyde Modernising Mental Health Services Strategy implementation, adult acute in-patient care for Renfrewshire has been located at a single site at Dykebar Hospital, delivering the acute assessment in-patient service required by the Modernising Mental Health Strategy. The previously high number of continuing care beds for adults with longer term mental health issues has also been re-designed. A 12 bed non-acute care in-patient service for Renfrewshire and an 8 bedded Rehabilitation Service for South Clyde have been developed in existing accommodation at Dykebar Hospital.

Finally, as part of the response to the commitment to ten goals for an inequalities sensitive health service, Equality Impact Assessments (EQIAs) have also been completed for all Adult In-patient Mental Health Services located on the Dykebar Hospital site.

2.3 Alcohol and Drugs

We said:

In 2007, we said we would carry out a review of alcohol services and develop the Acute Alcohol Liaison Service.

We did:

The Alcohol Service review was completed and used to facilitate further planning through the former Addictions Joint Planning, Performance and Implementation Group (JPPIG). With the new alcohol investment, partners agreed to the development of an Integrated Alcohol Team and recruitment to this NHS and Social Work Team is underway.

The Acute Alcohol Liaison Service has extended to the Accident and Emergency Department at the Royal Alexandra Hospital. Liaison staff delivered awareness raising to A&E staff and encouraged referrals. In the period 2008-2009, 123 referrals were received from A&E. Plans to implement a 'call back' system in partnership with Renfrewshire Council for Alcohol (RCA) Trust failed and referrals from A&E are now made directly to the liaison nurses.

We said:

In 2007, we aimed to increase the number of people in contact with treatment and core services and to create a specialist Hepatitis Nurse post.

We did:

The appointment of additional nursing and social care staff to Renfrewshire Drug Service has enabled support to be provided to GPs delivering enhanced services. The caseload at Renfrewshire Drugs Services (RDS) is actively reviewed and where appropriate, individuals who are more stable are transferred back to GP care.

Reducing waiting times has been a key priority. Additional investment in 2008 for medical staff, nursing and social care staff resulted in waiting times reducing from 5 months from assessment to allocation of case to 14 days. Referral to assessment targets have been maintained at 14 days.

It was agreed in 2009 that an additional nurse post would develop a Low Threshold Service. This service was implemented in October 2009 and provides rapid access

for 'high risk' individuals into prescribing treatment. During the period October 2009 to January 2010 there were 28 referrals; 12 of which had never been in contact with services before. Only one of the 28, failed to engage with the service.

A dedicated Hepatitis C Nurse Specialist was employed in February 2009 to provide support to the Consultant Liver Specialist in delivering dedicated treatment clinics in the Royal Alexandra Hospital. The nurse specialist delivers 'outreach' clinics within the drug service to support and encourage uptake of treatment. Testing activity has also increased, with harm reduction nurses targeting 12 GP enhanced service clinics to provide testing and referral onto Hepatitis treatment where relevant. Between 2007 and 2008 there was an increase of 60% in Hepatitis C testing.

2.4 Children and Young People

We said:

Child Protection was a key priority identified in 2007. We also prioritised integration and parenting.

We did:

Our focus has been on the development of our Children and Families Teams which incorporate both Health Visiting and School Nursing. In the summer of 2007 the CHP provided additional funding to employ Children and Family Team leaders and associated administrative support. This has enhanced the leadership provided within our Children and Families Teams. The Children and Families Team leaders have also forged close working relationships with their Health Improvement colleagues.

The three Children and Family Health Teams 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 will also include at a later stage, Community based Paediatric Speech and Language Therapy (SLT) Services. Over the past year, NHS Greater Glasgow and Clyde has been reviewing and redesigning its Paediatric Speech and Language Therapy Services. This work continues into 2010 and is expected to conclude by April 2010. The CHP has been fully involved in this process and is currently reporting on agreed key performance indicators.

The Children and Family Teams have improved links/pathways to our key Specialist Children's Services in Renfrewshire, particularly the Child and Adolescent Mental Health Service.

We said:

For Specialist Children's Services, we said we would focus on implementing the CAMHS Framework and review health services for Looked After Children. We also said we would review and improve waiting times for Children's Specialist Services.

