Adult Community Care Services **APPENDIX 1**

Service Plan 2012/13

1.0 Purpose

It is the intention that this plan will form the basis of monitoring of service improvement activity for 2012/13 and will form the basis of future Community Care Service Plans for the next 3 years until 2015/16.

At a time when the Community Care Service is undergoing transformational change, the plan will detail and link the key actions with expenditure required for the delivery improved outcomes. The objectives and tasks outlined in the services team plans are also aligned to this Service Plan.

The plan is therefore intended as a strategic document that will be used both as a guide for all Community Care members of staff to use and as a means for elected members to monitor our performance.

2.0 Background

This section outlines the external and internal factors which have influenced the development of this service plan.

2.1 Service Demand

As with Moray Council as a whole, Moray Adult Community Care Services is faced with a long term demographic change leading to an increase in the number of service users with complex care needs which will mean that the current system of community care provision will need to be transformed to meet higher levels of demand. As with all public services, the Moray Adult Community Care Service also acknowledges that funding will continue to be under pressure for the foreseeable future and therefore faces an ongoing challenge to continue to become more efficient by caring for a growing client base with the same or less resources.

2.2 Redesign: Community Care Change Programme

In light of these significant challenges, the service has undertaken an ambitious programme to develop a redesigned service that aims not only to accommodate the increasing demands placed upon the service but will also seek to improve the outcomes that the service provides to both service users and carers in the community.

Following an extensive consultation exercise, the Detailed Business Case for the redesign of Adult Community Care Services was approved by the Policy and Resources Committee on 13 September 2011 (para 11 of the minute refers).

Throughout the duration of this Service Plan, the Detailed Business Case will be implemented.

Phase 1 of the plan led to the reconfiguring of service functions and re-alignment of management functions in April 2012. The following key elements of the redesigned service were operational by this date.

- Access and Care Centre
- Field Work and Specialist Services Teams
- Home Care and Re-ablement
- Management of Integrated Day Care Services

Phase 2 will see the delivery of elements of the new operating model that will require the support of the DBS Implementation Team. It is not proposed that these elements will be operational until January 2013.

- Corporate Customer Contact Centre
- Deployment of 'Sharepoint 2010'
- Verification of core processes
- Organisational design of structure from grade 8 level down

This service plan is therefore undertaken at a time of significant change within the service. These changes provide both the context and substance of this service plan. Section 3: The Service Plan will outline how these changes have impacted on the service plan for 2012/13.

2.3 Objectives

The Service Plan will adopt the following high level objectives for 2012/13 which relate to the following 4 service areas for adult community care services.

Commissioning and Performance

- Establish the new Commissioning and Performance service, including new roles and responsibilities.
- Completion of learning disability needs assessment.
- Establishing a commissioning timetable.
- Resolving key anomalies in current contractual arrangements.
- Establishing new Provider meetings.
- Setting up, and undertaking contractual monitoring arrangements.
- Implementing performance management policy.

- Commission or decommission befriending service for OP.
- Undertake a PSIF self evaluation of the redesigned service.

Provider Services.

- Establish new Provider Service including new roles and responsibilities.
- Ensure compliance with care inspectorate standards.
- Improve care inspectorate grading for units below grade 5.
- Increase efficiency of provider services considering staff and non-staff costs.
- Improve management and care of people with challenging behaviour.
- Implement re-ablement in all units.

Assessment and Care.

- Establish new assessment and care service including new roles and responsibilities.
- Progress an outcomes approach to care planning.
- Progress re-ablement by increasing number of people with a care plan that describes re-ablement objectives.
- Progress Self Directed Support by increasing numbers of people with either a DP or individual budget.
- Increase responsiveness of assessment and care teams by reducing waiting times for assessment and review.
- Review care management procedures, processes and documentation to improve efficiency.
- Complete a revision of OT policy.

Specialist Services-Learning Disability and Mental Health

- Implement autism project.
- Review all care plans to ensure they are of an acceptable standard.
- Raise standards of social work in Learning Disability and Mental Health Services.
- Implement new authorisation process for funding in LD and MH.
- Renegotiate joint approach in MH and LD.
- Establish user involvement in both MH and LD Services.
- Progress Self-Directed Support by increasing numbers of people with either a direct payment or individual budget.
- Progress an outcomes approach to service planning.
- Work closely with the Commissioning Manager to improve contractual arrangements in both services.
- Ensure a planned and smooth transition for young people transferring from children to adult community care services

Drug and Alcohol

- Establish new service including new roles and responsibilities for local authority staff.
- Define the social work role in drug and alcohol service.
- Pilot Self Directed Support.
- Implement a care management approach for recovery.
- Ensure that good and effective links are in place between children and families social work and the drug & alcohol service.
- Embed performance management in the service, which ensures the achievement of the delivery plan for the service.
- Implement a performance management process
- Reduce waiting times from 28 to 21 days
- Establish a commissioning timeline

Consultant Practitioners

- Completion of the Adult Support Protection Improvement Action Plan
- Multi-agency auditing of Adult Support Protection files
- Improve the quality of stage 2 investigations
- Improve the quality of stage 3 investigations
- Improve the quality of social work practice and evidence by file auditing
- Improve the functional assessment of challenging behaviour cases by Social Work Staff
  Improve risk management in relation to Adult Support Protection and Challenging Behaviour cases

Since the Service Plan has been developed at a time when the Business Case for the redesign of community care services is being implemented, the plan is also aligned to the objectives stated in this document.

These are;

- To maintain services in the face of increasing demands and declining resources.

- To maximise an individual's inclusion, independence, reablement and well-being.

- To enable the shift from provider led service provision to client focused service provision.

- To develop partnership delivery with health services and others.

- Community involvement and development.

- To develop the skills and knowledge base of Community Care staff.
- To empower staff to work within redesigned structures to ensure optimum results.

The strategic objectives will be delivered by:-

- A shift in resources and culture from intervention at the point of crisis towards prevention and early intervention
  - Reduce long-term residential care
  - Reduce in-hospital health care
- Increased client control over needs identification, desired outcomes, budgets and selection of care providers – 'Personalisation'.
- Development of a local market for the provision of care
- Development of equitable and effective resource allocation
- Improved access to services and information through partnerships with other services (a 'no wrong door' approach)
- Increased use of assistive technology / telecare / equipment
- Joint commissioning / procurement with partner providers
- Increased capacity and involvement of the family and of the community
- Clients and client organisations more involved in the design, commissioning and evaluation of services and how client needs are met
- Empowering staff to work to optimum level within redesigned structures of care.

The thread running through all of the above objectives is a change in emphasis in terms of how community care services will now be delivered. This can be encapsulated as placing more emphasis on supporting more people to live independent lives in their in own community or home with a greater degree of importance placed on preventive, anticipatory and re-ablement approaches to care. This contrasts significantly with a historic approach to the delivery of community care which was often characterised as being reactive where interventions were made only when there was an incident or crisis in the life of a service user.

Reference to both the service plan and redesign objectives will be made in relation to section 3 where the specific milestone activities for 2012/13 are outlined.

2.4 Budget

This change in emphasis is also reflected in the budget for community care where, compared to previous years, greater levels of investment have been allocated to

service developments which support the fulfilment of the above objectives and which, in particular, support more people to live independently in their own homes.

