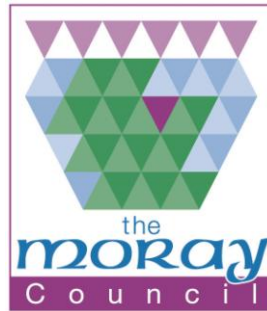


Appendix 1



**Moray Adult Community Care
Service Plan 2013/14**

Executive Summary

The high level objectives and milestones outlined in this Service Plan for Moray Adult Community Care Services relate to the management functions of: Assessment and Care; Provider Services; Commissioning; Performance; Specialist Services (Learning Disability, Mental Health & Transitions); Drug & Alcohol and cross cutting support provided to all service teams by the Consultant Practitioners.

In total, the plan identifies 56 high level objectives and 126 underpinning milestones. These improvement actions have been identified through an appraisal by both management and front line staff of the Services' internal and external environment. Progress in achieving these objectives and milestones will be reported to and monitored by the Health & Social Services Committee on a 6 monthly basis.

1.0 Introduction

The development of a Service Plan for Moray Adult Community Care takes place at a time when the Service is confronted with a range of unprecedented challenges.

These challenges include: meeting an increased demand for services resulting from a changing demographic; delivering a service at a time when all public services, including Community Care, are under significant financial pressure; the drive to shift the balance of care from interventions at the point of crisis to a model based on prevention, personalised and enabling approaches to care and transforming approaches to performance management from measuring service inputs and outputs to a focus on capturing personal outcomes.

These challenges are also encapsulated in new legislation. The Self-Directed Support Act and the Integration of the Health and Social Care Bill along with Welfare Reform will have a significant impact on how Adult Community Care Services will be delivered throughout Scotland in the future.

The above developments provide the context for this plan. The improvement actions highlighted within this document will therefore aim to outline how these challenges will be met, or prepared for, over the 12 month period in relation to Adult Community Care Services in Moray.

1.1 Structure

This section will provide a broad overview of the service plan while service objectives for 2013/14 and the specific milestones relating to team areas will be outlined in sections 2 and 3 respectively.

1.2 Purpose

This Service Plan should be viewed in relation to the Council's overarching Performance Management Framework.

As noted in this document, Council Service Plans intend to set out and communicate what the service aims to develop over the coming year and identify the key improvement actions and milestones to enable day to day business to be done more effectively (*Moray Council, Performance Management Framework February 2013*).

Following the Public Sector Improvement Framework (PSIF) self-assessment workshop held in December 2012, Moray Adult Community Care staff have been involved in identifying the improvement actions and milestones for this service plan. It is therefore considered that a robust and inclusive approach has been adopted in the creation of this plan through incorporating the improvement actions of front line members of staff in addition to the service objectives identified by Senior Officers.

A list of the key themes highlighted in the PSIF Findings Report for 2012 is provided in this plan as **Appendix 1**. Where appropriate, the improvement action in relation to each of these themes is addressed in the relevant section of the service plan (see section 3).

Furthermore, as a strategic document, the objectives identified in this plan will also inform the individual team plans for the service.

Following the reconfiguration of the service in April 2012, the Service Plan (Section 4) will refer to the following key functions. These relate to the 6 key management functions of: Assessment and Care; Provider Services; Commissioning; Performance; Specialist Services (Learning Disability, Mental Health & Transitions); Drug & Alcohol and the cross-cutting support provided to all service teams by the Consultant Practitioners. An organisational diagram, illustrating the main lines of management responsibility is provided (**See Appendix 2**).

1.3 Performance Reporting

In line with Moray Adult Community Care Services Performance Management Policy, progress in relation to the fulfilment of the milestones will be monitored by the Moray Adult Community Care Performance Management Group, the Council's Corporate Management Team on a quarterly basis (by exception) and by the Health and Social Services Committee every 6 months (by exception).

In relation to the fulfilment of the performance measures highlighted in this service plan, it should be noted that the revised suite of indicators, which address the Council wide requirements of evidencing, quality, cost and customer results were approved by the Health & Social Service Services Committee on 10 April 2013. Progress in achieving these indicators will therefore be reported to Committee on a regular basis in addition to reporting on progress in fulfilling the improvement action milestones contained within this plan.

1.4 Strategy and Plans

At a national policy level, this plan relates to 4 key recommendations of public sector reform as stated in the Christie Commission Report on the Future Delivery of Public Services. These are: *public services prioritise prevention; public services work together to achieve outcomes; public services are built around people and communities; and public services improve performance.*

At a Single Outcome Agreement and a Community Planning Partnership level, this Service Plan directly links to National Outcome 6- 'we live longer healthier lives and Community Planning priority 1, 'healthier citizens' and National Outcome 15- 'Our people are able to maintain their independence as they get older and they are able

to access appropriate support when they need it'. The Plan is also aligned to National Outcome 16 – our public services are high quality, continually improving, efficient and responsive to local people's needs.

At an operational level within Moray Adult Community Care Services, the Plan is aligned to the objectives as part of the Business Case and Implementation Plan for the Redesign of Adult Community Care Services and the following service specific policies: Performance Reporting Policy, The Self-Directed Support Policy, Reablement Policy and the Joint Commissioning Strategy for Older People.

It should be noted that it is the intention that the Service Plan is part of the golden thread linking the Council's high level strategic objectives, as articulated in the Single Outcome Agreement, with each team's own individual plans within Moray Adult Community Care. It is therefore the foundation stone for all performance activities within the service.

2.0 Objectives

The Service Plan will adopt the following high level objectives for 2013/14 which relate to the following 4 service areas for adult community care services. These objectives have been influenced by the PSIF self evaluation and also build on the objectives identified as part of the service plan for the previous year.

