



Health & Social Care Moray

The Moray Partners in Care (3 Tier)

Policy

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1.0 Introduction

Following an extensive consultation exercise, this policy provides an overview of a model for the delivery of integrated health and social care services in Moray that aims to support the achievement of better outcomes for service users, patients and unpaid carers.

Within the context of the integration of health and social care services for older people and adults, the policy aims to demonstrate how the deployment of this model can help support the achievement of transformational cultural change within the health and social care workforce and a greater understanding of what the public can expect from an integrated health and social care service in the future.

While this policy relates specifically to health and social care services in Moray, it is the intention that the policy will also serve as a means of informing a broader range of colleagues within Moray Council, NHS Grampian and a wider audience of stakeholders of our future model for delivering services.

1.1 Purpose

This document will:

- Provide an overview of the 3 tiers which form this model for accessing health and social care services and its alignment with Scotland's public sector reform agenda.
- Articulate how the model is aligned with the integration of health and social care and with a range of public sector, third sector and community interests.
- Outline the key features of the implementation plan which establishment this model.

2.0 Strategy and Plans associated with this Policy

This document also supports the following strategies and plans:

Moray Council Corporate Plan (2018 - 2023)

<http://www.moray.gov.uk/downloads/file119976.pdf> which is the council's primary statement of what we aim to achieve and the resources required to do this. It sets out the council's vision, values and priorities and the context for implementing these. This is strongly linked to;

Moray 10 Year Plan (Local Outcomes Improvement Plan – LOIP)

<http://www.yourmoray.org.uk/downloads/file118306.pdf> - which provides a vision and focus for our Community Planning Partnership. It aims to tackle the greatest differences in outcomes between and within Moray communities and to focus on where we can add greatest value by working in partnership and alongside the community to deliver our agreed priorities to meet the needs and aspirations of local communities in Moray.

Living Longer Living Better in Moray 2013 – 2023 (A Joint Commissioning Strategy for Older People)

http://hscmoray.co.uk/uploads/1/0/8/1/108104703/living_longer_living_better_2013-2023.pdf – which builds on The Scottish Government's Reshaping Care for Older People a Programme for Change 2011-2021, with a focus on shifting the balance of care from acute to community settings and reshaping services for older people in their communities. This includes the Care at Points of Transition Pathway – including Reablement, Key Service Developments and Workforce Development.

The National Health & Wellbeing Outcomes (high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care).

<https://www.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes> (outcomes 1, 2, 3, 4, 7, 8 and 9).

Health & Social Care Moray Strategic Plan 2016 – 2019

<http://hscmoray.co.uk/strategic-plan.html> – (key development areas including embedding reablement in practice and, reablement as a recurring theme in Joint Commissioning Strategies in adult care).

Carry On Caring 2016 – 2019 (A Strategy for Unpaid Carers) (Adult Carers Strategy) http://hscmoray.co.uk/uploads/1/0/8/1/108104703/carry_on_caring_2016-2019.pdf

‘To be empowered, educated and supported to enable unpaid carers to care for themselves as well as those they care for. Carers will have a voice, choice and control to be equal partners in care’.

The Policy also provides the parameters to Moray’s practitioners’ guide to the Moray Community Care Model and is aligned to the NHS Grampian **Unscheduled Care** Model

http://www.nhsgrampian.org/nhsgrampian/gra_display_simple_index.jsp;jsessionid=C1414D46268289FFDFFFA9EC9FA32D27?pContentID=8645&p_applic=CCC&p_service=Content.show&

3.0 Related Policies/Procedures/Legislation

Policies and Procedures

- Reablement Policy
- OT Equipment Provision and Minor Adaptations Policies
- Prevention, Reduction & Management of Patient Falls Policy
- Carers Assessment Policy/Adult Carer Support Plan Pathway
- Eligibility Criteria Policy
- Self-directed Support Policy
- Self-directed Support Procedure
- Hospital Discharge Policy and Choices/Moving On Policy
- Case Recording Procedure

- Adult Care Practice Standards & Quality Assurance Framework
- Risk & Complex Risk Assessment, Guidelines & Matrix
- Positive Risk Taking Policy
- Adults with Incapacity Policy and Procedure