The revenue budget with a breakdown of the major components of projected expenditure for 2012/13 is outlined in **(table 1)**.

Table 1

Service Plan 2012/13 Budget Summary

	£000's
Management	1,124
Adult Protection	257
Health Improvement	5
Assessment and Care	11,107
Provider Services	11,937
Commissioning and Contracts	6,521
Specialist Services (LD, MH,Add)	5,550
Efficiency Savings	-570
TOTAL	**35,931**

In 2011/12, of the £35,931m allocated to Community Care, £8,300m (23%) is allocated to permanent care (care homes) and £6,230m (17%) is allocated to home care (this includes re-ablement). The service plan indicates how this imbalance continues to be addressed by outlining the areas of service delivery that will be invested in that will support independent living (including home care). In other words what is known as the shift in the balance of care?

2.5 Change Fund

In addition to the Moray Council Community Care budget, Moray Community Health and Social Care Partnership was awarded £1.187m following a successful application to the Scottish Government Change Fund in 2011/12 and a further award of £1.28m for 2012/13. The award is aimed to specifically assist partnerships to develop initiatives to shift the balance of care from acute to community based care for older people.

The following section will link with the major areas of investment with improvement activities and objectives for 2012/13.

3.0 The Service Plan

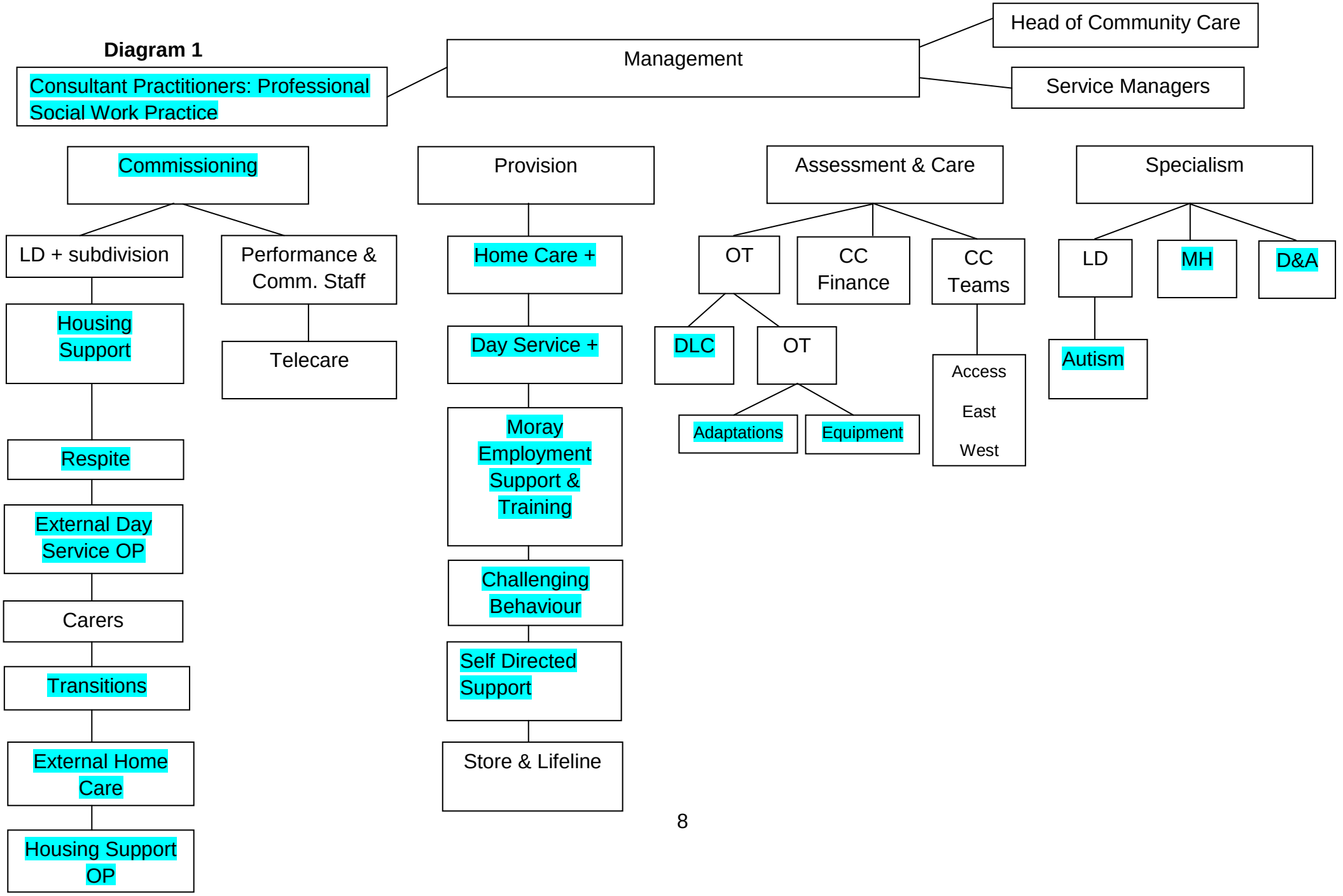
Following the approval and implementation of the Detailed Business Case, the key functions of the redesigned community care service are outlined below (**see diagram 1**).

In light of the investment required to fulfil the objectives noted in section 2.3, the key functions which will be the focus of this service plan are highlighted in the diagram. These functions are;

Function	**Function**
• Home Care	• Respite
• Day Services	• External Home Care
• Moray Employment Support and Training	• Challenging Behaviour
• External Day Service (Older People)	• Disability Living Centre (DLC)
• Transitions	• Occupational Therapy (OT) Adaption's and Equipment
• Mental Health	• Commissioning (incorporating Housing Support –Older People)
• Drug & Alcohol	• Autism
• Self Directed Support	• Commissioning & Improvement
• Housing Support	• Consultant Practitioners (Professional Social Work Practice)

Each of the 18 areas noted above will be outlined using a standardised template. The template will detail a description of the service function, alignment to objectives, the proposed Improvement, how performance will be measured, resources requirements (Financial, Staffing, and Infrastructure/Equipment) and the evidence base supporting the improvement activity.

Diagram 1


Consultant Practitioners: Professional Social Work Practice
Management
Head of Community Care
Service Managers
Commissioning
LD + subdivision
Housing Support
Respite
External Day Service OP
Carers
Transitions
External Home Care
Housing Support OP
Performance & Comm. Staff
Telecare
Provision
Home Care +
Day Service +
Moray Employment Support & Training
Challenging Behaviour
Self Directed Support
Store & Lifeline
Assessment & Care
OT
CC Finance
CC Teams
DLC
OT
Adaptations
Equipment
Access
East
West
Specialism
LD
MH
D&A
Autism

Function : **Home Care**	**Lead Officer:** Provider Manager

Description:

To help people who have been assessed as having care needs to maximise their level of independence by learning or relearning the skills necessary for daily living. Re-ablement is a new initiative for the Moray Community Care service. It is an essential element of the redesign of the service and it was piloted in the Keith & Speyside area prior to the redesign.

