

**WEST DUNBARTONSHIRE CHCP ORGANISATIONAL PERFORMANCE REVIEW:
29 OCTOBER 2012**

ACTIONS AGREED	
1	PERFORMANCE OVERVIEW
1.1	<p><u>Summary</u></p> <p>We were encouraged with the positive progress you highlighted in relation to the:</p> <ul style="list-style-type: none"> • Headline financial position in relation to both NHS and WDC budgets; • Construction of the Vale Centre for Health and Care is progressing on time and on budget; • Effective transition of joint responsibilities to the CHCP senior management team; • Anticipated positive assessment of quality of social work service provision from the Care Inspectorate following the year long scrutiny process; • Contribution made by the CHCP senior management team to the development of the new Council Five Year Strategic Plan; and • The further focus that the new Council Strategic Plan and NHSGGC Corporate Plan will provide to the CHCP's integrated planning and performance management process. <p>You also identified the need for a renewed focus on key areas including:</p> <ul style="list-style-type: none"> • Older Peoples Change Fund Plan; and • Sustaining performance in relation to a number of health improvement and NHS access targets.
2	FINANCE
2.1	<p><u>Finance Report</u></p> <p>On the NHS budget, the finance report highlighted a clear pressure in health and community care due to the single high cost care package. You confirmed that this will become more difficult as other contributions reduce and we agreed to return to this at the year end. Overall, the financial position was balanced and you confirmed your confidence in delivering the agreed 2012-13 savings target.</p> <p>On the WDC budget, the financial position was balanced and you confirmed the work undertaken to identify savings options contributed to the overall Council budget setting process for 2013/14.</p>
3	WIDER MANAGEMENT RESPONSIBILITIES
3.1	<p><u>Optometry</u></p> <p>You agreed to speak to Paul James (NHSGGC Director of Finance) to push NHS Directors of Finance nationally to approve funding of the autograder.</p>
3.2	<p><u>MSK Physiotherapy</u></p> <p>You agreed to set out and progress a clear set of actions on the redesign of MSK physiotherapy to get consistency and improved services including:</p> <ul style="list-style-type: none"> • Self referral system; • Electronic appointments; • Administration and IT support; and • Clear performance targets. <p>In relation to NHS finance, we are keen to understand what funds have been removed and the plan to manage that. NHSGGC Partnership Directors may need to re-instate the</p>

	gap in the 2013-14 revenue plan.
4	CAPITAL
4.1	<p><u>Care Home Provision</u></p> <p>You confirmed that an options paper had been prepared for consideration at the CHCP Committee meeting in November, based on the detailed business planning undertaken over the course of the previous 12 months.</p>
5	ACUTE
5.1	<p><u>Practice Activity Report (PAR)</u></p> <p>NHSGGC Corporate agreed to follow up with Glasgow City CHP to ensure that PAR data is available in all partnerships across the Board and you agreed to ensure it is on the agenda for the NHSGGC Partnership Directors meeting.</p>
6	ADULT MENTAL HEALTH
6.1	<p><u>Escitalopram Outliers</u></p> <p>You confirmed you were doing work with the outlying prescribing practices to reduce variation and we agreed to pick this up at the next OPR.</p>
6.2	<p><u>PCMHT Waits</u></p> <p>You confirmed you are aiming for a 14 day waiting times target and that while patients were waiting they still had access to psychological therapies.</p>
6.3	<p><u>Mental Health Officer (MHO) Team</u></p> <p>We noted the good progress in relation to the MHO Team.</p>
7	ALCOHOL AND DRUGS
7.1	<p><u>Alcohol and Drugs Waits</u></p> <p>We noted the overall good performance in relation to alcohol and drugs.</p>
8	CANCER
8.1	<p><u>Bowel Screening</u></p> <p>You agreed to develop and implement actions to improve bowel screening and work with East Dunbartonshire CHP to identify whether any lessons can be learned.</p>
8.2	<p><u>Cancer Related Deaths</u></p> <p>It was good to see data and clarity of purpose on place of death. You agreed to follow this up to ensure that data gave a better understanding.</p>
9	CHILD AND MATERNAL HEALTH
9.1	<p><u>Breastfeeding</u></p> <p>We noted the improved performance and plans for further investment in breastfeeding support.</p>
9.2	<p><u>Smoking In Pregnancy</u></p> <p>You agreed to provide more specific action on reducing smoking in pregnancy rates particularly in deprived areas at your next OPR.</p>
9.3	<p><u>Child Adolescent Mental Health Services (CAMHS)</u></p> <p>You confirmed that performance was due to the strong liaison between CHCP services (both WDC and NHS) and Council Educational Services. We agreed on the need for a</p>

