

## The Highland Council

### Education, Children and Adult Services Committee - 21 May 2014

Agenda Item	4.
Report No	ECA/02/14

## Reshaping Care for Older People

### Report by Director of Care and Learning

#### Summary

This report introduces the Audit Scotland report, Reshaping Care for Older People (2014), and a presentation by NHS Highland on the draft Change and Improvement Plan.

#### 1. Background

- 1.1 The public sector in Scotland faces significant challenges in reshaping care for older people, as this involves changing the way it provides services to meet increasing demand, while continuing to meet current needs.
- 1.2 This challenge was one of the key drivers for Highland Council and NHS Highland to adopt the lead agency approach from April 2012, with NHS Highland providing all social care for adults as part of an integrated service.
- 1.3 The lead agency model involves Highland Council maintaining its responsibility for adult social care, but the delivery of those services is commissioned from NHS Highland as part of a Partnership Agreement. This provides single management and governance of these services, as well as a single budget within the overall NHS Highland budget.
- 1.4 NHS Highland is also able to fully utilise the Change Fund for Reshaping the Care of Older People, as part of its strategic commissioning arrangements with other partners.
- 1.5 Recognising the long term nature of this challenge, and the current pressure on the adult social care budget, Highland Council agreed to additional funding at the March Council meeting, involving:
  - a. additional recurring funding:
    - 2014/15 - £3.0m
    - 2015/16 - £1.3m
    - 2016/17 - £0.4m
  - b. additional non-recurring funding in 2014/15 of £1.5m.
- 1.6 The quantum budget in 2014/15 stands at around £91.9m. There is an expectation that no additional financial commitment will be required from the Council over the next three years unless these are considered to be exceptional.
- 1.7 In line with the budget settlement, NHS Highland agreed to provide a draft Change and Improvement Plan by 31 March 2014, for agreement subject to consultation. This is attached as **Appendix 1**, and will be presented at this meeting of the Committee by NHS Highland's Chief Operating Officer.

## **2 Audit Scotland Report: Reshaping Care for Older People**

2.1 The Audit Scotland report, Reshaping Care for Older People, was published in February 2014. It confirms that the issues and challenges being addressed in Highland are reflected across the country.

2.2 The report highlights four key messages:

1. Reshaping Care for Older People is a complex programme of major transformational change affecting most health and social care services. Implementing the programme is challenging as organisations must continue to meet people's current care needs and plan future services while managing pressures on existing services. Strong national and local leadership is needed to take this significant agenda forward.
2. In 2011/12, the NHS and councils spent approximately £4.5 billion on care for older people. More needs to be done to target resources on preventing or delaying ill health and on supporting people to stay at home. There is little evidence of progress in moving money to community-based services and NHS boards and councils need clear plans setting out how this will happen in practice. To implement Reshaping Care for Older People successfully, partners need to make better use of data, focus on reducing unnecessary variation and monitor and spread successful projects.
3. The Change Fund represents 1.5 per cent of all spending on older people in 2011/12 and this has led to the development of a number of small-scale initiatives. Initiatives are not always evidence-based or monitored on an ongoing basis and it is not clear how successful projects will be sustained and expanded. The Change Fund has been successful in bringing together NHS boards, councils and the third and private sectors to develop and agree joint plans to improve care for older people in their local area.
4. For several years, there has been a greater focus on improving quality of care for older people in Scotland and providing services in a joined-up way, but progress has been slow. National performance measures have not kept pace with policy changes and a greater focus on outcomes is needed. There is no clear national monitoring to show whether the policy is being implemented successfully and what impact this is having on older people.

2.3 The report acknowledges that "reshaping the care for Older People is a complex change programme" and makes clear that much still needs to be done across the country.

2.4 Recommendations are set out on page 43 of the report. A number of these are for Scottish Government. There are also recommendations for the Scottish Government to work with NHS boards, councils and their partners to:

- ensure that for the remainder of the Change Fund, it is clear how the money has been spent, the impact initiatives have had on older people and other services, how much initiatives have cost and how successful initiatives will be spread
- use a consistent tool to assess dependency in older people. This information is important to ensure that needs are met and to help inform planning future

services

- produce integrated workforce plans for health and social care services, that underpin Reshaping Care for Older People, to ensure staff with the right skills and experience are in place to deliver the care needed in each local area.

2.5 There are recommendations for NHS boards, councils and their partners, supported by the Joint Improvement Team and other national bodies, to:

- make better use of available data, focusing on understanding reasons for variation in activity and spend, and reducing unexplained variation
- monitor and spread successful projects by ensuring that initiatives aimed at improving services for older people have evaluation built in from the start to show how cost effective they are and how they are performing
- identify initiatives that have had a positive impact on older people and:
  - specify how much they cost and the impact on other services
  - be clear how they can be sustained in the longer term.