Legislation

- [Social Work \(Scotland\) Act 1968](#)
- [Community Care and Health \(Scotland\) Act 2002](#)
- [The Adults with Incapacity \(Scotland\) Act 2000](#)
- [The Mental Health \(Care & Treatment\) \(Scotland\) Act 2003](#)
- [The Adult Support & Protection \(Scotland\) Act 2007](#)
- [The Public Services Reform \(Scotland\) Act 2010](#)
- [Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#)
- [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
- [Carers \(Scotland\) Act 2016](#)
- [GDPR and Data Protection Act 2018](#);
- [Freedom of Information \(Scotland\) Act 2002](#);
- [Freedom of Information \(Amendment\) \(Scotland\) Act 2013](#)
- [The Human Rights Act 1998](#)
- [Scottish Commission for Human Rights Act 2006](#)
- [The Equality Act 2010](#)

4.0 Overview of the Model

This section will provide a brief overview of the Moray Partners in Care (3 Tier) Policy for delivering integrated health and social care services in Moray and its alignment to Scotland's public sector reform agenda.

4.1 The Three Tiers

Integral to the new model is a vision shared with the Christie Commission for the Reform of Public Services in Scotland. At the heart of this vision is a new relationship between those who provide services and people who receive these services.

Agreed 03/2020 by HSCM Strategic Leadership Group and Adult Care Practice Governance Board
Review date Nov 2021

Implementation date 16/03/2020

This vision can perhaps be best “expressed as an asset-based approach that counters the traditional practice where people are often treated as passive recipients of services rather than active agents in their own lives” (*Christie Report, 2011:27*).

For Health & Social Care Moray, central to this new relationship is the notion that an outcome based conversation should take place. Based on emerging best practice in a number of local authorities in England, and in particular Felixstowe, this new model can be described as a three tier process:

Tier 1- Help to help you (information and advice), universal services to the whole community and an emphasis on prevention

Tier 2- Help when you need it (immediate help in a crisis, reablement and regaining independence).

Tier 3- Ongoing support for those who need it. (This may include the delivery of 1 or more Self-directed Support (SDS) options).

These 3 tiers are underpinned by 5 key principles to assist staff to identify which tier is most relevant to the person asking for support or help.

Moreover, as highlighted below, these principles also reflect directly the key features of the reform of the Scottish public sector as articulated by the Christie Commission Report on the Future Delivery of Public Services (2011).

Principle 1: The provision of care services is not the first response.

While in an emergency, health services such as G-Med or the Scottish Ambulance Service may require to provide an immediate response, the provision of information has, in general, an important role to play in

supporting more people to live independently and to make full use of the resources that a local community can offer. As Christie notes, “best use is made of all resources available, building the capacity of all those involved” (*Christie Report, 2011:26*)

Principle 2: The conversation is at the heart of what we do. Identifying positive outcomes that matter to people is based on a conversation. This level of engagement is the essential first step in delivering an outcomes based service. It is therefore consistent with Christie’s aspiration of changing the workforce culture from being “generally expressed in terms of inputs and outputs to outcomes” (*ibid, 2011: 42*).

Principle 3: Promoting Independence. Consistent with a preventive approach, the role of Health & Social Care Moray should always be to focus on empowering the person. As Christie notes, this counters the traditional practice where people are often treated as “passive recipients of services rather than active agents in their own lives” (*ibid, 2011:27*). In particular this principle is evident in the emphasis on re-ablement. This is defined as “services for people with poor physical or mental health to help them accommodate their illness by learning or re-learning the skills necessary for daily living”, (*The Moray Council, Re-ablement Policy, 2011*).

Principle 4: Providing Choice and Control. The new model embraces self-directed support. If people require on-going support, care officers will help people identify which of the SDS options would best suit their needs. This principle is consistent with the view of Christie who noted, “the Commission supports the wider principle of individuals having a greater say in how public resources are used, and how services are provided” (*Scottish Government, 2012:1*).