We did:

The Child and Adolescent Mental Health Services (CAMHS) had particular challenges with long waiting times, due to long standing recruitment and retention problems of consultant staff and generally low resources. The team implemented the 'Choice and Partnership Approach' in 2007. This is a method of matching demand to

capacity, and allowed the team to redesign how referrals to the service were managed. The impact of this has reduced both the numbers and the length of time children and young people wait for the service. Prior to this redesign 106 children were waiting an average of 41 weeks. The service now has 26 children waiting an average of 16 weeks.

For Looked After and Accommodated Children (LACC) we have developed a nurse-led assessment service for the over 12s; and a referral pathway across health and social work. We have also improved turn around for medical reports on this vulnerable group of children.

2.5 Disabilities

We said:

In 2007, two key priorities were identified for Learning Disability Services in Renfrewshire. The first was to achieve the closure of Merchiston Hospital, including the closure of all long stay hospital beds. The second was the establishment of a Joint Health and Social Work Team incorporating all community-based services for adults with learning disabilities under a single management structure.

We did:

In September 2007, all long-term beds at Merchiston Hospital closed. A new NHS 10 bed Assessment and Treatment Unit was created at Blythswood House in Renfrew, and was accompanied by the ongoing development of a range of supported accommodation resources within Renfrewshire. Both elements have played a key role in maintaining a range of adults with learning disabilities in the community, thereby avoiding the need for long-stay hospital beds.

In May 2008, the new Renfrewshire Learning Disabilities Service (RLDS) became fully operational. At its core, two locality teams were created; one covering the Johnstone and Renfrew area, the second Paisley. Each of the teams is managed by a single Locality Manager and provides a full range of Health and Social Work Services including psychology and psychiatry, assessment and care management, nursing, and allied health professionals. Through the locality teams a wider range of Learning Disabilities Services can be accessed, such as day services, supported accommodation, and respite (a new 10 place purpose built Respite Centre opened in 2007).

The opportunity for health and social work staff to work more closely together on common issues has allowed the RLDS to progress a number of initiatives to tackle problems jointly and with increased effectiveness. Examples of this include the establishment of RENDS (Renfrewshire Eating Nutrition and Dysphagia Service); the forming of an ASD (Autistic Spectrum Disorder) Assessment and Diagnosis team; health checks; the creation of service user and carer support groups; and improved transition arrangements between Children and Adult Services.

In March 2010, the two RLDS locality teams will move to a single base within the new Renfrew Health and Social Work Centre. Other planned developments include the completion of our ASD strategy; the creation of a new 8 person autism specific residential facility in Paisley; and the implementation of a wide scale review of day services, including the development of two 50 place Day Centres within Renfrewshire Leisure Centres. Initiatives such as these reflect the good progress made in building

a strong joint team with a clear sense of identity and purpose, encouraging new ideas, and developing best practice, including in the key area of assessment and care management.

2.6 Primary Care – Renfrew Health & Social Work Centre

We said:

In 2007, we were at the early planning stages for the new Renfrew Health and Social Work Centre. We planned to open the new centre in late 2009.

We did:

NHS Greater Glasgow and Clyde and the Scottish Health Department jointly provided £17.9m to construct the new development. The full Business Case identified a service transfer timetable of the end of 2009/10. Services will be moving into the new building on 22 March 2010, on time and within budget.

Patients and clients will benefit from a wide range of health services under one roof, including general practice, physiotherapy, podiatry, audiology, speech and language therapy, together with local social work and learning disabilities service.

Both staff and members of the public have been fully involved at all stages of the building programme and have provided very positive feedback.

Artwork for the foyer area of the building has been commissioned, with students from Reid Kerr College competing for the arts and environment education project for the Centre.

The Centre provides significant opportunities to improve the patient/client journey with plans already in place for staff to develop and creatively share approaches to achieve this aim.



2.7 Employability

We said:

In 2007, we recognised the link between good employment and good health. We said we would work with Community Planning partners to reduce health barriers preventing people accessing employment. We also committed ourselves to supporting Healthy Working Lives (HWL) for the CHP and local employees.

We did:

A Health Improvement Employability Lead and two further health workers were appointed through a successful Community Planning bid. This team provides a specific health component to the Renfrewshire's Workforce Plus (RWf+) programme.

Of the 211 referrals received to date, 37 have been from frontline CHP staff. 116 of the clients describe themselves as having a mental health condition; 27 state addictions; some have both or have multiple barriers to accessing employment. Substantial staff input was required to support this client group. A Mental Health, Addictions & Employability Group was formed which reports to the Mental Health Joint Planning, Performance and Implementation Group and the Alcohol and Drugs Partnership.