Commissioning

- Through reviewing internal and external commissioning activities, savings of £75,000 are identified by March 2014.
- A market position statement is agreed by the Health & Social Services Committee for Moray Adult Community Care Services by July 2013.
- The Joint Commissioning Strategy for Older People is formally launched (May 2013).
- The Learning Disability Delivery Plan is completed and approved by the Learning Disability Partnership Board by July 2013.
- In line with the quality assurance framework, external services are monitored.
- The Home Care Monitoring and Scheduling System is fully operational (December 2013).
- By August 2013, the Commissioning Manager will visit field work and specialist service teams and update colleagues on Commissioning and Performance activities (PSIF).
- Review and update the Physical & Sensory Disability Strategy (2014-16)
- Monthly Performance Management Reports are made available to all staff through team managers and the papers for the Practice Governance Board Meetings from August 2014 (PSIF)
- To develop community capacity by increasing both the recruitment of volunteers and the amount of volunteering opportunities that can be matched (March)

Performance

- The newly formed Joint Performance Management Group is supported by the Adult Community Care Performance Team to improve the presentation of joint performance management information.
- The Joint Performance Management Plan for 2014/15 is agreed by the Health & Social Care Leadership Group (February 2014).
- Revised Outcome- based Support and Review Plans are implemented across the service (May 2013).
- The Partnership is supported in its preparation for the joint inspection of older People by the Care Inspectorate (September 2013).
- Team Plans for all service areas have been approved by the Community Care Performance Management Group (June 2013).
- Revised management performance measures for 2014/15 are developed for all team areas (March 2014).
- The performance team measures the financial and non-financial impact of re-ablement
- 6 monthly performance reports focusing on qualitative personal outcomes data gathered from the new forms are generated and circulated to all teams (October 2013 and March 2014).
- Service users and staff are engaged in the development of the adult community care performance measures for 2014/15 by March 2014. (PSIF)
- 6 monthly performance presentations are delivered to all teams
- Progress in addressing the key themes of the PSIF Findings Report (Appendix 1) is reviewed by assessment team participants (December 2013)
- The performance team reviews the format of the monthly performance data sent to adult community care teams by July 2013 (PSIF)

Provider Services

- Review Day Services projects to ensure best value and positive outcomes for all service users (March 2014)
- For older people, open a new day service at Seafield Hospital and pilot Keith Resource Centre as a community hub
- To use a commissioning approach to review the needs of service users currently receiving support from May Bank (Challenging Behaviour Unit)
- Ensure compliance with care inspectorate standards
- Improve care inspectorate grading for units below grade 4 by March 2014.
- Complaints and their resolution will be a standard agenda item at all team meetings
- Monthly Performance Management Reports are made available to all staff through team managers and the papers for the Practice Governance Board Meetings from August 2014 (PSIF)
- By April, to have trained all day service staff as citizen leaders and offered citizen leadership training to all service users
- Moray Resource Centre will progress towards becoming a service user led facility
- By March 2014, to achieve savings of £23k in relation to Moray Resource Centre

- By June 2013, to have demonstrated that the Moray Employment and Support Service (MEST) has maximised its income generation.
- To improve delivery times for the Joint Equipment Store (March 2014).
- By the end of June, increased staffing levels for the Home from Hospital Service thus ensuring no delayed discharges (end of June 2013).
- Increase the number of service users receiving a reablement service (March 2014).

Assessment and Care

- The Three Tier Model (the new model for adult care services policy) is implemented within adult community care services by October 2013. (PSIF)
- To have reduced the number of outstanding support plan reviews to nil (March 2014).
- Working in partnership with health colleagues, ensure that the revised 4 week standard for delayed discharge from hospital is met (November 2013).
- Reduce the cost of providing minor adaptations by £40k (March 2014).
- To ensure the most effective deployment of staff within the Assessment and Care Teams by undertaking a review of all grades of posts (March 2014).
- Complaints and their resolution will be a standard agenda item at all team meetings
- Agree the Self-Directed Support Implementation Plan for 2013/14 (July 2013).
- Monthly Performance Management Reports are made available to all staff through team managers and the papers for the Practice Governance Board Meetings from August 2013(PSIF).
- Approval of the Non-Residential Charging Policy by the Policy & Resources Committee by March 2014.
- The number of self sustaining community groups for older people is increased

Specialist Services – Learning Disability, Mental Health and Transitions

- The Council Autism Strategy (2014-2024) is approved by the Health & Social Services Committee (March 2014).
- 100% of all Mental Health Carers will be offered support in their caring role.
- Quality of life of young people in transitions is improved by their contact with the transitions service.
- Specialist Service Staff remain informed about the wider developments within Adult Community Care Services and legislative changes affecting the service
- Mental Health Service user satisfaction is increased.
- By September 2013, a long term plan will be in place regarding SDS which is led by the team managers.
- All service agreements will be shared with providers at the point of commissioning a service.
- Service users within MH are involved in the development of services.

Drug and Alcohol

- Establish clear working practices for drug and alcohol services incorporating the Community Care 3 Tier Model (November 2013).
- Reduce the number of overdue reviews – based on the Grampian Single Shared Assessment Guidance and Protocol (March 2014).

- Report the findings of the first year review of Outcome Star data to the MADP, CCPMG, CHSCP and the CPP (July 2013).
- Define the drug and alcohol social work role as part of the wider Community Care agenda (September 2013).
- Develop drug and alcohol core pathway forms, ensuring that they support the delivery of SDS (March 2014).
- Further pilot SDS with 5 service users (March 2014).
- Implement transition of services between Community Care (adult social work) and Integrated Children's Services (Early Intervention Team) for those affected by drug and alcohol.
- Progress an outcomes approach to service planning and performance management (March 2014).
- Sustain waiting times for drug and alcohol services to 21 days (reported quarterly).
- Sustain service user involvement in drug and alcohol services.
- Ensure performance management led workforce planning and development (reported quarterly).

Consultant Practitioners

- Implement a revised Adults with Incapacity Policy and revised guidelines to reflect delegation (July 2013).
- Develop a Social Work Practice Toolkit for Social Workers (March 2014) (PSIF)
- Develop a handbook that contains written adult support and protection guidance for care officers (June 2013). This is to complement the face to face support provided to staff (PSIF).
- Consultant practitioners will support the development of risk assessment guidance and training including how multi-agency risk assessments should be undertaken. This will be offered on a regular basis as part of the service's ongoing training programme (confirm frequency of training). (PSIF)
- A minimum of 8 adults with incapacity and adult support and protection case files (NHS and Adult Community Care) and associated notes will be scrutinized (March 2014).
- Practice development work to be undertaken with Drug & Alcohol to establish the social work role within the team (July 2013).
- Develop a Positive Behaviour Policy for Community Care (August 2013).

3.0 The Service Plan

This section will outline the improvement actions in relation to each of the service functions noted above.

