

The Highland Council

Education, Children and Adult Services Committee - 12 November
2014

Agenda Item	5.
Report No	ECAS 44/14

NHS Highland Change and Improvement Plan

Report by Jan Baird, Director of Adult Care, NHS Highland on behalf of Deborah Jones, Chief Operating Officer, NHS Highland

Summary

This report informs Members that a further draft of the Adult Service Change and Improvement plan has been developed following discussion at the Education, Children and Adult Services Committee, NHS Highland Health and Social Care Committee and across District Operational teams.

Parallel work continues to ensure that the Highland Partnership is compliant with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. In line with this, the Change and Improvement plan will form part of the Strategic plan as described in Statutory regulations.

The Change and Improvement plan is now available in a District format for use within District Partnerships to support progress at District level and ensure the key outcomes and associated outputs as agreed in the Partnership Agreement are being achieved.

1. Background

- 1.1 A draft Adult Services Change and Improvement Plan was presented to the Education, Children and Adult Services Committee of Highland Council on 21 May 2014.
- 1.2 Further consultation and development has been completed with a further draft now presented to committee.
- 1.3 Whilst this process was underway, Scottish Government developed guidance and regulations to support the Public Bodies (Joint Working) (Scotland) Act 2014.
- 1.4 These regulations have now been through a period of consultation with revisions now made and published.

2. The Plan

- 2.1 An update to the Adult Services Development and Scrutiny Sub Committee proposed that a final draft of this plan would be presented to this committee on this date.
- 2.2 However there is a need to continue to draft this document to ensure that it complies with the regulations regarding Strategic Plans.

- 2.3 The Strategic Plan will be comprised the Change and Improvement Plan, For Highland Children's Four, the Local Unscheduled Care Plan and the Local Delivery Plan. The former two are current requirements of Health Boards.
- 2.4 The informal Strategic Commissioning Group has proposed that an extract of the Strategic Commissioning Plan – namely the principles of Strategic Commissioning, will form an overarching header to the Strategic Plan.
- 2.5 The Strategic Plan requires to be submitted to Scottish Government by April 1st 2015 along with other requirements as set out in the regulations.
- 2.6 The District Plans which mirror the format of the Change and Improvement Plan have been distributed to District Managers for consideration at the District Partnerships.

3. Implications

- 3.1. There are no resources, equalities, risk, legal, climate change/carbon clever, Gaelic or rural implications arising from this report.

4. Recommendation

- 4.1 The Committee is invited to:
- Note the progress in developing the Adult Services Change and Improvement Plan in the context of the emerging legislation.
 - Note the attached draft as part of the ongoing process

Designation: Director of Adult Care

Date: 3 November 2014

Author: Jan Baird

Highland Health and Social Care Partnership

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 Outcome 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, 3rd 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. This has been enhanced over the past year by Operational Unit reports and these in the future will reflect the expectations of this plan.

Further detail in relation to activity and progress will be reported through the improvement groups which directly inform the Adult Services Commissioning Group.

The Improvement Groups have responsibility for monitoring of and reviewing Key Performance Indicators relative to the subject matter and further evidence in relation to the high level strategic activities included in this plan should be worked up. For example, expected timescales for review of day care in each district or implementation of single point of access in each District. It is anticipated that this detail be included in the District integration plans.

The Adult Services Commissioning Group will regularly review the Key Performance Indicators to ensure they are effective in demonstrating progress and make recommendations for any changes to the Strategic Commissioning Group.