2.6 These various points will require to be addressed by NHS Highland within its Strategic Commissioning Plan for Older People's Services. The Change and Improvement Plan is a key aspect of that document.

### 3 Implications

3.1 **Resources:** the resource implications are set out in this report.

3.2 There are no legal, equalities, climate change/carbon clever, risk or Gaelic implications.

### 4. Recommendation

4.1 Members are asked to consider and comment on the issues raised in the report and also in the Change and Improvement Plan, which will require to be considered and agreed by NHS Highland.

Designation: Director of Care and Learning

Date: 12 May 2014

Author: Bill Alexander, Director of Care and Learning

Background Papers: Audit Scotland, Reshaping Care for Older People (Feb 2014)  
[http://www.audit-scotland.gov.uk/docs/central/2014/nr\\_140206\\_reshaping\\_care.pdf](http://www.audit-scotland.gov.uk/docs/central/2014/nr_140206_reshaping_care.pdf)

## Highland Health and Social Care Partnership (draft 3)

### The Highland Quality Approach to Adult Care – Change and Improvement Plan

#### BACKGROUND

The Highland Partnership Agreement, signed in 2012, outlined the development of the Lead Agency model, the agreed Governance structures, an outcomes framework and Performance management framework for the development of integrated adult services in Highland.

Within the Highland Health and Social Care Partnership the focus is shifting from responding to crisis towards promoting well-being – embracing a model of care that focuses on empowering people. Anticipatory care, re-ablement and an emphasis on strengthening and building on capability and independence are the cornerstones of the approach of the Partnership. Community groups, the voluntary and independent sectors and people and carers are considered valued partners. There is a commitment to work together in ways that empower, enable and promote confidence and capability for supported self care and self management.

There is a growing realisation that integration alone will not deliver the improvements in outcomes that we seek and only by pulling on the assets we find in our communities and neighbourhoods, focussing on outcomes, prevention and anticipatory care and working more flexibly with our independent and third sector partners will we better serve the people of Highland.

In summary, the agreement stated that NHS Highland will develop and deliver integrated adult care services which will:-

- Achieve the outcomes as agreed by the Highland Partnership within the Partnership Agreement
- Reflect need and demographic changes across the Highland area through the period of the commission.
- Reflect the ambitions of NHS Highland and The Highland Council as outlined in the Single Outcome Agreement and the Partnership Agreement
- Reflect clinical and practice evidence of effectiveness in Health and Social Care.
- Demonstrate improvements in outcomes for individuals, families, carers and communities.
- Demonstrate improvements in safety, quality and experience for individuals, families and carers

#### HIGHLAND CONTEXT

As Lead Agency for Adult Services, NHS Highland must now articulate how services will be developed, delivered and monitored in line with local and National expectations. These include–

- Scottish Government- Reshaping Care: a Programme for Change 2011-2021
- Highland Council- Single Outcome Agreement
- NHS Highland Strategic Framework-Better Health , Better Care, Better Value
- The Highland Quality Approach

**Reshaping care** is a 10 year whole system transformation programme that seeks not only to shift the location of care (from institution to community) but also to transform the culture and philosophy of care from reactive services provided *to* people towards preventative, anticipatory and coordinated care and support at home delivered *with* people.

**The Single Outcome Agreement** highlights how the wider community planning partnership contributes to health and wellbeing of people in a wide range of ways – from the provision of volunteering opportunities, community development support, leisure activities, community and

lifelong learning and support for enjoying the outdoor environment, through to the provision of a wide range of voluntary sector services. The focus remains on improving outcomes as detailed in the Partnership Agreement.

**The Highland Quality Approach** captures the spirit of how NHS Highland is working to improve care and outcomes. By focusing on quality and being person centred it will achieve better health, better care and better value for more people. Through the HQA, NHS Highland will eliminate waste, reduce harm and manage variation.

The key elements of the HQA include our Vision, Mission and Values. The approach is founded on every person being at the top with our three strategies supporting this commitment:

**Quality** – We relentlessly pursue the highest possible outcomes of care. This means we invest in the most up to date technologies, treatments and medicines and we take all necessary steps to avoid harm. It also means we take early steps to prevent ill health and reduce inequalities.

**Care** – We create a caring experience. Whether someone is being cared for at home, in a care home or in hospital, looking after people in a caring way focussed on individual wishes is really important.