Service Plan Objectives:

- Establish new Provider Service including new roles and responsibilities.
- Ensure compliance with care inspectorate standards.
- Improve care inspectorate grading for units below grade 5.
- Increase efficiency of provider services considering staff and non-staff costs.
- Improve management and care of people with challenging behaviour.
- Implement re-ablement in all units

Redesign Objectives:

- To maintain services in the face of increasing demands and declining resources.
- To maximise an individual's inclusion, independence, enablement and well-being.
- A shift in resources and culture from intervention at the point of crisis towards prevention and early intervention
    - Reduce long-term residential care
    - Reduce in-hospital health care
- Prevent unnecessary hospital admission

Improvement Activity (Description):

The successful transition to a re-ablement approach to care will require that all care officers within both the Access and Field Work Teams change their professional practice and adopt new ways of working. In order to secure financial benefits of £160k in 2012/13, it will be necessary that all new service users to the service are assessed for their potential to benefit from a re-ablement approach. In order to secure the financial benefits of £160k in 2012/13, it will be necessary that all service users new to the service are assessed for their potential to benefit from a re-ablement approach and are supported to participate in the reablement process.

Milestones & Completion Dates:

- Following the approval of the Re-ablement Policy and Procedure (February 2012), re-ablement is mainstreamed as a core process across all community care service teams in line with phase 1 of the redesign of adult community care services **(2nd April 2012).**
- Internal performance reports are generated on a monthly basis and submitted to the Community Care Performance Management Group for monitoring (**May 2012 –ongoing on a monthly basis).**
- External Performance Reports are submitted on a quarterly basis to the Health & Social Services Committee, as part of the overall services performance report. (**June 2012-ongoing a quarterly basis)**.

Key Performance Output Measures:

Internal and external performance monitoring will be measured against the following key indicator.

- To achieve a cumulative annual saving of £160,000 through the reduction in service user care package hours through the successful deployment of a re-ablement approach to care.

Resource Requirements (Financial, Infrastructure/Equipment):

Training to Home Care staff, Occupational Therapists and Care Officers was completed prior to the beginning of this financial year. Future training costs resulting from the appointment of Home Care Staff will be absorbed as part of the initial training/induction programme at no additional cost per annum.

Evidence Base	• Re-ablement Policy consultation feedback • Evaluation of Speyside Home Care re-ablement project (2010). • Academic case studies (2011). • A significant positive response as part of the consultation exercise for the redesign of Adult Community Care Services (2011).

Function :	**Day Services**	**Lead Officer:** Provider Manager

Description:

Throughout Moray, Community Care either directly or indirectly provides a range of support services primarily aimed at service users but which can also provide respite for carers. As well as provide information and support, day care facilities also provides opportunities to take part in a range of activities including; horticulture, catering and the arts.

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.

Service Plan Objectives:

- Establish new Provider Service including new roles and responsibilities.
- Ensure compliance with care inspectorate standards.
- Improve care inspectorate grading for units below grade 5.
- Increase efficiency of provider services considering staff and non-staff costs.
- Improve management and care of people with challenging behaviour.
- Implement re-ablement in all units

Redesign Objectives:

- To maintain services in the face of increasing demands and declining resources.
- To enable the shift from provider led service provision to client focused service provision.
- To empower staff to work within redesigned structures to ensure optimum results.
- Development of a local market for the provision of care.
- Development of equitable and effective resource allocation.
- Clients and client organisations more involved in the design, commissioning and evaluation of services and how client needs are met

Improvement Activity (Description):

The establishment of an integrated day care services aims to secure financial benefits of £25k from the rationalisation of grade 8 and grade 7 posts throughout day care services and improved outcomes for service users through the development of multipurpose facilities. These key improvement activities are part of phase1 of the business case for the redesign of adult community care services.

The creation of multipurpose facilities will also be closely aligned with the publication of the Commission Strategy for Older People's and Learning Disability Services.

Milestones & Completion Dates:

- Integrated Day Care Services Manager in post **(April 2012)**.
- Consultations completed on grade 7 Day Care Officer posts and, where appropriate, staff redeployed **(July 2012).**
- Consultations completed in relation to administration and clerical posts within Day Care Services and, where appropriate, staff redeployed **(October 2012).**
- Learning Disability Needs Analysis completed **(June 2012).**
- Older People's Commissioning Strategy published **(November 2012).**
- Service user, family and carer consultations completed on the day care service accommodation plan **(December 2012)**.
- Submitted progress report to Health & Social Services Committee **(January 2013).**
- Post consultation, apply for building consent in relation to relevant day care service buildings **(April 2013).**

Key Performance Output Measures:

- Through the realignment of grade 7 and admin and clerical posts annual saving of £25,000 is achieved in relation to day care services.
- 90% of service users (or proxy) satisfied with their involvement in the design of their care package.
- 90% of service users (or proxy) satisfied with their opportunities for social interaction
- 90% of service users (or proxy) reporting that they feel safe.

Resource Requirements (Financial, Infrastructure/Equipment):

Capital costs for building work and the costs involved in building and architectural support are still to be determined.

Evidence Base	• PSIF Assessment (2010 and review 2011) • Day Service Review (2011) • Positive response to consultation exercise for the redesign of adult community care services (2011)

Function : Moray Employment Support and Training	**Lead Officer:** Provider Manager

Description:

With the aim of supporting independent living, improving self esteem and opportunities for social inclusion, **Moray Employment Support and Training** enable young people and adults with Additional Support Needs to take advantage of a wide range of different employment and training opportunities.

The service is also complemented by the appointment of a volunteer officer as part of the redesign of community care services.

Service Plan Objectives:

- Establish new Provider Service including new roles and responsibilities.
- Ensure compliance with care inspectorate standards.
- Improve care inspectorate grading for units below grade 5.
- Increase efficiency of provider services considering staff and non-staff costs.
- Improve management and care of people with challenging behaviour.
- Implement re-ablement in all units

Redesign Objectives:

- To maximise an individual's inclusion, independence, enablement and well-being.
- To enable the shift from provider led service provision to client focused service provision.
- Community involvement and development.
- Increased capacity and involvement of the family and of the community

Improvement Activity (Description):

The Moray Employment Support and Training have developed a 3 year action plan (2012-2015) to support the development of the service. Specifically, the service aims to increase the number of service users with learning, physical & sensory, drug & alcohol and mental health disability who access this service. The following key milestones are integral to this plan.

Milestones & Completion Dates:

- Review procedures for referring service users with a disability to the Moray Support Training Team-ensuring that both service users and stakeholders are engaged in this process **(May 2012).**
- Volunteer Officer to support the team by increasing the number of opportunities for volunteering for people with a disability **(June-monitored quarterly)**
- Team to ensure that volunteer opportunities are appropriately matched to the needs of service users with a disability**(June-monitored quarterly)**
- Apply to Skills Development Scotland for grant funding to deliver 'Training for Work and Modern apprenticeships' (**April 2012)**.
- Train all staff to be able to support 'Training for Work ' (**June 2012)**.
- Subject to securing funding, deliver the first 'Training for Work ' programme **(May 2012)**.
- To meet the annual targets set by Momentum and the Department of Work & Pensions (DWP) in relation to supported work placements **(November 2012).**
- Ensure that all year 4 pupils with ASN will have awork experience placement (**April and then monitored quarterly**)

Key Performance Output Measures:

- Number of participants completing Training for Work .
- Skills Development Scotland, Momentum and DWP targets are met (monitored quarterly).
- An increase in the percentage of people with a disability who are matched to employment or training.
- An increase in the percentage of people with a disability who secure employment after completing a placement.
- 100% of all transitions plans completed for school leavers with ASN.