Function: Commissioning	Lead Officer: Commissioning & Performance Manager
<p>Description:</p> <p>The development of a commissioning function was a key element of the redesign of adult community care services. The commissioning team supports the assessment and forecasting of needs across all services areas before working with teams to support the planning and the delivery of services. The Commissioning Team meets regularly with the Central Procurement Team to ensure all actions fit within the Council's overarching Procurement Strategy.</p>	
<p>Service Plan Objectives:</p> <ul style="list-style-type: none"> • Through reviewing internal and external commissioning activities, savings of £75,000 are identified by March 2014. • A market position statement is agreed by the Health & Social Services Committee for Moray Adult Community Care Services (May 2013). • The Joint Commissioning Strategy for Older People is formally launched (May 2013) • The Learning Disability Delivery Plan is completed and approved by the Learning Disability Partnership Board by July 2013. • The Departmental Action Plan is reviewed with the Corporate Procurement Team on a 6 monthly basis • In line with the quality assurance framework, external services are monitored. • The Home Care Monitoring and Scheduling System is fully operational by December 2013 • Review and up-date the Physical & Sensory Disability Strategy (2013-16) (December). • Personal Outcomes focused assessment plans are developed and adopted for informal carers (October 2013) • To develop community capacity by increasing both the recruitment of volunteers and the amount of volunteering opportunities that can be matched. 	
<p>PSIF Findings Improvement Themes:</p> <ul style="list-style-type: none"> • By August 2013, the Commissioning Manager will visit field work and specialist service teams and up-date colleagues on Commissioning activities. • Monthly Performance Management Reports are made available to all staff through team managers and the papers for the Practice Governance Board Meetings (PSIF). • Complaints and their resolution will be a standard agenda item at all team meetings. 	

Improvement Activity (Description):

Through achieving financial savings and increased efficiency and effectiveness (e.g. homecare scheduling and monitoring system), the improvement activity for the commissioning team predominantly relates to realising a number of the output measures highlighted in the redesign business case for Moray Adult Community Care Services.

Milestones & Completion Dates:

In the 12 month duration of this plan, the following key milestones will be addressed.

- Providers consulted and EIA development as part of the Commissioning Plan (August 2013)
- Draft Market Position Statement Completed (May 2013)
- Partners and stakeholders consulted in relation to statement (June 2013)
- Market Position Statement agreed to Health & Social Services Committee (July 2013)
- Draft Learning Disability Delivery Plan agreed to proceed to the consultation phase by the Learning Disability Partnership Board (May 2013)
- Learning Disability Delivery Plan is Equality Impact Assessed (August 2013)
- Learning Disability Delivery Plan is agreed by the Health and Social Services Committee (September 2013)
- Draft Physical and Sensory Disability Strategy (2014-16) submitted for approval to the Health & Social Services Committee (December 2013)
- Service User and stakeholder consultations and an EIA are completed in relation to the Physical and Sensory Disability Strategy (October 2013)
- Physical and Sensory Disability Strategy (2014-16) is submitted for approval to the Health & Social Services Committee (January 2014)
- Care Officers trained in the use of the SDS module (December 2013)
- Carers Supported Self Assessment & Review Tool Kit developed (March 2014)
- Specialist Interdependent Carer Assessment Tool Kit developed (January 2014)
- Interdependent Respite Service established (March 2014)
- Increase the number of volunteers by 30% (March 2014)
- Increase the amount of volunteering opportunities matched with a volunteer to 60% by March 2014.

Key Performance Output Measures:

- To achieve savings of £100,000 through reviewing the commissioning of internal and external services by March 2014
- 90% of carers satisfied with their involvement in the design of the care package
- 90% of carers who feel supported and capable to continue their role as a carer
- To have secured 90 volunteers in identifying a volunteering placement and to have matched 60% of these requests with a volunteering opportunity by March 2014.

Function: Performance	Lead Officer: Commissioning & Performance Manager
Description: The Commissioning and Performance Team, has responsibility for ensuring that performance is reported internally and externally and that the service adopts the principles of continuous improvement.	
Service Plan Objectives: <ul style="list-style-type: none"> • The Joint Performance Management Group is supported by the Adult Community Care Performance Team to improve the presentation of joint performance management information • The Joint Performance Management Plan for 2014/15 is agreed by the Health & Social Care Leadership Group (February 2014) • Revised Outcome- based Support and Review Plans are implemented across the service (May 2013) • The Partnership is supported in its preparation for the joint inspection of older People by the Care Inspectorate (September 2013) • Team Plans for all service areas have been approved by the Community Care Performance Management Group (June 2013) • Revised management performance measures for 2014/15 are developed for all team areas (March 2014) • The performance team measures the financial and non-financial impact of re-ablement. 	
PSIF Findings Improvement Themes: <ul style="list-style-type: none"> • 6 monthly performance reports focusing on qualitative personal outcomes data gathered from the new forms are generated and circulated to all teams (October and March) • Service users and staff are engaged in the development of the adult community care performance measures for 2014/15 (March 2014). (PSIF) • 6 monthly performance presentations are delivered to all teams (on-going) • Service users and staff are engaged in the development of the performance adult community care performance measures for 2014/15 • Progress in addressing the key themes of the PSIF Findings Report (Appendix 1) is reviewed by assessment team participants (December 2013) • The performance team reviews the format of the monthly performance data sent to adult community care teams (July 2013) (PSIF). 	
Improvement Activity (Description): The key areas of performance activity relate to providing support for the joint inspection of older people's services by care inspectorate; responding to the areas identified for improvement in relation to the PSIF Self Assessment Findings Report and the further development of the personal outcomes approach across all service areas.	

Milestones & Completion Dates:

In the 12 month duration of this plan, the following key milestones will be addressed.