**People** – We will strive to attract and develop the best teams. To make this successful staff have to be supported to do their jobs and come up with ways to continually improve. Key elements to support this include developing our leaders, having a culture of continuous improvement, keeping up with research, supporting innovation and being focussed on making measurable improvements

## **OUTCOME AND PERFORMANCE FRAMEWORKS**

The Partnership Agreement confirms that the Lead Agency will adopt and pursue implementation of the aims that are detailed in the strategies and plans that underpin adult community care provision.

The key document has been the Highland Joint Community Care Plan 2010/13. This sets out the outcomes to be achieved across services for adults as:-

### **Outcome 1 – people are healthy and have a good quality of life**

The outcomes are that people's health needs are met at the earliest and most local level possible, that people's health needs are anticipated and planned for and that people are supported to recover from illness, mental illness and drug dependencies.

### **Outcome 2 – people are supported and protected to stay safe**

This theme's outcomes are that people gain and retain the skills which keep them safe at home and in the community.

### **Outcome 3 – people are supported to maximise their independence**

The outcomes are that people remain at, or return, home with appropriate support, that Carers feel able to continue in their caring role, and that people are active participants in meeting their own care needs.

### **Outcome 4 – people retain dignity and are free from stigma and discrimination**

This theme's outcomes are that people are supported to tackle stigma and discrimination that our services and those we commission actively promote equality, that people's incomes are maximised.

### **Outcome 5 – people and their carers are informed and in control of their care**

The outcomes are that people know how to stay as healthy and fit as possible, that people are in control of decisions that are made about their care and the care they receive and that people know about the services we provide and how to access them.

**Outcome 6 – people are supported to realise their potential**

This outcomes theme is that people have access to training, employment and volunteering opportunities and that people have access to a range of community based development opportunities.

**Outcome 7 – people are socially and geographically connected**

The themes for this outcome are that Voluntary and community effort contributes to more supportive communities, that people have access to a range of transport to maintain their networks and that people do not become socially isolated.

**Outcome 8 – we deliver Community Care services effectively, efficiently and jointly**

The outcomes under this theme are care is delivered using joined-up core processes, that resources are accessed quickly and equitably and that decisions about the allocation of resources are made jointly.

It is also acknowledged that people need to be supported at the end of their lives by excellent multi-disciplinary palliative care that crosses professional boundaries and where appropriate involves the third sector.

It is the combination of the wide range of approaches that will lead to sustainable improvements. Many of these have been referred to above –

- Strategic Commissioning
- Co-production
- Integrated service delivery
- Community Development
- Self care
- Anticipatory care planning
- Outcome-focussed approach
- Self Directed Support
- Personal Plan

The schematic below illustrates how the activities we outline in this Change and Improvement plan will deliver the outputs over the remaining three years of the Partnership Agreement and how this will then contribute to the improvement in outcomes for the people of Highland.

This is not meant to be a definitive list but rather an illustration of the significant links to be made.

## National Outcomes

Healthier living : Independent living : Positive experience and outcomes : Carers are supported :  
Services are safe: Engaged workforce : Effective use of resources



## Highland Joint Community Care Plan Outcomes

People are-  
healthier and have a good quality of life; protected and supported to stay safe; supported to maximise their independence; able to retain dignity and are free from stigma and discrimination; supported to realise their potential; socially and geographically connected

People and their carers are informed and in control of their care

Community care services are delivered effectively, efficiently and jointly



## Outputs

**By April 2013-** Blueprint for Integrated teams agreed ;Long term model for AHPs and Property agreed; Single point of access and integrated coordinator role tested/under test; Care at Home service redesigned to allow local management and deployment; Professional leadership for Care at Home defined and appointments made Care home management in place ready for devolution to Unit management; Professional leadership for Care Homes defined and appointments made; Reablement rebadged and re-launched; Plans for colocated integrated teams complete and ready for full implementation; Commissioning approach agreed and consistently communicated; Strategic Commissioning plan in place; Integrated personal plan in place and operational across Highland; Organisational development plans to address change, integration, culture in place at Unit level; Baseline date for evaluation complete; Performance data agreed and under regular collection and reporting; Area Social Care Practice Forum in place; Integrated model for Argyll and Bute agreed and project management approach approved; SDS systems and processes in place for all adults; HQA Kaizens agreed and reporting; All teams have appropriate access to electronic information

**By April 2014-** All integrated teams in place with clear leadership and management; OD plans ongoing; Care at Home services re- commissioned; Care Homes integrated into operational management and providing flexible approach to meet demand; District Partnerships established and contributing effectively to community planning; Discharge planning effective in all hospitals with no more than 72 hour delay anywhere; Reablement approach well established and evaluated; Care Inspectorate relationship established and producing improved rating of all services; Integrated services –day of celebration held  
Long term electronic solutions in place; DALLAS project completed and delivering sustainable support to communities; integrated pathways across secondary and community care established  
Integrated model for A&B implemented; Business support integrated into Corporate and operational services; Coproduction developed as a principle and developing in Districts; Professional leadership for care at home fully operationalised; Professional leadership for care homes fully operationalised.