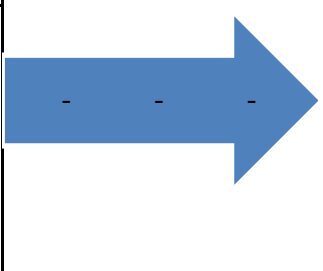
Principle 5: Improving People Outcomes. This 3 tier model aims to provide clarity in terms of our core process thereby reducing bureaucracy, minimising delays in providing services and improving outcomes for service users and carers. In practical terms, it means that

people cannot be escalated to tier 2 and 3 until their outcomes have been fully explored at tier 1. This directly reflects Christie's call for "front line staff to seek solutions actively with a 'can-do' attitude, empowered by managers and leaders"*(ibid, 2011:26)*.

A case study illustrating each of the 3 tiers is provided in **Appendix 1**.

Overall, the principles that underpin the transformational change proposed by this new model of delivering integrated health and social care services are consistent with Christie's four key recommendations. Often described as the 4 pillars of public sector reform, these recommendations can be summarised as: public services prioritise *prevention*, public services work together *to achieve outcomes*, public services are built *around people and communities*, and public services *improve performance* (*ibid, 2011: 23*).

The following table summarises the alignment of the 4 Christie recommendations with the underpinning principles of this policy.

Underpinning Principles of the new model		The key Recommendations made by Christie
The provision of care services is not the first response*		public services prioritise <i>prevention</i>
Improving People Outcomes		public services work together <i>to achieve outcomes</i>
Promoting Independence		public services are built <i>around people and communities</i>
Providing Choice and Control		public services <i>improve performance</i>
The conversation is at the heart of what we do		

* Unless it is an emergency situation

The following section will also outline the relationship between this model and the legislation to further integrate health and social care services in Scotland.

4.2 Relationship to the Integration of Health and Social Care services

The Public Bodies (Joint Working) (Scotland) Act 2014 created a legislative framework which will result in better outcomes for people who use health and social care services in Scotland.

The Act introduced nine national health and well-being outcomes which will be adopted for measuring the performance of integrated health and social care partnerships. These are:

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer

Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Outcome 5: Health and social care services contribute to reducing health inequalities

Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being

Outcome 7: People using health and social care services are safe from harm

Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services

The 3 tiers and underpinning principles of this model are not only therefore consistent with Christie's 4 key recommendations concerning public sector reform but also underpin each of the above national health and well-being outcomes.

This policy therefore intends to support the fulfilment of the above outcomes through the development of a common language and a set of values shared by health and social care professionals, the third sector and the wider public.

For example, national health and well-being outcomes 1 and 2 can legitimately be achieved through the provision of information and when it is necessary for a person to receive tier 2 or 3 support, outcome 7 (people are safe from harm) may be a key issue forming part of the outcomes based conversation between the health or social care professional and the person receiving support.

There is a growing body of evidence which highlights that differences in organisational culture and values can distort and undermine any projected model of integration. Consequently, the promotion of the overarching approach and principles contained within this policy will aim to support the adoption of a shared set of values across both the health and social care system in Moray.

5.0 Supporting Delivery




This section will articulate how the proposed model is aligned with a wider range of public sector, third sector and community interests.

To realise a vision where people are not passive recipients of services but active, independent and fully informed agents in their own health and wellbeing will require a more integrated approach to how public sector services interact with one another but also a stronger relationship with the third sector and community groups that can support more people to live independently.

5.1 Contributing to a new model of integrated service delivery

Table 1 (next page) outlines how the three tiers of this new model are aligned with a broad range of public and third sector initiatives. The table aims to emphasise the connection of these diverse initiatives and policies with the delivery of this new model.