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

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Devolved Care at Home services – In House and Independent Sector contracts	Establishment of two registered services. 'Mid& South' and North & West' services now registered	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 providing a flexible responsive service. Generic Health care assistant post established</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. Close working with sector to include community based solutions to providing care at home linked to opportunities thrown up by SDS and community development work. community Agreed target of minimum of Grade 4s for in house and independent sector care at home by 2017.</p> <p>Devolution allows consolidation of shift from dependence to flexible services that can be varied according to changing needs. Use of SDS opportunities are providing more flexible and personalised care and support solutions. 'Zoning' in South delivering more efficient C@H services. Since April 2014,</p>
	Complete recruitment to revised management and professional leadership structure Done	Continued revision of contracts and effectiveness of recruitment plans		
	Devolution of in-house services to Operational Units Done			
	Establishment of service improvement plan.Done	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 in progress			
	Small cycles of change to test new processes RPIW Oct 2014			
	Support to Independent sector to grow service and develop new service models Implementing SDS Option 2 in South with effective outcomes	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 Ongoing	Review impact of staff bank	Build voluntary sector support	
Financial Implications	Planned investment in In-house and Independent sector provision £1,000m. Creation of new C@H Officer posts in N&W and additional staffing using funds	Agreed savings to be achieved as part of integrated service	Ongoing efficiencies and savings expected.	
	Increase hourly rate paid to ISC providers £0.302m. ISC providers all paying Living Wage as opposed to Minimum Wage	Investment returns reduction in hospital bed occupancy, length of hospital stay and age of admission to care home.	Budgets lose identity and reflect improvements in outcomes for users.	
	Reduce number of enhanced working hours saving £0.200m. to offset increased costs in			

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

	Independent sector			<p>there has been an increase in hours delivered through efficiencies.</p> <p>Solution focus across communities on how they can contribute to support their aging population.</p>
--	--------------------	--	--	---

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Redesigned Care Homes – in house and Independent Sector contracts	Management structure consolidated to reflect Care Inspectorate recommendations and staffing rationalised to meet emerging models of care delivery. Ongoing. Two pathfinder care home sites progressing new structure	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	<p>Estate used more effectively and repair and renewal of premises minimised.</p> <p>Staffing more stable and increased job satisfaction reflected in stability of workforce and reduction in sickness levels.</p>
	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.	Flexible service delivery better planned to meet needs and maximise independence at local level.
		Quality schedules incorporated into contracts with Independent and voluntary sector care homes and monitored through contracts	Review of effectiveness of quality schedules	Focus on quality proving beneficial across all sectors and evidenced for Board and Care Inspectorate with improved outcomes and quality grades. Agreed target of minimum of Grade 4s for in house and independent sector care homes by 2017. Service Improvement Lead for Care Homes and Lead Advisor for Adult, Support & Protection providing more robust leadership and support to reduce harm.
	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.	
	Working with Care Inspectorate on new models and impact on registration. Chief Exec and Director of Adult Care and Adult Social Care meeting regularly with Care Inspectorate		Decrease in average length of stay in a care home clearly evidenced.	

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

	Establishment of clinical forum to oversee care input to care homes in all sectors. Care Homes Standard Steering Group established	Review of clinical input to care homes across whole area.		Fits with Community Planning Strategic Priority to tackle deprivation and inequalities including by improving access and connectedness for communities.
--	--	---	--	---

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Financial Implications	£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.		More flexible and efficient use of estate and contracts with the Independent and Voluntary sectors anticipated.
	Improved efficiency with reduced length of stay and increased age of admission as a result of improved care at home options and development of intermediate care to enable people to stay in their homes longer and ensure family carers are supported.			
	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 through improved staff supervision and management and reduction in sickness levels.			
	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 Ongoing	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	
Establishment of Integrated team model	All integrated teams in place with clear leadership and management	Interim evaluation of integrated services completed;	Final evaluation of impact of integrated teams	<p>Improvements in assessment, communication and responsibilities noted. Improved access</p> <p>Improved allocation and deployment of resource minimising waiting times.</p> <p>Fits with Community Planning Strategic Priority to collaborate on workforce planning and skills development to meet Highland needs, in the context of the Highlands and Islands Skills Investment Plan and our roles as major employers.</p> <p>Fits with Community Planning Strategic Priority to Engage in dialogue with communities in order to empower them to participate in service planning and delivery.</p>
	Co-location where possible completed. Plans in place across other areas	Collocated teams supported by relevant business support and IT infrastructure		
	OD plans ongoing with targeted team building and focus on changing roles and responsibilities Leadership programme developed by Head of Training and Development and undertaken by cohort of Integrated Team Leads and Advanced Practitioners. 2 nd Cohort of training planned.	OD plans ongoing	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.	
	Function of reablement reviewed as part of the design of integrated teams. New models of reablement tested	New models to deliver reablement approach spread across Operational Units		
	RPIW redesign work progressed to 365 report outs and subsequent work identified	Continued focus on HQA and RPIW work		
Financial Implication	Some economies of scale evident through improved integrated approach and flexibility of workforce, development of generic support worker role to provide greater flexibility, shared roles and responsibilities, lead professional role reducing duplication.	Continued efficiencies expected	Continued efficiencies expected. Increase in demographic met through efficiencies.	