Resource Requirements (Financial, Infrastructure/Equipment):

It is the intention that the above improvement activities, leading to an increase in service users, will be supported by securing external funding.

Evidence Base	• Day Service Review (2011) • Positive response to consultation exercise for the redesign of adult community care services (2011)

Function : External Day Services (Older People)	**Lead Officer:** Commissioning Manager

Description:

Adult community care services are progressing plans for the establishment of an integrated day care service. Prior to the approval of the redesign business case, there were discrete day care services for each service area with their own line management structure.

For day Services provided to older people there are a number of specific challenges relating to the commissioning and decommissioning of services in the context of the demographic change. Specifically, the number of day care places should rise to provide additional support for those that remain at home. Growth for 2012/13 is estimated to at 2.5%.

Service Plan Objectives:

- Establish the new Commissioning and Performance service, including new roles and responsibilities.
- Establishing a commissioning timetable.
- Resolving key anomalies in current contractual arrangements.
- Establishing new Provider meetings.
- Setting up, and undertaking contractual monitoring arrangements.
- Implementing performance management policy.
- Commission or decommission befriending service for OP.

Redesign Objectives:

- To maintain services in the face of increasing demands and declining resources.
- To enable the shift from provider led service provision to client focused service provision.
- Development of a local market for the provision of care
- Joint commissioning / procurement with partner providers
- Development of equitable and effective resource allocation
- Clients and client organisations more involved in the design, commissioning and evaluation of services and how client needs are met
- Empowering staff to work to optimum level within redesigned structures of care.

Improvement Activity (Description):

To help address and plan for the demographic pressures on existing services, community care is in the process of generating an Older People Commissioning Plan. This complements the current retendering of older people services.

It is anticipated that the retendering process will improve the personal outcomes for

older people and achieve annual financial savings of **£x compared to 2011/12 at a time when the number of older people using this service is projected to grow.**

Milestones & Completion Dates:

The following are the key milestones in relation to this improvement activity. Please note the tendering process was initiated out with the timescale for this improvement plan.

- Tender evaluation for older people day care services **(12 April 2012).**
- Providers informed of the outcome of the tendering process **(14 May 2012).**
- Commencement of Older People's day care Service **(14 June 2012).**
- Commissioning Strategy for Older People published **(September 2012).**

Key Performance Output Measures:

- 90% of service users (or proxy) satisfied with their opportunities for social interaction
- 90% of service users (or proxy) reporting that they feel safe.
- Retender timescale adhered to. Progress report submitted to Health & Social Services Committee.

Resource Requirements (Financial, Infrastructure/Equipment):

While the exact cost will not be known until the tender process is completed, it is anticipated that costs can be absorbed within existing allocated budget.

Evidence Base	• Day Care Services Review • Consultation responses as part of the approval of the detailed business case.

Function : **Transitions**	**Lead Officer:** Specialist Services Manager

Description:

The purpose of an adult transitions policy and procedure is to support effective planning and review processes for young people to ensure that progression from adolescence to adulthood and the provision of adult community care services is as smooth as possible.

Following the approval of the policy and the subsequent establishment of a transitions panel, it is the intention that improvements can be made in forecasting the needs of future service users. One of the benefits of this development is the delivery of a more efficient service.

Service Plan Objectives:

- Ensure a planned and smooth transition for young people transferring from children to adult community care services.

Redesign Objectives:

- To maintain services in the face of increasing demands and declining resources.
- Development of equitable and effective resource allocation.
- Joint commissioning / procurement with partner providers.

Improvement Activity (Description):

Building on the transitions policy agreed by Schools, Children and Families and Adult Community Care Services in 2011/12, it is anticipated that significant financial benefits can be secured as result of more effective planning and early intervention.

Milestones & Completion Dates:

- Transitions Panel continues to meet on a quarterly basis **(April 2012 ongoing).**
- Report internally and externally on financial costs and savings to the service **(September 2012 and then every 6 months)**
- Confirm anticipated transitions cost for 2013/14 **(June 2012)**

Key Performance Output Measures:

- 90% of young people and their families going through the transitions process will report that they are satisfied with their level of involvement.
- All school leavers who are potentially in need of an adult community care service will have a transition plan in place 6 months before their school leaving date.

• 100% of young people (and/or their parent/carer/advocate) will have gone through a transitions process in 2012/13 and will have received information in relation to self directed support (SDS).	
Resource Requirements (Financial, Infrastructure/Equipment): No additional resources.	
Evidence Base	• PSIF Assessment (2010 and review 2011)

Function : Mental Health (Development of a holistic and preventative approach)	**Lead Officer:** Specialist Services Manager

Description:

As part of the redesign of adult community care services, community care mental health services will reposition itself from a service which focused primarily on meeting its statutory obligations under the Mental Health and Treatment Act and its statutory responsibilities under the NHS and Community Care Act to a more preventive and holistic approach to providing a mental health service.

One of the consequences of this narrow focus on acute mental heath is that the service is not sufficiently well funded to meet the objectives of a more preventive and holistic approach to care. For example, in 2011/12 Mental Health Services spent £5,000 on respite for mental health carers while the comparative figure for Learning Disability carers was £447,000.

Service Plan Objectives:

- Review all care plans to ensure they are of an acceptable standard and achieve a standard which is effective in addressing service users' needs and risks.
- Ensure the standards provided within social work Mental Health Services are consistently excellent and effective at addressing the needs and risks for service users.
- Implement new authorisation process for funding in LD and MH.
- Renegotiate joint approach in MH and LD.

Redesign Objectives:

- A shift in resources and culture from intervention at the point of crisis towards prevention and early intervention
- To develop the skills and knowledge base of Community Care staff and reduce staff absentee rates.
- To empower staff to work within redesigned structures to ensure optimum results.

The strategic objectives:-

- To maintain services in the face of increasing demands and declining resources.
- To maximise an individual's inclusion, independence, enablement and well-being.
- Community involvement and development.

Improvement Activity (Description):

At a time when adult mental health services are in the process of implementing a more preventive approach to mental health issues, it is anticipated that there will

continue to be a growing demand for acute and reactive mental health services locally. Adult Community Care Mental Health Services are therefore under significant pressure to respond in a proactive and reactive way to mental health issues.

In light of these significant pressures a sharp focus will be given to ensuring that all mental health care plans are completed to an acceptable standard and the service users needs are met, adult support and protection procedures are fully adhered to and social work interventions are reviewed.

To accommodate this anticipated increase in demand will require a planned approach to the delivery of community care mental health services in the future.
It will also mean additional resources for mental health services. Specifically, £22,000 for adult mental health respite, £90,000 for an additional 2 social worker posts (1 social worker to focus on community co-ordination) and £18,000 for 1X30 hours Community Care Officer Post.

Milestones & Completion Dates:

In the next 12 months, the following key milestones will be addressed in terms of addressing these service pressures.

- Staff workloads to be monitored **(April & then on a monthly basis).**
- Monitor the impact on the Mental Health Duty Care Service **(April & then on a monthly basis).**
- Case files audited in line with Quality Assurance Procedure (**ongoing**).
- Mental Health respite monitored and reported quarterly to Community Care Performance Management Group **(June 2012 –onwards)**
- Corporate Management Team (CMT) to confirm level of investment commitment for the service **(June 2012**).