Table 1

Tier		Policy Initiative	Lead Agency	Other Stakeholder Involvement
Tier 1- Help to help you (information and advice), universal services to the whole community and emphasis on prevention		<input type="checkbox"/> Commissioning Strategy for Older People	HSCM	The Third Sector Interface
		<input type="checkbox"/> Access Team	HSCM	HSCM
		<input type="checkbox"/> Community Brokerage	The Third Sector	HSCM Community Care Services
		<input type="checkbox"/> Morinfo	Library Services	The Third Sector and HSCM Community Care Services
		<input type="checkbox"/> Volunteering	HSCM	The third sector
		<input type="checkbox"/> Local Area Networks and the integration of health and social care	HSCM	Council Community Engagement Unit, GP's and the Third Sector
Tier 2- Help when you need it (immediate help in a crisis, re-ablement and regaining independence).		<input type="checkbox"/> Volunteering	HSCM	The third sector and HSCM
		<input type="checkbox"/> Informal Carers	Quarriers	External Home Care Providers, HSCM
Tier 3- Ongoing support for those who need through the delivery of 1 or more Self-		<input type="checkbox"/> SDS Policy (including spot purchasing)	HSCM	HIE
		<input type="checkbox"/> Review core pathway for securing services	HSCM	iHub

directed (SDS) support options.		□ Formal advocacy support	Circles Network Advocacy	HSCM
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It is recognised that a number of these initiatives have already been developed and others are closely aligned with the public sector reform agenda.

Table 2 summarises some of existing and new policy initiatives that have since impacted on this policy in relation to table 1.

Table 2

New initiatives and policy developments

The Public Bodies (Joint Working) (Scotland) Act 2014: Specifically in relation to the development of local area networks. The legislation acknowledged the importance of connecting people to the local community in supporting improved health and well-being outcomes.

Community Brokerage: As part of the above development, Adult Community Care Services will work closely to support people in their local communities to access a range of third sector services thereby supporting more people to live independently. This represents the further development of an approach to the provision of information and support initiated through 'morinfo'

Transformation of Health & Social Care in the Forres Area: This transformation supports the 'Reshaping of Care' policy direction and shifts the balance away from acute settings to community settings. This also supports the 'Living Longer, Living Better' Joint Commissioning Strategy for Older People and the Care at Points of Transition Pathway – including Reablement and Workforce Development.

Learning Disability Transformation Programme: The "Progression" model will be introduced as part of a transformational change of services in Moray. The "Progression" model is a person-centred developmental approach that seeks to help each adult with a learning disability to achieve their aspirations for independence. It

is a relational change from traditional care management approaches by focussing on the individuals' hopes and choices, using these as the basis to co-develop care and support plans that enable each person to reach their potential. This has similar higher level principles to Self-directed Support (SDS),

Ongoing policy developments

Volunteering Policy: The redesign of adult community care services recognises the important role that volunteering can play in improving the wellbeing of people and in developing strong resilient communities. The positive impact of volunteering is recognised by this policy as well as the related strategies and plans.

Living Longer, Living Better Joint Commissioning Strategy for Older People: 2013-2023 (being updated for 2019)

Older People's Commissioning Strategic framework supports many initiatives, including supporting unpaid carers. This contributes to the vision as outlined in this policy and also relates to the shift in the balance of care (from acute to community settings) which is fundamental to the strategic direction of the partnership.

Self-Directed Support Policy: Through supporting people to exert choice and control over the support they receive, Self-directed Support (SDS) is an integral element of Tier 3. Work is ongoing to embed this new policy initiative as part of the operational activities of both the health and social care systems.

Reablement Policy: As with SDS, Reablement is a key element of the redesign of adult community care services and is also integral to tier 2 and 3. Work continues to embed this approach across Health & Social Care Moray.

Performance Reporting Policy: Progress in capturing, gathering and reporting on personal outcomes by Adult Social Care Services has been previously acknowledged by the Care Inspectorate (Moray Scrutiny 2011). The new model for delivering adult community care services provides new impetus to the development of this policy.

Regardless of the status or ownership of the policy initiative, a degree of co-ordination is required among the above relevant stakeholders if the overall vision of this new model for delivering adult community care services is to be realised.

6.0 Defining the Parameters of the Implementation Plan

In successfully realising the vision outlined in this policy, an implementation plan was generated. The defining features of the multi-agency implementation are as follows.

6.1 Multi-agency

As noted in the previous section, it is important that the plan acknowledges a diverse range of policy initiatives. This would include the third sector interface, external providers, informal carer support organisations and representation from other departments and sections from within Moray Council.