**By April 2015-** Interim evaluation of integrated services completed; OD plans ongoing; Community resilience developed and evaluated

**By April 2016 -** OD plans ongoing; Evaluation work concluding; Revisions to Partnership Agreement being drafted

**By April 2017 -** All evaluations in relation to Partnership Agreement completed and reported; Revised Partnership Agreement signed



## Inputs

Change Funds; Change management; redesign; commissioning approach; co-production; team building; leadership support; management planning; Care Standards; ASP Committee and subgroups; professional leadership; personal plans; revised procedures – charging, contract monitoring, performance management etc; assistive technology; care at home services; care homes; community services; volunteers; third sector providers; independent providers; communities; District Partnerships; Self directed support; information; performance metrics; community equipment; Training

The following tables set out the anticipated activity over the next three years of the Partnership Agreement. Some of the anticipated impacts have also been captured and financial implications as agreed across the Partnership are included also.

This plan will continue to be reviewed and developed as part of the overall approach to strategic planning and strategic commissioning.

This will involve appropriate officers from each agency, 3<sup>rd</sup> and independent sector partners, and service users and carer representatives, reporting to the Strategic Commissioning Group.

Monitoring will be through the Improvement Groups and Operational Units. There will also be a role for the Resource and Commissioning Group in reporting, managing and avoiding in year pressures and changes in demand.

Assurance reporting will be through the established performance management routes in the Council and NHS Highland and as set out in the Partnership Agreement.



# HQA TO ADULT SERVICES – CHANGE and IMPROVEMENT PLAN 2014-2017

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
<b>Devolved Care at Home services – In House and Independent Sector contracts</b>	Establishment of two registered services.	Continued integration of service into integrated teams	Evaluation of service in context of integration	<p>In House service can develop as part of the integrated team approach and contribute to development of generic roles to maximise independence.</p> <p>Work with Independent sector will enable growth of new models of service delivery to meet needs in different areas across Highland. Linked to Strategic Commissioning this will enable maximising of market place, shift in balance of decision making and perceived power balance.</p> <p>Devolution allows consolidation of shift from dependence to a flexible services that can be varied according to changing needs.</p> <p>Solution focus across communities on how they can contribute to support their aging population.</p>
	Complete recruitment to revised management and leadership structure	Continued revision of contracts and effectiveness of recruitment plans		
	Devolution of in-house services to Operational Units			
	Establishment of service improvement plan.	Continuation of service improvement planning and priority setting	Continuation of service improvement planning and priority setting, showing steady increase in provision	
	Integration into District team structures			
	Small cycles of change to test new processes			
	Support to Independent sector to grow service and new service models	Embedding of Strategic Commissioning approach in providing care at home	Grow community based solutions to maximise independence	
	Establish care at home relief staff bank integrated into NHS Highland bank	Review impact of staff bank	Build voluntary sector support	
<b>Financial Implications</b>	Planned investment in In-house and Independent sector provision £1,000m.	Agreed savings to be achieved as part of integrated service	Ongoing efficiencies and savings expected.	
	Increase hourly rate paid to ISC providers £0.302m.			
	Reduce number of enhanced working hours saving £0.200m.			

# HQA TO ADULT SERVICES – CHANGE and IMPROVEMENT PLAN 2014-2017

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
<b>Redesigned Care Homes – in house and Independent Sector contracts</b>	Management structure consolidated to reflect Care Inspectorate recommendations and staffing rationalised to meet emerging models of care delivery.	Development of new models of service delivery focussed on increasing intermediate care and flexible use of resources including staff.	Workforce models reflect recruitment and retention capability with staff readily deployed across a range of facilities and staff turnover reduced	Estate used more effectively and repair and renewal of premises minimised.
	Service Improvement lead focussed on driving quality grades upwards across all services and with support of local specialists.	Improvement plans in place in all in house care homes.	Improvement plans evaluated and revised.	Staffing more stable and increased job satisfaction reflected in stability of workforce and reduction in sickness levels.
		Quality schedules incorporated into contracts with Independent and voluntary sector care homes and monitored through contracts	Review of effectiveness of quality schedules	Flexible service delivery better planned to meet needs and maximise independence.
	Estate reviewed in context of all local facilities and plans progressed with all stakeholders.	Estate reviewed in context of all local facilities and plans progressed with all stakeholders.	Estate reviewed in context of all local facilities and plans progressed with all stakeholders.	Focus on quality proving beneficial across all sectors and evidenced for Board and Care Inspectorate.
	Working with Care Inspectorate on new models and impact on registration.		Decrease in average length of stay in a care home clearly evidenced.	
	Establishment of clinical forum to oversee care input to care homes in all sectors	Review of clinical input to care homes ac		