- Performance reports will be generated and submitted on a monthly basis to the Joint Performance Management Group (3 per quarter)
- A draft joint performance management plan is generated (January 2014)
- A project plan for the joint inspection of NHS and Community Care Older People's Services (Care Inspectorate) is developed and monitored (May 2013)
- In preparation for the joint older people's services inspection by the care inspectorate, a minimum of 4 service user cases and associated notes will be scrutinized (August 2013)
- Technical support briefings for the adoption and implementation of new outcomes based forms are delivered for all teams (May 2013)
- New Outcome based Support and Review Forms will be reviewed (September 2013)
- Schedule developed for the development of management performance measures across all team areas (June 2013)
- Management Performance measures agreed by the Community Care Performance Management Group (February 2014)
- Internal re-ablement reports will be submitted to the Re-ablement Management Group on a quarterly basis
- The Community Care Performance Management Group will agree a revised format for the monthly performance charts (July 2013)
- Progress in fulfilling the PSIF Action Plan is subjected to peer review (December 2013)

Key Performance Output Measures:

Progress in developing a performance management culture within Moray Adult Community Care Services will primarily be measured through the PSIF Self assessment process. A review of progress against the PSIF Findings Report (2012) will be undertaken in December 2013. An interim progress report will then be submitted to the Community Care Performance Management Group and Practice Governance Board (January 2014)

Function :	Provider Services	Lead Officer: Provider Manager
<p>Description:</p> <p>Provider Services is the term that covers a range of services which are either directly or indirectly provided by Moray Adult Community Care Services. This includes homecare, day services, Moray employment support and training, challenging behaviour and the joint equipment store.</p> <p>In the past, each service area provided its own discrete day care service. Following the review of adult community care services, it was agreed that this was an inefficient use of resources.</p>		

Service Plan Objectives:

- Review Day Services projects to ensure best value and positive outcomes for all service users (March 2014)
- Service user, family and carer consultations completed on the day care service accommodation plan including Seafeld Hospital and pilot Keith Resource Centre as a community hub (*carried forward from 2012/13*).
- To use a commissioning approach to review the needs of service users currently receiving support from May Bank (Challenging Behaviour Unit)
- Ensure compliance with care inspectorate standards
- Improve care inspectorate grading for units below grade 4
- By April 2014, to have trained all day service staff as citizen leaders and offered citizen leadership training to all service users
- Moray Resource Centre will progress towards becoming a service user led facility
- By March 2014, to achieve savings of £23k in relation to Moray Resource Centre
- By June 2013, to have demonstrated that the Moray Employment and Support Service (MEST) has maximised its income generation
- To improve delivery times for the Joint Equipment Store (March)
- By 1 July 2013, increased staffing levels for the Home from Hospital Service thus ensuring no delayed discharges
- Increase the number of service users receiving a reablement service (March 2014)

PSIF Findings Improvement Themes:

- Monthly Performance Management Reports are made available to all staff through team managers and the papers for the Practice Governance Board Meetings (PSIF)
- Complaints and their resolution will be a standard agenda item at all team meetings

Improvement Activity (Description):

The business case for the redesign of adult community care services identified that the development of an integrated day care service, including maximising the potential of day care facilities, and the mainstreaming of a re-ablement approach to care would be two of the key features of the redesign.

Following the implementation of the business case in 2012, improvement activity for 2013/14 is focused on continuing to develop this approach.

Milestones & Completion Dates:

In the 12 month duration of this plan, the following key milestones will be addressed.

- Draft Day Care Service Review Document completed (November 2013)
- Consultations completed with service users, partners and stakeholders (January 2014)
- Equality Impact Assessment Completed (February 2014)
- Day Care Service Review submitted for approval to the Health & Social

Services Committee (March 2014)

- Consultations with service users and family members complete in terms of opening a new day service at Seafeld Hospital and piloting Keith Resource Centre as a community hub (March 2014)
- Needs Assessment completed of service users using the Maybank facility (September 2013)
- Needs Assessment report submitted for consideration to the Health & Social Services Committee (November 2013)
- Reports submitted on a quarterly basis to the Practice Governance Board regarding internal and external care inspectorate standards
- Citizen Leader training programme implemented (quarterly up-date)
- Savings Assessment completed in relation to Moray Resource Centre (December 2013)
- Equality Impact Assessment completed in relation to potential Moray Resource Centre Savings (if deemed applicable) (January 2014)
- Report in relation to savings at Moray Resource Centre submitted to the Health & Social Services Committee (March 2014)
- Report submitted to the Health & Social Services Committee regarding (MEST) financial stability (June 2013)
- MEST staff trained in relation to the requirements of the new 'Employability Fund' (March 2014)
- CCPMG to agree Joint Equipment Store delivery time service standard and improvement action plan (June 2013)
- Joint Equipment Store delivery times reported on a monthly basis to CCPMG (July 2013 and monthly thereafter)
- Joint Equipment Store delivery standard is met (March 2014)
- Home from Hospital staff number has been increased (July 2013)
- Monthly up-date reports are submitted to the Re-ablement Management Group (3 per quarter)
- Performance Reports, Practice Governance papers will be made to available to all team members and complaints (and their resolution) will be a standard agenda item Progress monitored and reported following the PSIF review (December 2013)

Key Performance Output Measures:

- Cumulative annual savings of £100,000 through the reduction in service user care package hours through the successful deployment of a re-ablement approach to care
- To have achieved savings of £23k in relation to Moray Resource Centre
- Equipment Store delivery time service standard (to be determined) is achieved
- 80% of service users reporting that they are satisfied with Occupational Therapy equipment provision
- 33 % of people aged 65+ with intensive needs (plus 10 hours) receiving care at home
- Home care costs for people aged 65 or over per hour (£)

Function : Assessment and Care	Lead Officer: Service Manager
<p>Description: Adult Community Care Services operates a centralised, single point of entry Access Service and two area teams covering the East and West of Moray, as well as a team of hospital based Social Workers/Community Care Officers.</p> <p>The Access Service is the first point of contact for anyone requesting information or requiring an adult community care service. The aim is to support people to remain at home and actively participate in their families and communities for as long as possible. The area teams' focus is on providing a service to people who have ongoing support needs.</p>	
<p>Service Plan Objectives:</p> <ul style="list-style-type: none"> • By April 2014, to have reduced the number of outstanding support plan reviews to nil • Working in partnership with health colleagues, ensure that the revised 4 week standard for delayed discharge from hospital is met by November 2013 • Reduce the cost of providing minor adaptations by £40k by March 2014 • To ensure the most effective deployment of staff within the Assessment and Care Teams by undertaking a review of all grades of posts by March 2014 • Agree the Self Directed Support Implementation Plan for 2013/14 by July 2013 • Approval of the Non-Residential Charging Policy by the Policy & Resources Committee by March 2014 • The number of self sustaining community groups for older people is increased 	
<p>PSIF Findings Improvement Themes:</p> <ul style="list-style-type: none"> • The Three Tier Model (the new model for adult care services policy) is implemented within adult community care services by October 2013 (PSIF) • Complaints and their resolution will be a standard agenda item at all team meetings • Monthly Performance Management Reports are made available to all staff through team managers and the papers for the Practice Governance Board Meetings from August 2014 (PSIF) 	
<p>Improvement Activity (Description): Improvement activity is focused on ensuring that the service represents best value while further improving service outcomes.</p>	
<p>Milestones & Completion Dates: In the 12 month duration of this plan, the following key milestones will be addressed.</p> <ul style="list-style-type: none"> • East and West teams have identified interim monthly improvement targets for reducing the number of outstanding reviews (May 2013) • The number of outstanding reviews is monitored monthly by the CCPMG (quarterly up-date) 	