Key Performance Output Measures:

- 90% of service users feeling safe.
- 90% of service users are satisfied with their opportunities for social interaction.
- 90% of service users are satisfied with their level of support in relation to employment or volunteering
- Monitor the number of adult support protection stage 1 and stage 2 investigations.
- 100% of care plans are reviewed within 12 months from completion.
- Staff absentee rate monitored.

Resource Requirements (Financial, Infrastructure/Equipment):

An additional £130,000 is required to support the service.

Evidence Base	Response to consultation exercise for the redesign of adult community care services (2011)

Function : Respite	**Lead Officer: Commissioning Manager**

Description:

In the context of demographic pressures but also as a consequence of shifting the balance of care to supporting more people to live independently at home, it is projected that informal carers (unpaid) will need increased support in their invaluable role as carers.

An additional cost of £50,000 has been approved by the Policy & Resources Committee on 6 December 2011 to support an increased number of carers through the Quarriers' contracted carers support service.

Service Plan Objectives:

- Establish the new Commissioning and Performance service, including new roles and responsibilities.
- Completion of learning disability needs assessment.
- Establishing a commissioning timetable.
- Resolving key anomalies in current contractual arrangements.
- Establishing new Provider meetings.
- Setting up, and undertaking contractual monitoring arrangements.
- Implementing performance management policy.
- Commission or decommission befriending service for OP.

Redesign Objectives:

- To maximise an individual's inclusion, independence, enablement and well-being.
- To enable the shift from provider led service provision to client focused service provision.
- To develop partnership delivery with health services and others.
    - Increased use of assistive technology / telecare / equipment
    - Joint commissioning / procurement with partner providers
    - Increased capacity and involvement of the family and of the community
- Clients and client organisations more involved in the design, commissioning and evaluation of services and how client needs are met.
- To maintain services in the face of increasing demands and declining resources.

Improvement Activity (Description):

The carer's strategy recognises the importance of not only increasing the number of hours of respite delivered but also ensuring that respite provision is delivered in a more responsive and flexible way that meets the needs of carers.

Milestones & Completion Dates:

- Have an agreed plan in place for the implementation of the findings of the Respite Audit in Learning Disability and Mental Health Services **(July 2012)**
- Carers Supported Self Assessment & Review Tool Kit developed **(August 2012)**
- Specialist Interdependent Carer Assessment Tool Kit developed **(August 2012)**
- Referrals into SBB increased by 50% **(October 2012)**
- Interde**pendent Respi**te Service established **(October 2012)**
- Respite **Satisfaction** Survey completed **(February 2013)**

Key Performance Output Measures:

- 90% o**f carers reporti**ng that they are satisfied with the design of the care package.
- 90% of carers reporting that they feel capable and supported to continue in their role as a carer.

Resource Requirements (Financial, Infrastructure/Equipment):

No further funding for 2012/13 required.

Evidence Base	Commission Strategy (draft) for Older People, supported by need assessment.

Function : **External Home Care**	**Lead Officer:** Commissioning Manager

Description:

In supporting more service users to live independently at home, Community Care provides domiciliary care through it's in-house as well as commissioning the provision of external home care.

In 2011/12, both in-house and external home care services delivered an additional 20,000 hours of home care. It is forecast that the demand for external domiciliary will continue to increase. Therefore an estimated additional investment of £90,000 is required to support the purchase of additional external home care.

Service Plan Objectives:

- Establish the new Commissioning and Performance service, including new roles and responsibilities.
- Completion of learning disability needs assessment.
- Establishing a commissioning timetable.
- Resolving key anomalies in current contractual arrangements.
- Establishing new Provider meetings.
- Setting up, and undertaking contractual monitoring arrangements.
- Implementing performance management policy.
- Commission or decommission befriending service for OP.

Redesign Objectives:

- To maximise an individual's inclusion, independence, enablement and well-being.
- To enable the shift from provider led service provision to client focused service provision.
- To develop partnership delivery with health services and others.
- Increased use of assistive technology / telecare / equipment
- Increased capacity and involvement of the family and of the community
- Clients and client organisations more involved in the design, commissioning and evaluation of services and how client needs are met.
- To maintain services in the face of increasing demands and declining resources.

Improvement Activity (Description):

For 2012/13, the immediate priority will be to reach an agreement with the current contracted external home care services providers (Momentum and Allied) to allow the existing contract to be extended until April 2014.

This timescale is also aligned with the overarching timeline for the completion of the

Older People's Commissioning Strategy.

Milestones & Completion Dates:

- Establish the target for the increased number of hours that will be delivered by external homecare for 2013/14 (**August 2012)**.
- Through the formal and informal complaints system, monitor the quality of external homecare provision. **(April and reported monthly to the Practice Governance Board).**
- Complete negotiations with Allied and Momentum concerning the extension of the contract **(December 2012)**.
- Report outcome of negotiation to the Health & Social Care and Policy & Resources Committee **(January 2013)**.

Key Performance Output Measures:

- By April 2013.achieve a level of 40% of people 65+ with intensive needs receiving care at home.
- By April 2013, 900 service users 65+ will receive personal care at home compared to 781 (2008/09). Based on 15% increase on2008/09baseline.
- By April 2013, reduce to 2,654 (20%) the number of people 65+ admitted as an emergency to acute specialities.
- By April 2013, reduce the level of continuing support required by 25% (compared to 2009/10 baseline).
- 90% of service users (or proxy) reporting that they feel safe.

Resource Requirements (Financial, Infrastructure/Equipment):

£90,000 has been allocated to meet the forecast demand for additional external home care services.

Evidence Base	• Re-ablement Policy consultation feedback • A significant positive response as part of the consultation exercise for the redesign of Adult Community Care Services (2011).

Function : **Challenging Behaviour**	**Lead Officer:** Specialist Services manager

Description:

Maybank is a residential service for adults with a range of support needs including learning disability and autism and who present extremely challenging behaviour. Maybank was formerly operated via a commissioning arrangement with an external organisation, following the end of the current contract on the 31st March 2012; Maybank is now a Moray Council operated service.

In general, Community Care aims to ensure that any service user who challenges the service obtains a timely and appropriate response from staff who are suitably trained.

Service Plan Objectives

- Establish new Provider Service including new roles and responsibilities part of which is to bring the Maybank in-house. (Previously provided by the Richmond Fellowship)
- Ensure compliance with care inspectorate standards.
- Improve care inspectorate grading for units below grade 5.
- Increase efficiency of provider services considering staff and non-staff costs.
- Improve management and care of people with challenging behaviour.
- Implement re-ablement in all units.
- Review all care plans to ensure they are of an acceptable standard
- Raise the standard of social work in learning disability service
- Implement new authorisation process for funding in learning disability service
- Renegotiate joint approach in learning disability service
- Establish a user involvement in learning disability service
- Progress self directed support
- Progress an outcomes approach to service planning
- Work closely with Commissioning Manager to improve contractual arrangements

Redesign Objectives:

- To maintain services in the face of increasing demands and declining resources.
- To maximise an individual's inclusion, independence, enablement and well-being.
- Community involvement and development.
- Increased capacity and involvement of the family and of the community
- Clients and client organisations more involved in the design, commissioning and evaluation of services and how client needs are met
- Increased use of assistive technology / telecare / equipment.

Improvement Activity (Description):

To bring the Maybank service in-house.