# HQA TO ADULT SERVICES – CHANGE and IMPROVEMENT PLAN 2014-2017

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
<b>Financial Implications</b>	£0.382m invested to provide additional staffing in line with Fire and Rescue requirements.	Consolidation of estate allowing transfer of staff and service into communities. Reduced need to develop local institutional care to meet growing demographic.		
	Improved efficiency with reduced length of stay and increased age of admission.			
	Expected increase in National Care Homes and non-National Care Homes contract = £0.340m	Expected increase in National Care Homes and non-National Care Homes contract =£0.839m	Expected increase in National Care Homes and non-National Care Homes contract = £0.850m	
	Reduce amount of overtime worked saving £0.050m			
	Partial transfer of Care Home services saving £0.440m	Partial transfer of Care Home services saving £0.440m	Partial transfer of Care Home services saving £0.440m	
	Rationalisation of catering and domestic services saving £0.100m	Rationalisation of catering and domestic services saving £0.100m	Rationalisation of catering and domestic services saving £0.100m	

# HQA TO ADULT SERVICES – CHANGE and IMPROVEMENT PLAN 2014-2017

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
<b>Establishment of Integrated team model</b>	All integrated teams in place with clear leadership and management	Interim evaluation of integrated services completed;	Final evaluation of impact of integrated teams	Improvements in assessment, communication and responsibilities noted.  Improved access  Improved allocation and deployment of resource minimising waiting times.
	Co-location where possible completed	Collocated teams supported by relevant business support and IT infrastructure		
	OD plans ongoing with targeted team building and focus on changing roles and responsibilities		OD plans ongoing	
	Skill mix changing to meet local needs and build on benefits of the Lead Agency model.	Ongoing review of skill mix of teams	Evaluation of Integrated team model to inform revision of Partnership Agreement and Lead Agency model.	
<b>Financial Implication</b>	Some economies of scale evident through improved integrated approach and flexibility of workforce.	Continued efficiencies expected	Continued efficiencies expected.	
	Reduction in use of locums saving £0.160m.		Increase in demographic met through efficiencies.	

# HQA TO ADULT SERVICES – CHANGE and IMPROVEMENT PLAN 2014-2017

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
<b>Social Care Professional Forum</b>	Social Care Forum scheduled across the year	Role, Remit and Membership revised based on first year of operation.	Review of the committee function ahead of the redrafting of the Partnership Agreement.	Professional Support to Social Care staff consolidated and consistent.  Health Board in receipt of professional Social Care advice as and when required.  Implementation of policy and/or practice change for Social care appropriately supported and governed.
		Recommendations for any changes agreed by health and Social Care Committee	Revised role and remit implemented if required.	
		Review of effectiveness of committee in advising the Board		
		Evaluation of Forum and initial report to Health and Social Care Committee		
<b>Financial Implications</b>	As part of the advisory structure of the Health Board the committee will be run within existing resource.	Efficiencies across Adult Social Care will be driven by the effective guidance from this committee particularly in the agreement of protocols that establish standard work and reduce waste.		Financial assessment accurate and consistent maximising income generation.

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
<b>Establishment of Single point of access for adult health and social care</b>	Test sites identified and blueprint agreed.	Test sites evaluated and learning captured	Effectiveness of single point of access evaluated to inform Partnership Agreement	As with the approach modelled in Torbay, efficiencies and improvements in access to services will become apparent.  This development requires a considerable shift in ways of working for all. It is dependent on focussed team building and organisational development.
	Timeline and recruitment agreed	Model for role out agreed and implemented		
		Single point of access operational across all units	Model(s) evaluated acknowledging different operational units.	
<b>Financial Implications</b>	MD team approach with Lead Professional and sharing of expertise will drive efficiencies	Rationalisation of approach and estate required for delivery		

# HQA TO ADULT SERVICES – CHANGE and IMPROVEMENT PLAN 2014-2017

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
<b>Efficient and effective care delivery through packages of Care</b>	Review of all care packages initiated following SDS approach	Ongoing review of all care packages	Ongoing review of all care packages	Improved efficiency of delivery and pooling of resources should enable reduction in package costs.  All packages to be reviewed with the intention of reducing dependency, enabling more flexible support and reflecting person centred approaches. This may not be perceived positively by families and users of the services.
	Review team enhanced to conclude work as quickly as possible.			
<b>Financial Implications</b>	Projected increase in demand of £1.480m per year.	Projected increase in demand of £1.500m.	Projected increase in demand of £1.500m.	Expected reduction in package costs will be dependent on allocation of appropriate level of reviewing expertise to deploy to the reviewing work.
	10% reduction in costs anticipated saving £2.400m.	10% reduction in costs anticipated saving £2.000m.	10% reduction in costs anticipated saving £2.350m.	
	Increase in charges by 2%	Increase in charges by 2%	Increase in charges by 2%	