- Progress in achieving the 4 week delayed discharge service standard is monitored by the Health & Social Care Leadership Group (quarterly up-date)
- The cost of equipment over £500 will be monitored by the Assessment and Care Manager and reported quarterly to the Community Care Performance Management Group
- SDS Implementation Plan is agreed by the SDS Steering Group (June 2013)
- Progress in implementing the SDS Action Plan is monitored on a quarterly basis by the SDS Management Group (quarterly-ongoing)
- Complete the review (draft) of all posts within the Assessment and Care Team (October 2013)
- Submit the Non Residential Charging Policy (draft) to the Health & Social Services Committee for approval to undertake consultations (July 2013)
- Staff and workforce representative consultations are undertaken and completed by (November 2013)
- An Equality Impact Assessment is completed for the Non Residential Charging Policy (February 2014)
- Report submitted to the Health & Social Services Committee for final approval (March 2014)
- The Draft Introducing the Moray Community Care Model Policy was approved by the Health & Social Services Committee on 10 April 2013
- A Consultation Plan which includes Community Planning Partners, Elected Members and Service Users is developed (May 2013)
- The Consultation Plan, including workshops for elected members, is implemented (August 2013)
- The Introducing the Moray Community Care Model Policy is approved by the Health & Social Services Committee (October 2013)
- Performance Reports, Practice Governance papers will be made to available to all team members and complaints (and their resolution) will be a standard agenda item Progress monitored and reported following the PSIF review (August 2013)
- In addition to the existing 13 B.A.L.L. Groups, establish a further 4 B.A.L.L. groups (March 2013)

Key Performance Output Measures:

- All support plans will be reviewed within a 12 month period (service standard)
- Reduce the cost of providing minor adaptations by £40k by March 2014
- 31% or less of service users 65+ in permanent care as a percentage of the overall number of people receiving personal care
- Number of patients waiting more than 28 days in Hospital to be discharged into a more appropriate care setting (HEAT Standard)
- 100 people (over 18) securing a personal budget (SDS option 1)
- 115 Number of people (over 18) using direct payments (SDS option 2)

<p>Function : Specialist Services-Learning Disability, Mental Health and Transitions</p>
<p>Description: Specialist Services covers mental health, transitions and learning disability services. The Learning Disability Team aims to enable all adults with a learning disability to lead as full a life as possible and for them, together with their parents and carers, to reach their full potential. This includes supporting people with a learning disability, sometimes also with a physical disability, to remain as independent as possible in their own homes or community. The Social Work Community Mental Health Team works closely with statutory and voluntary sector colleagues in order to support adults in Moray whose mental health issues are impacting on their ability to live a full, independent life. The service aims to enable people to access social, employment, housing, learning and practical support, in order to achieve positive outcomes in their own lives. The Transitions Service supports young people leaving Children's Services who require the support of Adult Services to have a plan in place and a smooth transition between the two.</p>
<p>Service Plan Objectives:</p> <ul style="list-style-type: none"> • The Council Autism Strategy (2014-2024) is approved by the Health & Social Services Committee (March 2014) • 100% of all Mental Health Carers will be offered support in their caring role • Quality of life of young people in transitions is improved by their contact with the transitions service • Specialist Service Staff remain informed about the wider developments within Adult Community Care Services and legislative changes affecting the service • Mental Health service user satisfaction is increased • By September 2013, a long term plan will be in place regarding SDS – led by the team managers • All service agreements will be shared with providers at the point of commissioning a service • Service users within MH are involved in the development of services
<p>PSIF Findings Improvement Themes:</p> <ul style="list-style-type: none"> • Complaints and their resolution will be a standard agenda item at all team meetings. • Monthly Performance Management Reports are made available to all staff through team managers and the papers for the Practice Governance Board Meetings (this is also noted below as a milestone)
<p>Improvement Activity (Description): Improvement activity is focused on an increased emphasis in support for carers, the development of an autism strategy and increasing positive outcomes for service users</p>

Milestones & Completion Dates:

In the 12 month duration of this plan, the following key milestones will be addressed.

- Initial consultation of the Moray Autism Strategy is completed (August 2013)
- Report draft Moray Autism Strategy to the Health & Social Services Committee, requesting approval to go out to wider consultation (August 2013)
- Full consultation regarding the draft Moray Autism Strategy to be completed (October 2013)
- The Autism Strategy is submitted to the Health & Social Services Committee for approval (March 2014)
- MH Social Workers are briefed and supported to record all forms of respite care (Initial briefings completed by June 2013)
- Ensure that all Mental Health practitioners have a discussion with Mental Health carers about receiving a carer's assessment (evidenced by care plans and recorded discussions and reported quarterly)
- Increase the volume of respite delivered to MH Carers (reported September 2013 and March 2014)
- Quality of life of young people in transitions is improved by their contact with the transitions service is evidenced by feedback forms collated regularly by Integrated Children's Services (reported every quarter)
- Specialist Service Staff remain informed about the wider developments within Adult Community Care Services and legislative changes affecting the service will be evidenced through staff attendance at training and learning events (at least 2 members of the team will attend all relevant training identified by team managers), team members also participate in monthly CPD sessions on a practice related topic (monitored and reported quarterly)
- Monthly Performance Management Reports and Practice Governance papers are made available to all staff through team managers and the papers for the Practice Governance Board Meetings (PSIF) (reported quarterly)
- Mental Health service user satisfaction is increased through the generation of performance reports based on reviewing outcomes-focussed care plans (reported September 2013 and March 2014)
- Complaints and their resolution will be a standard agenda item at all team meetings (reported quarterly)
- The SDS development pilot (supported by IRISS) will be completed by September 2013
- The draft Findings Report for the Pilot will be completed by December 2013
- The final Findings Report will be reported to the Health & Social Services Committee (March 2014)
- Identify a further 10 service users from existing service providers to be involved with the Mental Health pilot. Findings Report to be submitted to the Practice Governance Board (March 2014)
- Revised guidance and forms for sending service agreements electronically is agreed by the Practice Governance Board (May 2013)