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

	Reduction in use of locums saving £0.160m.	Enabling of wider skill mix will provide efficiencies- i.e. where before 2/3 people would deliver services adding complexity for the user and carer; this can be streamlined with a more generic support workforce deployed across the team.	Continued revision of skill mix and workforce to meet changing needs with budgets flexed to meet local objectives.	
--	--	--	--	--

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Social Care Professional Forum Renamed Adult Social Care Practice Forum	Social Care Forum scheduled across the year. Renamed to reflect organisation emphasis on leadership and improvement and established to coordinate and formulate advice from Adult Social Work and Social Care professionals to the NHS Highland Board.	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. The Chair of the Forum attends Highland Health and Social Care Governance Committee and attends NHS Highland Board meetings. 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		
Financial Implications	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. Fits with Community Planning Strategic Priority to collaborate on workforce planning and skills development to meet Highland needs, in the context of the

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

				<p>Highlands and Islands Skills Investment Plan and our roles as major employers.</p> <p>Fits with Community Planning Strategic Priority to value and be positive about Highland life to attract people, jobs and investment.</p>
--	--	--	--	---

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Establishment of Single point of access for adult health and social care	Test sites identified and blueprint agreed.	Test sites evaluated and learning captured	Effectiveness of single point of access evaluated to inform Partnership Agreement	<p>As with the approach modelled in Torbay, efficiencies and improvements in access to services will become apparent.</p> <p>This development requires a considerable shift in ways of working for all. It is dependent on focussed team building and organisational development.</p> <p>Fits with Community Planning Strategic Priority to tackle deprivation and inequalities including by improving access and connectedness for communities.</p>
	Timeline and recruitment agreed to enable 4 test sites to be established and evaluation to enable rollout in year Health and Social Care Coordinator posts now established in each District.	Model for role out agreed and implemented.		
	IT solutions sought and sharing of information prioritised in relation to access to Care First	Single point of access developed across all operational units Redesign of services and development of integrated teams defines location and application of single point of access across Districts.	Model(s) evaluated acknowledging different operational units.	
Financial Implications	MD team approach with Lead Professional and sharing of expertise will drive efficiencies Investment in Health and Social Care Coordinators recognised and agreed to allow model to be	Rationalisation of approach and estate required for delivery. Recurring investment to be secured based on effectiveness of model. £0.165m	Recurring investment to be secured based on effectiveness of model. £0.055m	

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

	developed across Highland. Clarification of funding for 2015/16 will be given by Scottish Government by January 2015			
--	--	--	--	--

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Efficient and effective care delivery through packages of Care	Review of all care packages initiated following SDS approach	Ongoing review of all care packages	Ongoing review of all care packages	<p>Improved efficiency of delivery and pooling of resources should enable reduction in package costs.</p> <p>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. Ongoing using an Asset Based Approach and Personalised Outcome Framework recognising individuals strengths and abilities</p> <p>Expected reduction in package costs will be dependent on allocation of appropriate level of reviewing expertise to deploy to the reviewing work. This is ongoing and delivering efficiencies freeing up resources required supporting the increase in demand as a result of the ageing population.</p> <p>Regular review of packages will ensure person-centred approach, utilisation of local resource outwith traditional sources and an enabling</p>
	New packages following SDS approach with reviews as standard Implementation of 2014 Self Direct Support legislation promoting better opportunities for personalised care and support solutions.			
	Review team capacity enhanced to conclude work as quickly as possible.			
Financial Implications	Projected increase in demand of £1.480m per year.	Projected increase in demand of £1.500m.	Projected increase in demand of £1.500m.	<p>Expected reduction in package costs will be dependent on allocation of appropriate level of reviewing expertise to deploy to the reviewing work. This is ongoing and delivering efficiencies freeing up resources required supporting the increase in demand as a result of the ageing population.</p> <p>Regular review of packages will ensure person-centred approach, utilisation of local resource outwith traditional sources and an enabling</p>
	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%	