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
<b>Implementation of Personal outcome Plan</b>	Evaluated as result of trialling in single point of access test sites			Improved efficiency of process. Person centred approach and outcome focus established.
	Revisions agreed ahead of role out across Highland			
	Personal Outcome plan implemented across Highland	Full implementation assured	Evaluation ahead of revision of Partnership Agreement	Carers better supported in line with expectations in carers strategy.
<b>Financial Implications</b>	To be implemented within existing resource			

# HQA TO ADULT SERVICES – CHANGE and IMPROVEMENT PLAN 2014-2017

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
<b>Improved Admission and discharge planning</b>	Guidance revision complete including testing		Guidance reviewed ahead of drafting of the Partnership Agreement	Reduction in emergency admissions and length of stays to improve bed management and better support patients in communities .  Increased community involvement in supporting patients at discharge.
	Focussed work on flow in Raigmore	Focussed work on flow in Raigmore and rolled out to other hospitals.	Review and evaluation of unscheduled care work	
	Agreed timelines and expectations as to the flow and use of estimated Dates of Discharge	Revised metrics to evidence improvements beyond delayed discharges		
<b>Financial Implications</b>				

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
<b>Implemented Self Directed Support approach</b>	Five year plan agreed by Health and Social Care Committee	Metrics in place to measure impact	Review of approach ahead of redrafting Partnership Agreement	Impact of this approach on sustainability of services across the Public, Independent and Voluntary sectors will have to be monitored.  Take up of resource and models of delivery must be captured and shared to ensure all options can be explored for users and carers.  Possible economies of scale in remote areas should be considered to ensure the widest choice for users and carers.
	Resource allocation system developed and desktop tested for all client groups.	SDS approach adopted for all new and review cases		
	Staff training and awareness raising delivered	Continued Staff training and awareness raising delivered		
		Spot audit of process across Social care files to ensure compliance		
	Enhanced data collection to monitor growth and impact	Data reporting through Health and Social Care committee		
<b>Financial Implications</b>	No dedicated budget identified as costs need to be met from existing resources through redesign of traditional services.	Financial implications assessed	Financial implications identified and considered for re-draft of Partnership Agreement	
	Increase in charges by 2% which may impact on decision making and choice	Increase in charges by 2% which may impact on decision making and choice	Increase in charges by 2% which may impact on decision making and choice	

Output	Timeline	Impact
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# HQA TO ADULT SERVICES – CHANGE and IMPROVEMENT PLAN 2014-2017

	2014-2015	2015-2016	2016-2107	
<b>Enhanced Community development and establishment of a co-production approach</b>	Integration of community connectors and community development officers into District plans	Impact of investment reported through AS commissioning Group	Evaluation of investment across sectors.	<p>Key plank in achieving outcomes.</p> <p>Needs considerable input from all sectors and can be demanding on time commitment.</p> <p>Considerable return on investment if supported appropriately.</p> <p>Transport proposals and solutions need to reflect changing service models to ensure lack of transport is not a barrier to access.</p>
	Support events scheduled to share ideas and encourage innovation		Evaluation of co-production approach.	
	Collation of established activity through Living it Up	Evaluation of sustainability of project and development work		
	Building of local relationships across the sectors.			
<b>Financial Implications</b>	All levels of investment must be evaluated in relation to return on investment	Effective involvement of the Third sector opens up alternative funding streams not available to the Public sector and must be fully utilised.		

<b>Output</b>	<b>Timeline</b>			<b>Impact</b>
	2014-2015	2015-2016	2016-2107	
<b>Improvement Groups</b>	Improvement groups agree priorities			<p>Opportunity to bring together developments across operational units building on learning and sharing issues.</p> <p>Opportunity to build strategic commissioning approach with independent and third sectors from planning through to procuring stage.</p> <p>Direct involvement of users with sharing of any data required, to drive improvements and sharing the role in monitoring and making those improvements.</p>
	Groups allocated KPIs as defined in Balanced scorecard	KPIs refined to be more SMART as recommended by Internal Audit	Continued refinement of KPIs	
	New groups established as recommended e.g. sensory			
<b>Financial Implications</b>	To be implemented within existing resource			