Key Performance Output Measures:

- 100% of care plans are reviewed within 12 months from completion
- Number of respite hours for informal mental health carers are increased by 10% by September 2013
- 100% of Service Users supported by the social work Mental Health team are involved in the development of their care plan
- 10 Mental Health Service Users will be identified by September 2013 as 'champions' to support work with professionals to increase the uptake of SDS in mental health services
- 90% of care plans are completed within 8 weeks from the end date of assessment
- 80% of Care Officers having a discussion with MH carers (about offering a carer's assessment) within 28 days from the point of referral
- 90% of service users are satisfied with their level of support in relation to employment or volunteering
- 40% of young people and their parents or carers reporting increased confidence regarding their future life, following involvement with the transitions service (data only)

Function : Drug & Alcohol Services

Lead Officer: Service Manager for Drug & Alcohol Services

Description:

The service aims to support individuals and families with alcohol and drug problems through substitute prescribing, community detoxification/rehabilitation, 1:1 support, talking therapy (counselling), motivational support, social/psychiatric assessments and working towards recovery based on individually tailored recovery plans, as well as providing advice and support to all affected by Drugs and Alcohol. Drug & Alcohol Services, incorporating Moray Integrated Drug and Alcohol Service (Social Work and NHS) also work in partnership with the following commissioned services; Studio 8 (Turning Point Scotland) and Quarriers as part of the multi-agency approach to service delivery.

Service Plan Objectives:

- Establish clear working practices for drug and alcohol services incorporating the Community Care 3 Tier Model (November 2013)
- Reduce the number of overdue reviews – based on the Grampian Single Shared Assessment Guidance and Protocol (March 2014)
- Report the findings of the first year review of Outcome Star data to the MADP, CCPMG, CHSCP and the CPP (July 2013)
- Define the drug and alcohol social work role as part of the wider Community Care agenda (September 2013)
- Develop drug and alcohol core pathway forms, ensuring that they support the delivery of SDS (March 2014)
- Further pilot SDS with 5 service users (March 2014)

- Implement transition of services between Community Care (adult social work) and Integrated Children's Services (Early Intervention Team) for those affected by drug and alcohol (March 2014)
- Progress an outcomes approach to service planning and performance management (March 2014)
- Sustain waiting times for drug and alcohol services to 21 days (reported quarterly)
- Sustain service user involvement in drug and alcohol services
- Ensure performance management led workforce planning and development (reported quarterly)

PSIF Findings Improvement Themes:

- Monthly Performance Management Reports are made available to all staff through team managers and the papers for the Practice Governance Board Meetings (PSIF).
- Complaints and their resolution will be a standard agenda item at all team meetings.

Improvement Activity (Description):

The key areas of performance relate to the SOA, HEAT Standard A11 and H4 and the ADP Delivery Plan as well as relating to areas identified through the PSIF Self Assessment Findings. Further work will be progressed through ERDP to ensure sustainable change in relation to improvement activity for this year.

- Provide strategic and operational leadership for all staff in relation to the 3 Tier Model (monitored and reported quarterly)
- Provide access to briefings and learning sessions in relation to the implementation of the 3 tier model (March 2014)
- Performance manage all open case reviews in drug and alcohol services (monitored and reported quarterly)
- Regularly audit Social Work case files (monitored and reported quarterly)
- Highlight cases at risk of breaching the service plan objective (monitored and reported quarterly)
- Implement action plan for cases at risk (reported quarterly)
- Develop performance structure for Outcome Star (March 2014)
- Manage performance structure for Outcome Star (March 2014)
- Report to MADP and CCPMG of the first year review of the outcomes star (August 2013)
- Report to CHSCP of the first year review of the outcomes star (October 2013)
- Report to CPP of the first year review of the outcomes star (October 2013)
- Plan overall strategy and structure of the Drug & Alcohol social work role within Adult and Children's services (October 2013)
- Articulate the specific role of adult social work in the specialist drug and alcohol service (March 2014)
- Undertaken to ascertain if the current core pathway forms are alignment with current SDS forms (June 2013)
- A case study will be undertaken to pilot SDS forms for drug and alcohol

<p>services (October 2013)</p> <ul style="list-style-type: none"> • Steering group will make recommendations to the Moray SDS group regarding forms for drug and alcohol services (October 2013) • Drug and Alcohol services will have completed pilot of SDS approach with 5 Service Users (March 2014) • Work with training team to up-skill staff to deliver SDS (March 2013) • Develop protocols through the Early Years Collaborative regarding anti-natal referrals into social work services affected by drug & alcohol (October 2013) • Develop protocols with A&E regarding referrals from those under 16 into Social Work Services affected by drug & alcohol (October 2013) • Develop action plan for the transfer of all drug and alcohol interventions from Adult Services into Children's Services (October 2013) • 100% of care plans will be SMART, i.e. include measures of progress, identify outcomes, signed by the service user where possible, include specific timescales and are reviewed in accordance with the protocol (October 2013 and then ongoing) • Ensure all staff have attended Personal Outcomes Training (March 2014) • Manage and monitor the electronic waiting times system for all services in Moray and provide analysis of the information collected on a routine basis (monitored and reported quarterly) • Waiting time updates are managed and acted on (monitored and reported quarterly) • File audits will be undertaken to the level of one case per social worker per month (15 per quarter and reported quarterly) • 100% of social work files will be informed by a Chronology of significant events, where applicable (March 2014) • 100% of social work files will contain an assessment of need and risk, a care plan and a review (March 2014) • Implement the Continuous Learning Framework Programme within the Drug & Alcohol Team (June 2013) • Agree the Continuous Learning Framework specifically relevant for the Drug & Alcohol Team (March 2014) 	
<p>Key Performance Output Measures:</p> <ul style="list-style-type: none"> • 100% of assessments offered within 72 hours of referral receipt • 100% of service users receiving a first treatment appointment within 3 weeks of referral • 100% of people accessing drug and alcohol services who are given personal outcomes and have their performance mapped 	

<p>Function: Consultant Practitioners: Improve professional Social Work Practice</p>	<p>Lead Officer: Assessment & Care Manager/Lead Consultant Practitioner</p>
<p>Description: The posts of consultant practitioner were developed as part of the redesign of adult community care services. These posts support care officers across the service with</p>	

the aim of improving professional social work practice. To date, activity has focused on ensuring that risk assessment, assessment, care planning and care plan review and adult support and protection are of a consistently high standard across the service.