	wider cross (NHSGGC) system debate around the target.
9.4	<u>Leaving Care</u> You confirmed that current performance was in line with the national trend.
9.5	<u>Triple P</u> You agreed to provide clarity on the Triple P targets you are aiming for to be reviewed at the next OPR.
10	LONG TERM CONDITIONS, DISABILITY AND OLDER PEOPLE
10.1	<u>Change Fund</u> You confirmed your confidence in achieving the expected bed days lost to delayed discharge reductions by the end of the financial year.
10.2	<u>Anticipatory Care Plans</u> You confirmed a clear cohort of vulnerable older people had been identified and anticipatory care plans will be complete before the end of 2012-13. There is still the need to resolve the data sharing issue and we agreed to pick this up at the next OPR where we can have the baseline and target information for anticipatory care.
10.3	<u>Single Point of Access (SPOA)</u> You will resolve the access issues to ensure the SPOA is available and we will verify this at your next OPR.
11	PRIMARY CARE
11.1	<u>GP Access</u> You agreed to provide figures on GP access and action to address any issues raised at your next OPR.
11.2	<u>Dementia</u> You confirmed that data had been corrected and performance was back on track.
12	PUBLIC PROTECTION
12.1	<u>Child Protection Training</u> The child protection training issue should be resolved once Quarter 2 NHS data has been received.
13	SEXUAL HEALTH
13.1	<u>Teenage Pregnancy</u> We noted the good progress in embedding teenage pregnancy work within current community planning arrangements and you confirmed that there will be a single plan in place at the year end.
14	EMPLOYABILITY, FINANCIAL INCLUSION AND RESPONDING TO THE RECESSION
14.1	<u>Financial Inclusion/Employability Data Issues</u> You agreed to resolve the financial inclusion/employability data issues prior to the next OPR taking place.

15	HEALTH IMPROVEMENT
15.1	<p><u>Smoke Free Schools</u></p> <p>You confirmed that work is on-going with Headteachers and teaching staff to encourage local schools to be smokefree.</p>
16	QUALITY
16.1	<p><u>Participation Standards</u></p> <p>You confirmed your commitment to meeting all of the requirements of the Scottish Government participation standards.</p>
17	TACKLING INEQUALITIES
17.1	<p><u>Narrowing the Gap</u></p> <p>You agreed to develop a clear plan which brings together the range of actions required to narrow the inequalities gap for discussion at the year end.</p>
17.2	<p><u>EQIAs</u></p> <p>The NHSGGC Corporate Inequalities Team need to be connected to the work on developing an integrated EQIA approach between the CHCP, WDC Corporate and NHSGGC Corporate and you agreed to ensure this happens prior to the next OPR.</p>
18	EFFECTIVE ORGANISATION
18.1	<p><u>Sickness Absence</u></p> <p>Sickness absence remains a major issue for both Council and NHS staff. The recent policy audit identified issues that are being followed up, including an action plan to ensure managers are following the sickness absence policy.</p>
18.2	<p><u>PDP and e-KSF</u></p> <p>Further action is required to improve the PDP rates for staff and e-KSF completion rates re NHS-employed CHCP staff.</p>
18.3	<p><u>Facing The Future Together (FTFT)</u></p> <p>We noted that the NHSGGC staff intranet FTFT pages were up to date and this needs to continue in addition to ensuring the principles of FTFT are implemented in an integrated manner with the corresponding WDC values in a manner that is clear and consistent for CHCP staff irrespective of employing organisation.</p>
19	CLINICAL SERVICES REVIEW
19.1	<p><u>Engagement in NHSGGC Acute Clinical Services Review</u></p> <p>We confirmed the need to engage WDC elected members on the NHSGGC Acute Clinical Services Review. It was agreed that WDC would feedback back to NHSGGC on how best to engage through routine Council business processes and confirm the appropriate timing for this. NHSGGC Corporate confirmed that there is a need to inform WDC elected members on the planned demolition work at the Vale of Leven Hospital.</p>