An employability training pack has been developed for frontline CHP staff to raise awareness and increase capacity. 58 staff have accessed the training including 48 from Mental Health Services and 2 from Addiction Services.

62% of people in Renfrewshire are of working age. From 2006 to 2009 the number of people regarded as income deprived fell by 705 from 14,750 (14%) to 14,045 (13%), in spite of the economic downturn (SIMD 2009).

The Healthy Working Lives Bronze Award was achieved by Renfrewshire CHP in December 2009 and work is ongoing towards attaining the Silver Award and ultimately the Gold Award by Dec 2012.

2.8 Health Improvement – Smoking Cessation

We said:

In 2007, we agreed to implement the Maudsley model of smoking cessation in line with the rest of NHS Greater Glasgow and Clyde. We also prioritised a focus of inequalities, noting the higher smoking rates in the more deprived areas of Renfrewshire and our young people.

We did:

Smokefree Services have undergone a service re-design within the last 3 years. Promotion of the community service via social marketing and the local media has seen the service expand their number of client referrals over the last 3 years by 45% (597 clients in 2006 to 866 clients in 2009). In 2006 the majority of service referrals came via GP practices. In 2009, the majority of referrals were self-referrals generated from local marketing. There is now a robust Smokefree Service in Renfrewshire covering both the community and pharmacy. At present, 44 pharmacies provide smoking cessation support as well as Nicotine Replacement Therapy (NRT).

One of the main challenges for the Smokefree Services is the health inequalities gap which exists around tobacco use. The 2008 Renfrewshire Community Health and Wellbeing Profile shows smoking rates of 45.1% in Ferguslie compared to 13.4% in Houston. In addition, the majority of clients who experience health and social inequalities have the lowest quit rates with cessation services. Our inequalities based work around tobacco use has led to 20% of the total number of clients that quit, coming from the 15% lowest data zone areas in Renfrewshire.

We continue to expand services to meet the needs of young people; those who experience homelessness, addictions and mental health. We are tackling the issue of exposure to second-hand smoke by training health professionals across Renfrewshire. In addition, education and cessation sessions are now being delivered to schools and colleges in the area.

2.9 Tackling Health Inequalities in Renfrewshire - Breastfeeding

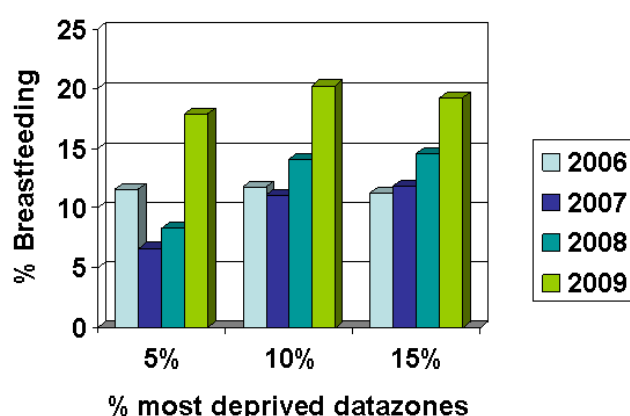
We said:

In 2007, breastfeeding rates in Renfrewshire were below target, and the gap between the more affluent and the more deprived areas was higher. Our focus on inequalities through the Health Inequalities Project was to reduce this gap.

We did:

A health improvement target was set to increase the proportion of newborn children exclusively breastfed at 6-8 weeks from 26.6% in 2006/7 to 33.3% in 2010/11. Renfrewshire's target is to have 28.4% of newborn children exclusively breastfed at 6-8 weeks by 2010/11.

At September 2009, 19.3% of babies in Renfrewshire were exclusively breastfed at 6-8 weeks, which is lower than in 2006. However, further breakdown of figures in local data zone areas show an increase in the number of babies being exclusively breastfed at 6-8 weeks by 5% in the 5% most deprived data zone, 8% in the 10% most deprived data zone and 8% in the 15% most deprived data zone.