Service Plan Objectives:

- Implement a revised Adults With Incapacity Policy and revised guidelines to reflect delegation (July 2013)
- A minimum of 8 adults with incapacity and adult support and protection case files (NHS and Adult Community Care) and associated notes will be scrutinized (March 2014)
- Practice development work to be undertaken with Drug & Alcohol to establish the social work role within the team (July 2013)
- Develop a Positive Behaviour Policy for Community Care (August 2013)

PSIF Findings Improvement Themes:

- Develop a Social Work Practice Toolkit for Social Workers (March 2014) (PSIF)
- Develop a handbook that contains written adult support and protection guidance for care officers (June 2013). This is to complement the face to face support provided to staff (PSIF)
- Consultant practitioners will support the development of risk assessment guidance and training including how multiagency risk assessments should be undertaken. This will be offered on a regular basis as part of the service's ongoing training programme (confirm frequency of training). (PSIF)

Improvement Activity (Description):

Through the role of Managers, Lead Consultant Practitioner and Advance Practitioners, quality improvements will be driven in relation to the areas noted above.

Milestones & Completion Dates:

In the 12 month duration of this plan, the following key milestones will be addressed.

- Prior to adoption, revised Adults With Incapacity Policy and guidelines developed and agreed by the Practice Governance Board (July 2013)
- First draft of Social Work Practice toolkit completed (November 2013)
- Draft toolkit consulted on (January 2014)
- Toolkit approved by the Practice Governance Board (February 2014)
- Handbook approved by Practice Governance Board (June 2013)
- Training to support the use of the handbook is rolled out across the service (4 training events to be delivered from July 2013 to March 2014)
- In service day for risk assessment will be held in September 2013
- Ongoing risk and multi-agency risk support provided (update report provided for each quarter)
- The number of adults with incapacity and adult support and protection case

<p>files scrutinized will be reported to the Practice Governance Board. Number to be reported quarterly</p> <ul style="list-style-type: none"> • Deliver 3 workshops for the Drug & Alcohol Team in relation to the role of social work within team (one a month from May 2013. i.e. May, June and July) • Based on the feedback from the above workshops, develop a further training programme to support the development of social work practice within the team. Programme to be developed by September 2013 • Draft Positive Behaviour Policy submitted to the P.Gov Board (June 2013) • Draft Policy submitted to the Health & Social Services Committee for approval to go to the consultation phase (September 2013) • Consultation and an Equality Impact Assessment Completed. Policy approved by the Health & Social Services Committee (November 2013) • Training Programme implemented in support of policy (December 2013)
<p>Key Performance Output Measures:</p> <p>The findings of the quality audits associated with the above improvement activity will be measured against the quality standards as outlined in the Community Care Quality Assurance Policy and will be reported at the Community Care Practice Governance Board meeting</p>

4.0 Budget

The service improvements noted above will be achieved within the existing budget for Moray Adult Community Care Services. The budget for 2013/14, with a breakdown for each function area, is noted below.

Health & Social Care Budget

	Annual Budget 2013/14 £000's	Annual Budget 2012/13 £000's
Management Strategy and Support	941	944
Adult Protection	166	159
Health Improvement	56	56
Assessment & Care - Older People & PSD	14,285	14,194
Provider Services	12,446	12,154
Commissioned Services	6,383	6,306
Assessment & Care - Specialist Services	3,497	3,467
Change Fund	0	
Efficiency Savings *	(585)	0
Sub-Total	37,189	37,280

5.0 Risk Management

Failure to fulfil the objectives and milestones identified within this plan will undermine the ability of the service to deliver positive outcomes which represent best value to service users, carers and their families.

As part of the process of monitoring progress in implementing this plan, Officers will assess the risks of not meeting the stated improvement actions. Where appropriate, these risks will be reported to the Corporate Management Team and to the Health & Social Services Committee.

Appendix1

PSIF Findings Report Key Themes

The following is a summary of the themes identified following the completing of the PSIF Assessment Workshop on 20th December 2012. These themes have been agreed by the PSIF participants and will now form the basis of an improvement action plan for Moray Adult Community Care Services for 2013/14.

1.1 Leadership

- While assessment workshop participants reported a strong sense of their own professional values, there was no evidence presented of a core set of values specifically for the service and how these values align to the long term outcomes for the service.
- In relation to performance and quality assurance, it was considered that clear governance arrangements had now been established. However, it was perceived that it was often the case that it was only 'bad' news that was communicated to staff by leaders.
- Leaders have developed the opportunity to support staff to take part in service and team development days but it was thought that not all members of staff have the same level of involvement in these events and the outcomes of these events are not always shared to all members of staff.
- Assessment workshop participants were not always aware of the steps that leaders are taking to improve their own professional development.
- As part of the integration of day care services, it was highlighted that the skills matching process was a good example where leaders recognise that staff are the service's best asset.
- Assessment workshop participants noted their perception that training opportunities are not always consistently offered by leaders to all members of staff and opportunities for supervision are also not always equally applied.
- It was welcomed that the Head of Service had taken the time to visit most service areas in the last 12 months and the development of the new service wide post of advanced practitioner, was considered to be beneficial in terms of improving communication between the senior management team and field work teams.

1.2 Service Planning

- While there are good examples where direct service user input has assisted in the development of Adult Community Care Policy and Strategy, the insights gained from service users and carers should be a requirement in the development of all policies and strategies generated by the service.