Implement an on-going programme of training for staff who are working with those who challenge the service with appropriate support for carers. Appoint a consultant practitioner for challenging behaviour.

Ensure that those service users out-with Moray can receive an appropriate service locally.

Milestones & Completion Dates:

- Following negotiation with the Richmond Fellowship the service is brought in-house **(April 2012)**
- Consultant practitioner for challenging behaviour has been appointed **(April 2012)**
- Ensure that robust and achievable psychiatric emergency plans are in place. (April 2012).
- Case files in respect of service users with challenging behaviour audited in line with Quality Assurance Programme **(ongoing)**
- Monitor and report incidents monthly to Community Care performance Management Group (**April 2012 – onwards)**
- Ensure that there is sufficient staffing who are appropriately trained in CALM techniques **(May 2012).**
- Review staffing arrangements and provision **(September 2012).**

Key Performance Output Measures:

- Reduce the number of challenging behaviour incidents by 25% **(March 2013).**
- Identify staff who need to be trained in CALM techniques **(May 2012).**
- Ensure that all staff who are identified as requiring CALM training receive this training. This will include all members of staff at Maybank **(January 2013).**
- All staff (100%) involved in a challenging behaviour incident are de-briefed by their immediate line manager **(April-ongoing)**.

Resource Requirements (Financial, Infrastructure/Equipment):

Ongoing training of relevant staff in residential, day care and supported living accommodation. Ongoing costs of providing Maybank service in house (already in budget)

Evidence Base	Responses as part of the consultation exercise for the redesign of Adult Community Care Services (2011).

Function : Disability Living Centre (DLC)	**Lead Officer:** Assessment & Care Manager

Description:

The registered Disabled Living Centre (DLC), located at Moray Resource Centre, is 1 of only 4 in Scotland. Specialising in information and advice regarding a wide range of everyday living products from specialised disability equipment to simple gadgets to help with everyday activities.

The Information Service aims to:

Provide accurate, appropriate and up to date information and advice on services and equipment relating to all aspects of disability.

Make information more accessible to service users, carers, professionals and the general public.

Provide people with information directly and in their preferred format e.g. paper copy, leaflets, websites, Braille, large print, CD, DVD etc where possible.

Service Plan Objectives

- Establish new assessment and care service including new roles and responsibilities.
- Progress an outcomes approach to care planning.
- Progress re-ablement by increasing number of people with a care plan that describes re-ablement objectives.
- Progress Self Directed Support by increasing numbers of people with either a DP or individual budget.
- Increase responsiveness of assessment and care teams by reducing waiting times for assessment and review.
- Review care management procedures, processes and documentation to improve efficiency.

Redesign Objectives:

- To maintain services in the face of increasing demands and declining resources.
- To maximise an individual's inclusion, independence, enablement and well-being.
- To enable the shift from provider led service provision to client focused service provision.
- Community involvement and development.
- Increased client control over needs identification, desired outcomes, budgets and selection of care providers – 'Personalisation'.
- Development of equitable and effective resource allocation.
- Improved access to services and information through partnerships with other

services (a 'no wrong door' approach)
- Increased use of assistive technology / telecare / equipment
- Increased capacity and involvement of the family and of the community

Improvement Activity (Description):

To raise the profile and promote the use of the DLC and also to support service users and carers to have a greater level of involvement in the day to day running of the facility, the following milestones have been identified for 2012/13.

Milestones & Completion Dates:

- Evaluate the needs of the current service users and carers who use the service (**May 2012**)
- Evaluate the needs of the public who do not but who could find the DLC service beneficial (**June 2012**)
- Draft Operational Plan completed which is based on a co-production approach with service users and carers (**July 2012**)
- Operational Plan consulted on and evaluated using VOICE (**September 2012)**.
- EIA completed and recommendations built into revised plan (**September 2012**).
- Citizen Leadership Training completed **(December 2012).**
- Revised staff structure in place and operational **(December 2012).**

Key Performance Output Measures:

- Increase the number of recorded service user and carer contact/advice sessions by 10% compared to 2011/12.
- 90% of service users satisfied with their involvement in the design of their care package.
- 90% of service users satisfied with their opportunities for social interaction
- 90% of service users reporting that they feel safe.

Resource Requirements (Financial, Infrastructure/Equipment):

No additional resources required. Improved service will be developed within the existing budget for 2012/13.

Evidence Base	Responses as part of the consultation exercise for the redesign of Adult Community Care Services (2011).

Function : Occupational Therapy (OT) Adaptations and Equipment	**Lead Officer:** Access Manager

Description:

Adaptations can make a significant difference to the outcomes for an individual in relation to where they can live and the level of independence they have within their daily environment. A major adaptation can be defined as work that addresses complex needs and involves permanent structural changes to a person's home, such as the provision of shower facilities, ground floor toilet or the installation of a through floor lift.

As part of Community Care, this Occupational Therapy Service can support more people to live longer in their own homes as opposed to receiving permanent care.

Service Plan Objectives:

- Establish new assessment and care service including new roles and responsibilities.
- Progress an outcomes approach to care planning.
- Progress re-ablement by increasing number of people with a care plan that describes re-ablement objectives.
- Progress Self Directed Support by increasing numbers of people with either a DP or individual budget.
- Increase responsiveness of assessment and care teams by reducing waiting times for assessment and review.
- Review care management procedures, processes and documentation to improve efficiency.
- Complete a revision of OT policy.

Redesign Objectives:

- To maintain services in the face of increasing demands and declining resources.
- To maximise an individual's inclusion, independence, enablement and well-being.
- To enable the shift from provider led service provision to client focused service provision.
- Community involvement and development.
- Increased client control over needs identification, desired outcomes, budgets and selection of care providers – 'Personalisation'.
- Development of equitable and effective resource allocation.
- Improved access to services and information through partnerships with other services (a 'no wrong door' approach)
- Increased use of assistive technology / telecare / equipment
- Increased capacity and involvement of the family and of the community

Improvement Activity (Description):

The provision of Occupational Therapy aids plays an important part in achieving the objectives as stated above and, in particular, supporting more service users to live independently at home. However, the budget for aids has never been increased in line with the shift of the balance of care from residential nursing to home based care.

The provision of equipment is a very cost effective way of enabling people to live independently. An additional cost of £40,000 has been identified for 2012/13.

Milestones & Completion Dates:

- Monitor the variance in Moray of the prescription of equipment within Moray **(May 2012)**
- Review processes including OT input into the referral process **(December 2012)**
- Undertake options appraisal in relation to the provision of OT equipment**(January 2013)**
- Produce a new policy for OT's in relation to adaptations and equipment **(February 2013)**

Key Performance Output Measures:

- Decrease in the number of service users who are re-housed on medical grounds.
- Increase in the number of service users referred to the DLC
- Monitor complaints in relation to the integration of OT as part of the access service
- 70% of service users surveyed satisfied with the OT equipment and adaptations service
- 90% of service users reporting that they feel safe

Resource Requirements (Financial, Infrastructure/Equipment):

An additional cost of £40,000 has been identified for the development of the OT equipment store.

Evidence Base	• Re-ablement Policy consultation feedback • Evaluation of Speyside Home Care re-ablement project (2010). • A significant positive response as part of the consultation exercise for the redesign of Adult Community Care Services (2011).