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

				ethos that maximises independence and achievement of potential.
--	--	--	--	---

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2017	
Implementation of Personal outcome Plan	Evaluated as result of trialling in single point of access test sites			Improved efficiency of process releasing staff time. Personal Outcome Plan tested in pathfinders sites with positive impact for service users and carers. From 1 April 2015, all new service users will be assessed using a Personal Outcome Plan. All existing service users will be reassessed using the outcome focussed Personal Outcome Plan by 31 March 2016. These plans will be fully accessible electronically on Carefirst reducing duplication and promoting safety and well being of service users as Out of Hours will have access. Person centred approach and outcome focus established. Reduces need for multiple assessments. Carers better supported in line with expectations in carers strategy.
	Revisions agreed ahead of role out across Highland			
	Personal Outcome plan implemented across Highland	Full implementation assured	Evaluation ahead of revision of Partnership Agreement	
Financial Implications	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	
Improved Admission and discharge planning	Guidance revision complete including testing		Guidance reviewed ahead of drafting of the Partnership Agreement	<p>Reduction in emergency admissions and length of stays to improve bed management and better support patients in communities.</p> <p>Use of SDS option 2 e.g. Boleskin community initiative encouraging innovative care and support options to enable earlier hospital discharge.</p> <p>Increased community involvement in supporting patients at discharge.</p> <p>Relies on developing sustainable community support to prevent admission and enable safe hospital discharge. These models of support must be innovative and delivered locally. Early indications in South using Why not home? philosophy by new 'Community Pull' team is reducing Delayed Hospital Discharges in Raigmore.</p> <p>Improved quality of individual experience.</p> <p>Improved communications across all sectors ensuring reduction in delays and duplication of information gathering.</p>
	Focussed work on patient flow in Raigmore and across other hospitals. Why not home? Being tested as a philosophy delivering a more asset based approach to prevention of admissions and facilitation of discharges	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		
Financial Implications	Reduction in pressures on hospital beds with more efficient use of all hospital facilities, ensuring beds available when needed and reduction in length of stay as patients are discharged when planned. This will allow the hospitals to cope with increased demand brought about by demographic change and improvements in clinical interventions without additional resource.	Continued investment in communities will support efficient and effective use of institutional facilities.		

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

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Implemented Self Directed Support approach	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 i.e. users and carers pooling resources, 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	RAS reviewed and refined with continuous improvement embedded	
	Staff training and awareness raising delivered	Continued Staff training and awareness raising targeted and delivered	Evaluation of staff training and revision of plan and format as required	
	Communication plan and dedicated website developed and implemented NHS Highland social media used to regularly update on local and national SDS developments and initiatives	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		
		SDS support and team reviewed		Resource Allocation System has been developed and is being tested through the Personal Outcome Plan Pathfinder sites. Adult Services is learning from Children's Services who already use a Resource Allocation System.
Financial Implications	No dedicated budget identified as costs need to be met from existing resources through redesign of traditional services. Service users and carers now routinely offered the four SDS options on how they wish their care and support needs to be met.	Financial implications assessed. Budget positions need to show shift in funding from traditional services to personalised solutions	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	