- Assessment workshop participants considered that the service needed to demonstrate how it supported not only individuals but also local communities. This could be achieved through, for example, information days and road shows. Information gathered would support new ways of working in terms of achieving personal outcomes.
- Following the establishment of a single point of entry for all adult community care services enquiries, assessment workshop participants considered that the high staff turnover and staff shortages within the team would indicate that this element of the redesign of Community Care Services needs to be reviewed and an options appraisal undertaken.
- Assessment workshop participants said that they were not aware of the feedback from recent consultation exercises or of the changes that had been made to the original proposals as a result of these consultations.
- While assessment workshop participants noted that information in the form of leaflets and on-line information is made available to the public, more effort should be focused on making this information accessible to all. It was also considered important to have and promote a single point of access for all information resources and to better utilise online channels.

1.3 People Resources

- Assessment workshop participants thought that the induction process could play a greater role in communicating the service's core values. This could mean using real-life case studies of home carers and ensuring that the induction process is current and up-to-date.
- Assessment Workshop participants noted that they valued that *team talk* was discussed as a regular agenda item at team meetings. Staff would nevertheless appreciate feedback from managers when their thoughts and concerns are reported to senior management.
- Adult Community Services could do more to fully realize the benefits of social media in terms of developing effective 2 way communication with the public.
- Advanced practitioners were considered as having played an important role in supporting the dissemination of examples of good practice.
- It was considered that while there is a genuine acknowledgement of the contribution made by teams, some people however felt that the contribution made by individual members of staff is not always recognised.
- Assessment workshop participants thought that there was an inconsistent approach across teams to supporting a work life balance.

1.4 Partners & Other Resources

- Assessment workshop participants considered that staff at all levels have a strong working relationship with external providers. However, it was thought that the development of the access and east & west field work teams has had the unforeseen effect of undermining operational relationships with NHS colleagues.
- It was highlighted that it was not always clear within the access team or between the access team and the field work teams who had responsibility for supporting an individual service user.
- While budgets were viewed as having now been established as standing agenda item for most team meetings, it was thought that for some teams that this was not the case. In most cases, assessors were made aware of under and overspend in relation to their team budgets.
- Assessment workshop participants did not consider that sharepoint was fit for purpose in managing and making information available.
- Increased efficiency could be achieved by making better use of on-line forms instead of word documents.
- Assessment workshop participants sought clarification in term of the policy and guidelines of sending service agreements electronically to another external service provider.
- It was considered that better use of telecare could be made in relation across all services, including day care, and staff could make better use of telecare.

1.5 Service Processes

- Assessment workshop participants considered that a better insight into service user groups had been achieved though the development of the Learning Disability and Older People's Strategies but in other team areas, staff were not aware, for example, of customer satisfaction survey results.
- It was considered that there was no process in place to report if service user outcomes had been achieved by individual teams.
- The Citizen Leadership Programme was identified as an innovative approach to engaging with hard to reach groups. Assessment workshop participants welcomed the further roll out of this initiative.
- It was highlighted that information leaflets from the service can sometimes be out-of-date and need to be up-dated.
- While it was considered that most staff members were aware of the complaints procedure, not all team meetings discussed the complaint that had

been received and not all team members were informed of the outcome of the complaint.

- Assessment workshop participants considered that they were not listened to and their views and comments were not taken into account when the Access Service was established.
- The Practice Governance Board was considered as an important development in raising quality standards and improving services but information discussed at the Board is not always cascaded down and discussed at a team level.

1.6 Commissioning

- Following phase 1 of the redesign of Adult Community Care Services, assessment workshop participants were aware of the establishment of a Commissioning and Performance Team and the appointment of the Commissioning & Performance Manager as part of the senior management team function. They were also aware that this manager had a remit to oversee the implementation of the commissioning strategy for the service.
- However, assessment workshop participants were unclear of the service outcomes that the Commissioning function aims to achieve. They were also unaware of the mapping and the allocation of future resources which is integral to the commissioning process. Participants did note that they found the presentation delivered as part of the events assessment workshop to be informative, particularly in relation to the establishment of a Learning Disability Partnership Board.
- The majority of assessment workshop participants reported that they were not aware of the key documents that either guide or inform the commissioning process in Moray. This includes the Quality Monitoring Framework Guidelines, the Needs Assessment for Older People and the Needs Assessment for People with a Learning Disability.
- Assessment workshop participants were unclear how the commissioning process informs and is integrated into service and individual team plans and how this contributes to the overall process of continuous improvement.
- Assessment workshop participants were unclear of the procedure followed in terms of how both internal and external commissioned services are systematically monitored and reviewed as part of the quality monitoring process.

1.7 Risk

- Assessment workshop participants were fully aware of the adoption of the risk assessment screening tool that had been deployed across the whole service earlier in the year.

- While risk assessment training and support have been provided to staff, it was considered that risk assessment training should be part of the annual training programme. It was considered that this would be beneficial in terms of supporting staff to further develop their risk assessment skills.
- Assessment workshop participants highlighted that the Adult Support and Protection Team were very supportive and made themselves accessible. It was however noted that written adult support and protection guidance was not always easy to find on sharepoint.
- Multi-agency risk assessments were undertaken between different service areas including Drug & Alcohol and Children & Families as well as Specialists Services (Mental Health & Learning Disabilities) and Health. Assessment Workshop participants were not however aware of any guidance on how multi-agency risk assessments should be undertaken and concern was therefore expressed that this could lead to an inconsistent approach across different team areas within the service.
- Assessment workshop participants commented that there was considered to be sufficient training to support learning where adverse risk-related outcomes had been identified from reviewing an individual case.

1.8 Performance (what we achieve)

- The assessment workshop considered that more needs to be done in developing a consistent approach across the service in relation to capturing and recording relevant customer perception and satisfaction data. It is also important that this information is consistently reported back and made available to the appropriate teams.
- Performance management information discussed at the Community Care Performance Management Group, including the monthly performance report, needs to be made available to all members of staff.
- The council wide workforce satisfaction survey was considered to be an important source of information regarding the level of engagement and moral of staff across the service. The assessment workshop participants were however unclear how the findings of the survey inform adult community care personnel management practice.
- The assessment workshop considered that there was an absence of indicators and outcomes relating to the employment and management of staff within the adult community care service.
- In terms of measuring the shift in the balance of care, the assessment workshop participants considered that there was limited financial information available that would help measure the efficiency of the service.

- While a suite of performance measures and indicators has been developed for adult community care, the service should endeavour to ensure greater service user involvement in determining what and how we measure performance.