<b>Output</b>	<b>Timeline</b>			<b>Impact</b>
	2014-2015	2015-2016	2016-2107	
<b>Sensory Strategy - See Hear</b>	Establish Improvement Group to oversee progress against the 10	Ongoing progress through Improvement group and	Review of progress to inform revised Partnership Agreement	Strategic objectives will be progressed and improvements



# HQA TO ADULT SERVICES – CHANGE and IMPROVEMENT PLAN 2014-2017

<b>implemented</b>	year strategy	reporting to Health Board		monitored.
	Review SLAs with Voluntary Organisations to make shift to sensory approach	Establish SLAs with clear Sensory objectives and outcomes linked to the SEE Hear strategy		SLAs will be developed based on outcomes and look for evidence of an integrated approach.
	Agree performance indicators against recommendations in See Hear	Report on KPIs and review effectiveness		Staff and the public will be more aware of the impact of a sensory impairments and where support can be accessed.
<b>Financial Implications</b>	Secured funding required for Deaf Communication project of £0.058m to build on training and awareness raising	Economies of this approach should enable better and more efficient support of older people who develop impairments in hearing and/or vision.		

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
<b>LD Strategy – Keys to Life implementation</b>	Agree implementation and priorities through Improvement Group and report to Health Board	Progress monitored through improvement group and reporting to Health Board	Review of progress to inform revised Partnership Agreement	Renewed focus on priorities for those with a Learning Disability.
	Relevant performance indicators assigned to improvement group to measure ongoing progress	Evaluation of implementation initiated with service users		Opportunity to progress some significant issues in Highland around employment and training.
	Further integration of services in line with integrated team model			Transport proposals and solutions need to reflect changing service models to ensure lack of transport is not a barrier to access.
<b>Financial Implications</b>	To be implemented within existing resource	Significant link to roll out of SDS approach and may be impacted by revision of finance of care packages.		

# HQA TO ADULT SERVICES – CHANGE and IMPROVEMENT PLAN 2014-2017

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
<b>Redesigned Day Care</b>	Review of services delivered within in-house care homes for older people.			<p>Traditional models of care are reviewed with more enabling approach and less dependence on day care facilities.</p> <p>Community support grows offering a wider choice for people and their carers and providing a more inclusive support.</p> <p>Culture of day care changes amongst staff.</p> <p>More effective and responsive use of day care allowing flexible packages as and when required.</p>
	Planned changes tested – small tests of change	Roll out of new models of day care following a more enabling approach as part of the integrated service model	Review of progress to inform revised Partnership Agreement	
	Review of assets at local level and agree forward plans.			
	Specific work with teams and staff to shift the existing culture and provision of day care from longer term to episodic			
	Review of effectiveness of Day care – all clients, as part of overall review of packages.	Build community involvement through development work to offer wider range of more flexible approaches		
<b>Financial Implications</b>	Efficiency savings anticipated as new community models evolve saving £0.250m.	Efficiency savings anticipated as new community models evolve.		<p>Transport proposals and solutions need to reflect changing service models to ensure lack of transport is not a barrier to access.</p>
	Reduce amount of overtime worked saving £0.050m.			
	Rationalisation of catering and domestic services saving £0.050m.			
	Increase in charges by 2%	Increase in charges by 2%	Increase in charges by 2%	

# HQA TO ADULT SERVICES – CHANGE and IMPROVEMENT PLAN 2014-2017

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
<b>Strategic Commissioning Plan for Adult Care-corporate and local plans</b>	Plan produced by April 2014 with focus on Older People  Plan describes vision, priorities and high level shifts in cost and activity	Plan Reviewed and expanded to comprehensively cover all adults.	Plan reviewed with real possibility of shifts in quantum of resource allocated across care groups	The development of strategic commissioning plans and skills will enable resource to move from less effective investments to more effective investments
	Local plans produced under umbrella strategic direction of SCP	Local plans describe shifts in activity and method of capture for resource release; allowing reinvestment		
<b>Financial Implications</b>	Development of costing methodologies with some resource shift	Established methods for resource shift. Resource shifts will be quantified via local improvement plans	Fluid movement of resource related to activity	

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
<b>Strategic Commissioning Capability and Capacity Development</b>	Introduction of training and development to establish commissioning skills and capabilities. Introduction of new methodologies such as PBMA	Commissioning plans underpinned by understanding of clearly evidenced weighting of criteria for investment; reinvestment and disinvestment	NHS Highland HQA Strategic Commissioning informs a planning approach which cascades through all levels of activity evidencing a real understanding of criteria for resourcing, criteria for disinvesting and attention to opportunity costs	The development of strategic commissioning plans and skills will enable resource to move from less effective investments to more effective investments
<b>Financial Implications</b>				