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

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Enhanced Community development and establishment of a co-production approach	Integration of community connectors and community development officers into District plans Partnership approach with Health and Happiness workers in respect of SDS.	Impact of investment reported through AS commissioning Group	Evaluation of investment across sectors.	Key plank in achieving outcomes. Needs considerable input from all sectors and can be demanding on time commitment.
	Support events scheduled to share ideas and encourage innovation	Continued sharing of effective approaches.	Evaluation of co-production approach.	Must be in response to communities and reflect community planning priorities.
	Collation of established activity through Living it Up	Evaluation of sustainability of project and development work		In West there are several examples of inclusive approaches to the planning and development of services. This includes new approaches to day care services
	Building of local relationships across the sectors.			
Financial Implications	All levels of investment must be evaluated in relation to return on investment Change fund used to create community networkers attached to integrated teams within Districts	Effective involvement of the Third sector opens up alternative funding streams not available to the Public sector and must be fully utilised.		Considerable return on investment if supported appropriately. Transport proposals and solutions need to reflect changing service models to ensure lack of transport is not a barrier to access. Integrated Transport in Lochaber providing evidence of opportunities through partnership working. Badenoch and Strathspey developing community capacity around the new hospital and transport. Fits with Community Planning Strategic Priority to maximise the use of collective resources to achieve best outcomes, demonstrating a shift to prevention and the re-allocation of resources between CPP members where this

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

				<p>represents best value.</p> <p>Fits with Community Planning Strategic Priority to collaborate on workforce planning and skills development to meet Highland needs, in the context of the Highlands and Islands Skills Investment Plan and our roles as major employers.</p> <p>Fits with Community Planning Strategic Priority to Engage in dialogue with communities in order to empower them to participate in service planning and delivery.</p> <p>Fits with Community Planning Strategic Priority to tackle deprivation and inequalities including by improving access and connectedness for communities.</p> <p>Fits with Community Planning Strategic Priority to value and be positive about Highland life to attract people, jobs and investment.</p>
	<p>Sustainability may depend on disinvestment in traditional approaches which must be supported at strategic, partnership and political levels.</p>			

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

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Improvement Groups	Improvement groups agree priorities..			Opportunity to bring together developments across operational units building on learning and sharing issues.
	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 These meet regularly for Older People, Learning Disability, Mental Health, Care at Home, Autism, Sensory Impairment with service users and carers key members			Opportunity to build strategic commissioning approach with independent and third sectors from planning through to procuring stage.
	In line with Strategic Commissioning Plan and incorporating the new approach to Statutory Performance Indicators agreed by CoSLA and SOLACE (Society of Local Authority Chief Executives), KPIs to be reviewed and amended with endorsements from SCG			Direct involvement of users with sharing of any data required, to drive improvements and sharing the role in monitoring and making those improvements. A Carer chairs the Autism Improvement Group and Independent Sector co-chairs the Adult Services Commissioning Group.
Financial Implications	To be implemented within existing resource			Fits with Community Planning Strategic Priority to value and be positive about Highland life to attract people, jobs and investment.

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Sensory Strategy - See Hear implemented	Establish Improvement Group to oversee progress against the 10 year strategy Done	Ongoing progress through Improvement group and reporting to Health Board	Review of progress to inform revised Partnership Agreement	Strategic objectives will be progressed and improvements monitored. Improvement Day in October 2014 involving Scottish Government and reps across Highland agreed local priorities.
	Review SLAs with Voluntary Organisations to make shift to sensory approach	Establish SLAs with clear Sensory objectives and outcomes linked to the SEE		

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

		Hear strategy	
	Agree performance indicators against recommendations in See Hear	Report on KPIs and review effectiveness	SLAs will be developed based on outcomes and look for evidence of an integrated approach.
Financial Implications	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, closer to their communities.	<p>Staff and the public will be more aware of the impact of a sensory impairments and where support can be accessed.</p> <p>it's with Community Planning Strategic Priority to collaborate on workforce planning and skills development to meet Highland needs, in the context of the Highlands and Islands Skills Investment Plan and our roles as major employers.</p> <p>Fits with Community Planning Strategic Priority to Engage in dialogue with communities in order to empower them to participate in service planning and delivery.</p> <p>Fits with Community Planning Strategic Priority to tackle deprivation and inequalities including by improving access and connectedness for communities.</p> <p>Fits with Community Planning Strategic Priority to value and be positive about Highland life to attract people, jobs and investment.</p>
Output		Timeline	Impact