6.2 Co-produced

The plan also requires a co-produced approach with service users and unpaid carers. This is not only an established principle of good practice for the development of any plan or strategy within the Adult Community Care Service but is also consistent with the Scottish Government's legal duty for Partnerships to engage with localities as part of the process of commissioning and decommissioning of services.

6.3 Governance

Through initially adopting a project management approach, Health & Social Care Moray was the lead agency in implementing the plan. However there is no longer a need for a single lead officer as the Three Tier Model has become more embedded across HSCM – it is now everyone's responsibility to implement this plan/policy.

6.4 Joint Training

A shift to delivering services based on an outcomes-focused conversation requires ongoing workforce training and development. Training in relation to

developing personal outcomes and difficult conversations would form part of any future training programme.

6.5 Joint Communication and Engagement Plan

For this vision to be supported by people who use health and social care services, it is important that the realisation of this policy is underpinned by a communication plan which uses a wide range of approaches to effectively engage with a range of target audiences.

6.6 Milestones and Timeline

While the overarching vision for the implementation plan is articulated as part of this policy, the plan required identification of appropriate milestones and timelines. These have been aligned with existing and related plans and strategies (see section 2).

6.7 Finance

Funding for the development of the implementation plan and the activities described within it, were secured from existing sources. By focusing on the capacity of the local community and improving the co-ordination of how public services are deployed, it is not envisaged that any additional funding would be required.

7.0 Alignment with Wider Strategies and Plans

The above defining features are also the key elements that have been addressed in the development of key strategies and plans for HSCM. This includes the Joint Commissioning Strategy for Older People, the Strategic Plan and the 10 Year Plan (local Outcomes Improvement Plan)

8.0 Equalities Statement

Health & Social Care Moray will not and does not discriminate on any grounds.

Health & Social Care Moray advocates and is committed to equalities and

recognises its responsibilities under the Equality Act 2010 and related Public Sector Equality Duty. We will ensure the fair treatment of all individuals and where any individual feels that they have been unfairly discriminated against they can report this to Health & Social Care Moray (see below).

In relation to equality of information provision, Health & Social Care Moray will ensure that all communications with individuals are in plain English, and shall publish all information and documentation in a variety of formats and languages. Where required, Health & Social Care Moray will use the services of its translation team to enable effective communication between us and the individual. Where an individual has sight, hearing or other difficulties, we will arrange for information to be provided in the most appropriate format to meet that individual's needs.

Health & Social Care Moray will also ensure that there are no physical barriers that could prohibit face to face communications.

If there is a complaint against discrimination, click on the link below for reporting form and procedure:

<http://www.moray.gov.uk/downloads/file62366.pdf>.

Equality and Human Rights Commission Scotland

<https://www.equalityhumanrights.com/en/commission-scotland>

Advice and Guidance section -

<https://www.equalityhumanrights.com/en/advice-and-guidance>.

9.0 Data Protection

Data Protection Legislation, including the Data Protection Act 2018 (DPA) and the General Data protection Regulations (GDPR), governs the way information is obtained, recorded, stored, used and destroyed. Data protection is the responsibility of everyone and data protection legislation gives individuals rights to know how personal information can be collected, used and stored. Health & Social Care Moray

complies with all the requirements of the legislation and ensures that personal data is processed lawfully, fairly and in a transparent manner; that it is used for the purpose it was intended and that only relevant information is used. Health & Social Care Moray will ensure that information held is accurate, and where necessary kept up to date and, that appropriate measures are taken that would prevent the unauthorised or unlawful use of any personal information.

Any sharing of data between NHS Grampian and the Moray Council is carried out in accordance with the Information Sharing Protocols between the two bodies. Refer to the Single Shared Assessment page of the Moray Council's intranet, particularly the Practitioner Leaflet v5.0 and the Information Sharing without Consent Protocol.

The Council's Data Protection Officer is Alison Morris, Records and Heritage Manager who can be contacted via the Information Coordinator at info@moray.gov.uk.

For more information please see the Council's DPA Guide:

http://intranet.moray.gov.uk/Information_management/information_security.htm or http://www.moray.gov.uk/moray_standard/page_119859.html for Subject Access Request information.