# HQA TO ADULT SERVICES – CHANGE and IMPROVEMENT PLAN 2014-2017

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
<b>Partnership Agreement</b>	Continue to monitor and report through Strategic Partnership Group	Continue to monitor and report through Strategic Partnership Group	Review of progress to inform revised Partnership Agreement	PA evolves in relation to the delivery and outcomes over the term of the Agreement.  Changes are considered and tested and can be incorporated into the next version.
	Review and amend Performance indicators	Review and amend Performance indicators		
	Agree detail of further commissions e.g. legal services, MHO service	Amend PA to reflect new agreements		
<b>Financial Implications</b>	Finance and Commissioning group will monitor service demand and efficiencies			

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
<b>Carers supported</b>	Development of new strategy with Connecting Carers based on aims of EPIC ( Equal Partners in Care) presented to Health Board	Evidence gathering from carers and Connecting Carers	Final revision of strategy due to expire in 2017.	Sustainability of models of community delivery depends on good support of informal carers and recognition of the contribution they make.  Response to the strategy will build trust and engagement from carers and carer groups.
	Implementation plan agreed and initiated	Implementation Plan implemented	Impact captured to inform development of new strategic and Partnership Agreement.	
	Ongoing involvement of carers through Connecting Carers agreed			
<b>Financial Implications</b>	Expected to be delivered within existing resource	Full utilisation of voluntary sector resource.		

# HQA TO ADULT SERVICES – CHANGE and IMPROVEMENT PLAN 2014-2017

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
<b>Good health and wellbeing maintained and where possible deteriorations avoided or slowed.</b>	Continuation of falls prevention support across all sectors	Ongoing evaluation of falls work	Incorporation of prevention strategies and approaches into the new Partnership Agreement based on evaluation work.	Increased longevity includes good health and independence.  Demand for services reduced or managed due to improved health and well being for longer.
	Establish Living it Up as forum for support, encouragement, self management and opportunity in communities.	Develop understanding and awareness of LiU across all staff groups in all sectors.  Continue to register users and carers from target groups.		
	Build Dementia support through link workers and the roll-out of dementia friendly communities	Evaluate rollout of dementia friendly communities and continue to build.		
	Develop community expertise and opportunities through investment inc community workers across the sectors	Evaluate work of all community support and build on learning.		
<b>Financial Implications</b>	Continued focus on the preventative outcomes defined in the Partnership Agreement.	Continued focus on the preventative outcomes defined in the Partnership Agreement.		

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
<b>Integration with Housing</b>	Establish Local and strategic links	Delivery groups input to revised Housing Strategy		More effective management of services.  More appropriate link to skills required to fit, review and repair. Consolidation of funding and reduced duplication should enable improved efficiency.  Challenge will be to meet growing demand
	Plan and test new models of care delivery	Model, test and evaluate different housing models		
	Consider devolution of management of Telecare to Housing	Establish longer term management of Telecare based on interim solution and risk share.		
	Establish links with Handy Persons schemes			
<b>Financial Implications</b>	Test of new arrangements within existing resource pulled and allocated to Housing	Review of funding streams with economies of scale expected to enable growth within existing resource		

# HQA TO ADULT SERVICES – CHANGE and IMPROVEMENT PLAN 2014-2017

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
<b>Full utilisation of Assistive Technology supported by Living it Up and eHealth</b>	Continued awareness raising of Living it Up and recruitment across staff and community groups		Evaluation of Living it Up	Staff and public perceptions need to be supported to ensure this remains assistive technology and valued for the contribution to care that it will make.  Staff and public awareness needs to be ongoing to keep up with technological advances.
	Promotion of assistive technology across community and hospital services	Continued promotion of assistive technology and technological solutions to support care and well being.	Evaluation of impact of assistive technology	
	Prioritisation of technological development to support all care delivery			
<b>Financial Implications</b>	Initial investment required but efficiencies anticipated			

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
<b>Effective transitioning of young people into Adult Services</b>	Development of Transitions Steering Group headed up by Chief Executives	Ongoing monitoring of effectiveness.	Review of current responsibility as set out in the Partnership Agreement	Increasing demand and expectation amongst families and young people will put pressure on budgets and will need to encourage innovation and community support.  Calculation of packages need to consider sustainability in the longer term and the probable changing family support.
	Review of current process and protocols	Review of KPIs to evidence effectiveness		
	Monitoring of SDS in relation to choice and control			
<b>Financial Implications</b>	£0.512m Projected increase in demand based on YP coming through Children's services	£0.725m Projected increase in demand based on YP coming through Children's services	£0.834m Projected increase in demand based on YP coming through Children's services	