Function : Commissioning -Housing Support	**Lead Officer:** Commissioning Manager

Description:

Housing support services help people to live as independently as possible in the community and rangefrom providing a community alarm service to sheltered housing for older people.

The type of support that is provided will aim to meet the specific needs of the individual.

Service Plan Objectives:

- Establish the new Commissioning and Performance service, including new roles and responsibilities.
- Completion of learning disability needs assessment.
- Establishing a commissioning timetable.
- Resolving key anomalies in current contractual arrangements.
- Establishing new Provider meetings.
- Setting up, and undertaking contractual monitoring arrangements.
- Implementing performance management policy.
- Commission or decommission befriending service for OP.

Redesign Objectives:

- To maintain services in the face of increasing demands and declining resources.
- To maximise an individual's inclusion, independence, enablement and well-being.
- Community involvement and development.
- Increased capacity and involvement of the family and of the community
- Clients and client organisations more involved in the design, commissioning and evaluation of services and how client needs are met
- Increased use of assistive technology / telecare / equipment

Improvement Activity (Description):

In line with the above objectives, community care aims to better match the needs of older people with housing support services. This will help increase the capacity of older people to live independently in their own homes.

Milestones & Completion Dates:

- Conduct a survey to determine if older people tenants of sheltered housing have their needs are met **(May 2012).**
- Based on the results of the survey, consider the service options in terms of better meeting the needs of older people who reside in sheltered housing **(June 2012).**
- Agree with Hanover Housing a model for extra-care housing combined support and care **(June 2012).**
- Consult and undertake an EIA in relation to options **(July 2012).**
- Consult and agree with service provider's changes to service delivery **(August 2012)**.
- Establish 2 self sustaining taster groups for tenants in sheltered housing that meet the needs of service users **(February 2013).**

Key Performance Output Measures:

- Increase the number of people who benefit from Housing Support.
- 90% of service users (or proxy) satisfied with their involvement in the design of their care package.
- 90% of service users (or proxy) reporting that they feel safe.

Resource Requirements (Financial, Infrastructure/Equipment):

The above improvement activities will be absorbed within the existing Commissioning budget.

Evidence Base	Responses as part of the consultation exercise for the redesign of Adult Community Care Services (2011).

Function : Drug & Alcohol Services	**Lead Officer:** Specialist Services Manager

Description:

Community Care services form part of a wider partnership of multi-disciplinary services that deliver Tier 3 and 4 treatment services for those with drug and alcohol problems, Adult Protection case work and Child Protection case work as well as delivering an Early Years and Pregnancy Service which supports the CAPSM agenda.

Service Plan Objectives:

- Establish new service including new roles and responsibilities for L.A staff.
- Define the social work role in drug and alcohol service.
- Pilot SDS.
- Implement a care management approach for recovery.
- Implement a performance management process
- Reduce Waiting times from 28 to 21 days
- Establish a commissioning timeline

Redesign Objectives:

- To maintain services in the face of increasing demands and declining resources.
- To maximise an individual's inclusion, independence, enablement and well-being.
- Community involvement and development.
- Increased capacity and involvement of the family and of the community.
- Clients and client organisations more involved in the design, commissioning and evaluation of services and how client needs are met

Improvement Activity (Description):

A large proportion of the service is built on short term funding and if not continued would put the ability to deliver within target at risk.

With increasing numbers accessing the service through Adult/Child Protection routes and the in-ability to build capacity the service may not cope with the increased footfall.

There remains a challenge to change culture from previously delivered services to a more recovery focused care management approach and bespoke learning will need to be available from the training department to ensure all staff are clear about their role and function.

Milestones & Completion Dates:

- Drug and Alcohol Service Manager in post (**May 2012**)
- Phased implementation of Outcomes Star (**April 2012**)
- Commissioning requirements identified through needs assessment **(May 2012)**
- All staff clear about accountability and responsibility in relation to role and function **(July 2012)**
- User pathway developed in partnership with NHS Clinical Leads (**June 2012)**
- Service Delivery Protocol identifying staff roles and function developed as part of the wider strategy (**July 2012**)
- Develop practice to include family as part of the support network (**July 2012**)
- Training delivered to all staff in relation to drug and alcohol specific interventions (**Oct 2012**)
- Identify service users able to engage with SDS **(Oct 2012)**
- Use evidence from SU Involvement Officer to dictate service delivery **(Oct 2012)**

Key Performance Output Measures:

- 90% of service users (or proxy) satisfied with their involvement in the design of their care package.
- 90% of service users (or proxy) satisfied with their opportunities for social interaction
- 90% of service users (or proxy) reporting that they feel safe.

Resource Requirements (Financial, Infrastructure/Equipment):

None at present, however this is only determined by the ongoing funding provided by the Alcohol and Drug Partnership.

Evidence Base	Responses as part of the consultation exercise for the redesign of Adult Community Care Services (2011).

Function : Autism	**Lead Officer: Specialist Services Manager**

Description:

In order to develop services for people with autism and their carers it is proposed to appoint a part time training facilitator and a part time trainer in citizen leadership with the intention that this will lead to the development of a one stop shop for people with autism and their carers.

Service Plan Objectives

- Establish new Provider Service including new roles and responsibilities in training on aspects of autism for relevant staff.
- Implement autism project
- Review all care plans to ensure they are of an acceptable standard
- Establish user involvement in the autism service
- Progress self directed support
- Progress an outcomes approach to service planning
- Work closely with the Commissioning Manager to improve contractual arrangements for the service
- Ensure compliance with care inspectorate standards.
- Improve care inspectorate grading for units below grade 5.
- Increase efficiency of provider services considering staff and non-staff costs.
- Improve management and care of people with autism.
- Implement re-ablement in all units.

Redesign Objectives:

- To maintain services in the face of increasing demands and declining resources.
- To maximise an individual's inclusion, independence, enablement and well-being.
- Community involvement and development.
- Increased capacity and involvement of the family and of the community
- Clients and client organisations more involved in the design, commissioning and evaluation of services and how client needs are met
- Increased use of assistive technology / telecare / equipment

Improvement Activity (Description):

The successful establishment of specific training in autism will better prepare staff for undertaking work with people with autism and their families. It will also improve the standard of work within day services and appropriate residential resources.

The investment of £55k obtained from the Scottish Autism Development fund will help to improve training and lead to a one stop shop fully involving people with autism and their carers.

Milestones & Completion Dates:

- Tier 1 Recruitment of a part time training facilitator specifically for autism training 2012 – 2013 **(May 2012)**
- Tier 2 Recruitment of a part time trainer in citizen leadership 2012 – 2013 **(April 2012)**
- The establishment of a service for people with autism and their carers. 2012 – 2014
- Report on the costs and training progress every three months commencing **(June 2012)**
- Case files in respect of service users with autism audited in line with Quality Assurance Programme **(ongoing)**
- Monitor and report incidents monthly to Community Care performance Management Group **(April 2012 – onwards)**
- Undertake a review of services for autism in respect of training **(October 2012)**

Key Performance Output Measures:

- 90% of staff satisfied with their training input
- 90% of service users (or proxy) satisfied with their involvement in the design of their care package.
- 90% of service users (or proxy) satisfied with their opportunities for social interaction
- 90% of service users (or proxy) reporting that they feel safe.