10.0 Freedom of Information

The purpose of the Freedom of Information (Scotland) Act 2002

<http://www.legislation.gov.uk/asp/2002/13/contents> is to “provide a right of access by the public to information held by public authorities”. In terms of section 1 of the Act, the general entitlement is that a “person who requests information from a Scottish public authority which holds it is entitled to be given it by the authority”.

Information which a person is entitled to is the information held by the public authority at the time that the request is made. This is a complex area of the law that can overlap with the Data Protection Act and other legislation.

Please see the following link for guidance to the law in Scotland;

<http://www.itspublicknowledge.info/Law/FOISA-EIRsGuidance/Briefings.aspx>

All Freedom of Information requests to Health & Social Care Moray should be directed to **The FOI/DPA team** via info@moray.gov.uk.

11.0 Human Rights Act

In October 2007 the three equalities commissions: Racial Equality, Disability Rights and Equal Opportunities were merged to form one Commission:

The Equality & Human Rights Commission Scotland has more detailed information <https://www.equalityhumanrights.com/en/commission-scotland/human-rights-scotland>.

The main aspects covered in the **Human Rights Act 1998** are:

Right to life; protection from torture; protection from slavery and forced labour; right to liberty and security; right to a fair trial; no punishment without law; right to respect for private and family life; freedom of thought, belief and religion; freedom of expression; freedom of assembly and association; right to marry; protection from discrimination; protection of property; right to education and right to free elections.

Public authorities must ensure, in discharging functions that they don't act in a manner incompatible with rights outlined in the Human Rights Act. Only in some limited circumstances can an individual's rights be infringed upon and even then only when done under legal authority, in pursuit of a legitimate aim and when necessary in a democratic society i.e. proportional in terms of finding a balance between carrying out a necessary statutory duty and infringing upon the person's human rights. It is also important that any interference is non-discriminatory. When in doubt about any proposed action legal advice should be sought.

The Human Rights Act can overlap with many areas of Health & Social Care Moray's policies, any doubts or queries regarding its effect or implications must be referred to the Legal Services Manager (Litigation and Licensing).

12.0 Review and Feedback

This policy will be reviewed in 2020 and every year after that. Feedback can be sent to Garry Macdonald, Commissioning & Performance Officer – Health & Social Care Policies & Procedures (Garry.Macdonald@moray.gov.uk).

Appendix 1: Case Studies

Case study – Tier 1

Mr K, a widower, was looking to join a group that would help him engage with his wider community and meet other people. He needed some guidance on groups that met during the afternoons in the town where he lives.

He was advised of a friendly drop-in group that meets in a church hall and went to his first session accompanied by another person.

His visit went well and he enjoyed getting back meeting other people. He has now become a regular attendee, hiring a taxi to transport him to and from meetings, where he and fellow members enjoy a cuppa and a cake, a good blether and have the opportunity to take part in different activities. Joining the group has helped develop both his confidence and his self-esteem.

“It’s about a get-together spirit of meeting up to share knowledge or skills.”

Case Study – Tier 2

Mrs S, who is in her 80s and lives alone, fractured her pelvis in a fall. On leaving hospital she received reablement home care to assist her rebuild her confidence and stamina.

She was given guidance on moving safely around her home using a sturdy three-wheeled walking frame with brakes. She has regained the level of independence she had before her fall and no longer requires home care.

As well as living safely and happily in her own home, Mrs S is getting out and about within her community again. She goes shopping, attends meetings of a local support group and enjoys regular visits with friends and neighbours.

“My fall was a setback but.....I got the right level of support, it was there when I needed it.” – Mrs S

Case Study – Tier 3

Mrs B has an acquired head injury and epilepsy, and went into a care home. She did not enjoy her stay in residential care and rarely went out of her room. She appeared to be depressed and was losing weight.

Mrs B’s family renovated a country cottage for her to live in and arranged 24-hour private care for her, part of the cost of which is met by her SDS Individual Support Budget from The Moray Council to meet eligible care and support needs.

Since moving to the cottage, Mrs B makes use of all rooms in her home, eating her meals at the dining table and watching TV in the lounge. She has gained weight and her general, mental and physical well-being has improved beyond recognition.