Children born between 01-01-06 and 30-09-09

Source: Child Health Surveillance Programme (ATOS Origin)
Deprivation - from overall rank SIMD 2006
Report run date: 12/11/2009
NHSGGC, Information Services,
Performance & Corporate - Westward House/Dalian House

The Good 4 U Health Inequalities Project has had a positive impact on the acceptability of breastfeeding in the most deprived areas of Renfrewshire and the subsequent increase in breastfeeding rates in these communities. The work of the project in partnership with the Breastfeeding Network (BfN) is designed to improve

breastfeeding rates and is targeted towards a cohort population of those women living in the most deprived areas of Renfrewshire.

A community development approach is fundamental to the work of the Good 4 U Project. A peer led, empowerment approach has been adopted which follows the social model of health, helping to break down barriers to deprived communities and 'harder to reach' individuals. This has been effective in promoting cultural change and supporting breastfeeding in areas of deprivation across Renfrewshire and demonstrates a tangible improvement in terms of closing the inequalities gap in Renfrewshire.

2.10 Unpaid Care

We said:

In 2007 we agreed to promote carers' assessments, to implement a carers' strategy and to improve education, training and information for carers and professionals.

We did:

In Renfrewshire, a Carers Strategy 2009-2012 'Supporting Carers in Renfrewshire – a Partnership Approach' was developed and is currently being implemented. The strategy describes the role and needs of unpaid carers, and identifies a forward plan for 2009-2012. The plan is based on extensive recent consultation exercises with carers living in Renfrewshire and an analysis of carers' needs from self assessments that carers have completed in 2008 and 2009. We launched the new Renfrewshire Carers Self Assessment booklet in 2008, which helps to identify 'hidden' carers and makes it easy for carers to self assess and refer for support services.

Since April 2008 NHS Boards have been funded to make improvements to the information available to carers and to provide carers with training in the skills of caring; training that has previously only been available to employed staff. The funding has been used to support new services for carers, including additional respite services, an information worker post, and a new training worker post in 2009. The Carers Training programme has been developed to meet carers needs identified through a training needs analysis.

We continually review and develop our services to support carer health to address and reduce the prevalence of carer stress, depression and sleep disturbance. Carers are actively involved in local planning and support groups to ensure that local developments are informed by their views and experiences.

Progress to date on our work stream activities shows many areas have been achieved for 2009/10 or are on target for 2010/11. While we have managed to review and increase respite services in Renfrewshire, it is an area that is challenging, due to an increasing demand for respite services.

2.11 Effective Organisation and Organisational Development

We said:

Recognising the need for a clearer purpose and direction, we said we would use OD to develop team working, particularly among the decision making and leadership committees and groups in the CHP. We wanted to develop an accountability and performance culture through our ways of working throughout our management and

service arrangements. Finally, we agreed to focus on culture, how we work and continuous improvement.

We did:

The Organisational Development Team for Partnerships has provided organisational development support for teams and individuals across Renfrewshire CHP in a variety of service and team initiatives. All of the key stakeholder and decision making groups within the CHP have had opportunities for development over the last 3 years.

The development approach to team working has enabled Children's, Mental Health, Older People and District Nursing Services to look at their team approach and how they might develop it. Specific examples would be the establishment of new Team Leaders in Children's Services.

The Performance Management System is in place for all senior staff, and members of the Senior Management Team have regularly had the opportunity to expand and develop their PDPs with support from Organisational Development (OD).

An OD approach has been taken to joint working and all the Joint Planning, Performance and Implementation Groups have taken a structured approach both to their formation and development.

OD Advisers have worked in collaboration with Human Resources and Learning and Education to support the development of OD and Learning Plans. There is still opportunity to scope additional input from Renfrewshire Council to OD and Learning Plans, and staff have reciprocity attending different development events.

The CHP Communication and Engagement processes include the development of a dynamic two way Team Brief and support to Team Briefers. There has also been improved communication by email, newsletters and regular updates to staff on OD activity. Each year has had successful Staff Engagement events to further develop staff awareness of CHP activity and to enable staff to contribute to, and feedback on, progress of the annual Development Plan.

Leadership Development has been supported through a variety of initiatives, including a number of staff who have attended Ready to Lead.

The CHP Development Group has stimulated creative thinking around change by sponsoring new initiatives through a Bright Ideas fund. This group has led a culture web approach to review how it feels to work in Renfrewshire CHP and supported managers leading change, and an introduction to Whitmore's GROW (Goal, Reality, Opportunity, What next) model of coaching. This has been supplemented with skills development training for managers and team leaders. The Development Group continues to look at how it might co-ordinate further OD support across the CHP