Resource Requirements (Financial, Infrastructure/Equipment):

For the appointment of two p/t trainers and the development of a service for people with autism and their carers, £55,000 has been made available for the Scottish Strategy for Autism Development Fund.

Evidence Base	Responses as part of the consultation exercise for the redesign of Adult Community Care Services (2011).

Function : Self Directed Support	**Lead Officer:** Assessment & Care

Description:

Community Care staff are working to ensure that self directed support (SDS) becomes accepted by both service users and providers as a key means of delivering more personalised services in the future.

Service Plan Objectives:

- Establish new assessment and care service including new roles and responsibilities.
- Progress an outcomes approach to care planning.
- Progress re-ablement by increasing number of people with a care plan that describes re-ablement objectives.
- Progress Self Directed Support by increasing numbers of people with either a DP or individual budget.
- Increase responsiveness of assessment and care teams by reducing waiting times for assessment and review.
- Review care management procedures, processes and documentation to improve efficiency.

Redesign Objectives:

- To maximise an individual's inclusion, independence, enablement and well-being.
- To enable the shift from provider led service provision to client focused service provision.
- Community involvement and development.
- Increased capacity and involvement of the family and of the community

Improvement Activity (Description):

To support this cultural shift, Community Care staff have developed an over-arching implementation plan. The completion of the milestones contained within this plan is overseen by the SDS Reference Group

Milestones & Completion Dates:

- Develop guidance and procedures that supports SDS (**March 2012**)
- Ensure that direct payments can be used to purchase short breaks via the short breaks bureau and shared lives (**March 2012)**
- Following the passing of the SDS Bill by the Scottish Parliament, review carers assessment and develop direct payments for carers (**June 2012**)
- Deliver training and information sessions to Quarriers, other providers and the independent sector regarding the impact of SDS **(August 2012 to April 2013)**

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Review all existing strategies in relation to the impact of SDS (June 2012).
Create detailed roll-out plans for the ongoing development of SDS (July 2012).

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<tr><td colspan="2">Key Performance Output Measures:

To have supported 40 community care service users in securing a personal budget by April 2013.

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<tr><td colspan="2">Resource Requirements (Financial, Infrastructure/Equipment):

It is the intention that the above improvement activities, leading to an increase in service users, will be supported by securing external funding.</td></tr>
<tr><td>Evidence Base</td><td>

Positive response to consultation exercise for the redesign of adult community care services (2011)

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Function: Consultant Practitioners: Improve professional Social Work Practice	**Lead Officer:** Assessment & Care Manager/Lead Consultant Practitioner

Description:

There is a need to improve professional social work practice which will involve the embedding and implementation approach to community care. There is also a need to ensure that risk assessment, assessment, care planning and care plan review are all of a consistently high standard. Additionally, the requirements of adult support and protection must be met in full, and improvements made in the quality of investigations.

Service Plan Objectives:

- Completion of the Adult Support Protection Improvement Action Plan
- Multi-agency auditing of Adult Support Protection files
- Improve the quality of stage 2 investigations
- Improve the quality of stage 3 investigations
- Improve the quality of social work practice and evidence by file auditing
- Improve the functional assessment of challenging behaviour cases by Social Work Staff
- Improve risk management in relation to Adult Support Protection and Challenging Behaviour cases

Redesign Objectives:

- To maximise an individual's inclusion, independence, enablement and well-being.
- To enable the shift from provider led service provision to client focused service provision.
- Community involvement and development.
- Increased capacity and involvement of the family and of the community.

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:

- Completion of the Adult Support Protection Improvement Action Plan **(March 2013)**
- Multi-agency auditing of Adult Support Protection files **(March 2013)**
- Improve the quality of stage 2 investigations (**April then monthly)**
- Improve the quality of stage 3 investigations (**April then monthly)**

- Improve the quality of social work practice and evidence by file auditing (**April then monthly)**
- Improve the functional assessment of challenging behaviour cases by Social Work Staff **(April then monthly)**
- Improve risk management in relation to Adult Support Protection and Challenging Behaviour cases (**April then monthly)**

Key Performance Output Measures:

- 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 the Community Care Practice Governance Board meeting.

Resource Requirements (Financial, Infrastructure/Equipment):

The above improvement activities will be absorbed within the existing access and field work team budgets.

Evidence Base	• Positive response to consultation exercise for the redesign of adult community care services (2011)

Function : Commissioning & Improvement	**Lead Officer:** Commissioning Manager

Description:

As part of the redesign of adult community care services, the development of a commissioning function which assesses and forecast needs across all services areas before planning to deliver services to achieve better outcomes was a key element of the redesign of the service. The services commitment to commissioning was reflected in the development of a new commissioning team overseen by a Commissioning Manager.

Service Plan Objectives:

- Establish the new Commissioning and Performance service, including new roles and responsibilities.
- Completion of learning disability needs assessment.
- Establishing a commissioning timetable.
- Resolving key anomalies in current contractual arrangements.
- Establishing new Provider meetings.
- Setting up, and undertaking contractual monitoring arrangements.
- Implementing performance management policy.
- Commission or decommission befriending service for OP.

Redesign Objectives:

- To maintain services in the face of increasing demands and declining resources.
- To maximise an individual's inclusion, independence, enablement and well-being.
- Community involvement and development.
    - Increased capacity and involvement of the family and of the community
    - Clients and client organisations more involved in the design, commissioning and evaluation of services and how client needs are met
    - Increased use of assistive technology / telecare / equipment

Improvement Activity (Description):

The primary focus of improvement activity is the development of the new commissioning function within adult community care services. This will centralise the previously dispersed responsibilities for commissioning within a single unit with a view to improving quality and delivering financial benefits.

Milestones & Completion Dates:

- Establish contracts database (**April 2012**)

- Review and prioritise contracts for 2013/14 (**May 2012**)
- Complete Audit Scotland Self Assessment (**July 2012**)
- Fully implementing performance management policy (**October 2012).**
- Undertake an options appraisal in relation to the Older People's Befriending Service contract **(October 2012)**
- Resolving key anomalies in current contractual arrangements **(October 2012)**
- Complete the Learning Disability Needs Assessment **(November 2012)**
- Confirm the decision regarding the Older People's Befriending Service contract **(December 2012)**

Key Performance Output Measures:

- Progress will be monitored against the Commissioning Plan for Adult Community Care Services.

Resource Requirements (Financial, Infrastructure/Equipment):

The above improvement activities will be absorbed within the existing Commissioning budget.

Evidence Base	Responses as part of the consultation exercise for the redesign of Adult Community Care Services (2011).

4.0 Alignment with Key Policy Initiatives

Service improvement and performance is the underpinning premise for both the redesign of adult community care services, the commissioning strategy for community care and the partnership change fund application. Implicit in these strategies and plans is a commitment to provide a more personalised service for service users and carers, support more people to be self-reliant, live more independently at home and to receive a more efficient and a more customer orientated service from community care.

The development of a service improvement plan is considered to be timely and acknowledged as such within the Performance Reporting Policy for Community Care.

5.0 Performance Reporting

Progress in undertaking this service improvement plan will be monitored within Community Care's own performance management arrangements. This includes reports to the Community Care Performance Management Group, Joint Performance Management Group (Moray CHSCP), Practice Governance Board and the Community Care Managers Meetings.

As part of the quarterly performance up-date for Adult Community Care Services, progress reports will also be submitted tot the Health and Social Services Committee.