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

	2014-2015	2015-2016	2016-2107	
LD Strategy – Keys to Life implementation	Agree implementation and priorities through Improvement Group and report to Health Board Service users and service user representative groups play an active role in the LD, Autism Improvement Groups and SDS Delivery Group.	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. Self Directed Support Manager now undertaking Learning Disability Lead for Social Work working closely with third sector partners
	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.
Financial Implications	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.		<p>Fits with Community Planning Strategic Priority to collaborate on workforce planning and skills development to meet Highland needs, in the context of the Highlands and Islands Skills Investment Plan and our roles as major employers.</p> <p>Fits with Community Planning Strategic Priority to Engage in dialogue with communities in order to empower them to participate in service planning and delivery.</p> <p>Fits with Community Planning Strategic Priority to tackle deprivation and inequalities including by improving access and connectedness for communities.</p> <p>Fits with Community Planning Strategic Priority to value and be</p>

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

				positive about Highland life to attract people, jobs and investment.
--	--	--	--	--

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Redesigned Day Care	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. 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> <p>In West there are several examples of inclusive approaches to the planning and development of services. This includes new approaches to day care services</p> <p>Transport proposals and solutions need to reflect changing service models to ensure lack of transport is not a barrier to access.</p> <p>Fits with Community Planning</p>
	Planned changes tested – small tests of change Shift from buildings based services to supporting individuals to access a range of educational and employment opportunities	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 A reablement approach to day services is being developed in some care homes.			
	Review of effectiveness of Day care – all clients, as part of overall review of packages. Ongoing. Review of all existing attendees using Personal Outcome Plan by 31 March 2016	Build community involvement through development work to offer wider range of more flexible approaches		
Financial Implications	Efficiency savings anticipated as new community models evolve saving £0.250m.	Efficiency savings anticipated as new community models evolve £0.100m.		
	Reduce amount of overtime worked saving £0.050m.			

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

	Rationalisation of catering and domestic services saving £0.050m.			Strategic Priority to collaborate on workforce planning and skills development to meet Highland needs, in the context of the Highlands and Islands Skills Investment Plan and our roles as major employers.
	Increase in charges by 2% in line with policy agreed by the Highland Council	Increase in charges by 2%	Increase in charges by 2%	

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Strategic Commissioning Plan for Adult Care-corporate and local plans	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. Embracing the SDS Legislation and an asset based approach has impacted on commissioning with greater involvement of Third sector and wider community. The Strategic Commissioning Group is co-chaired by an Independent Sector provider ensuring Third Sector are equal partners in driving future commissioning strategy Fits with Community Planning Strategic Priority to maximise the use of collective resources to achieve best outcomes, demonstrating a shift to prevention and the re-allocation of resources between CPP members where this represents best value. Fits with Community Planning
	Local plans produced under umbrella strategic direction of SCP	Local plans describe shifts in activity and method of capture for resource release; allowing reinvestment		
Financial Implications	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	

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

				<p>Strategic Priority to Engage in dialogue with communities in order to empower them to participate in service planning and delivery.</p> <p>Fits with Community Planning Strategic Priority to value and be positive about Highland life to attract people, jobs and investment.</p>
--	--	--	--	--

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2017	
Strategic Commissioning Capability and Capacity Development	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	<p>The development of strategic commissioning plans and skills will enable resource to move from less effective investments to more effective investments</p> <p>Fits with Community Planning Strategic Priority to Engage in dialogue with communities in order to empower them to participate in service planning and delivery.</p> <p>Fits with Community Planning Strategic Priority to value and be positive about Highland life to attract people, jobs and investment.</p>
Financial Implications				

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

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Partnership Agreement	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.
	Review and amend Performance indicators	Review and amend Performance indicators		Changes are considered and tested and can be incorporated into the next version.
	Agree detail of further commissions e.g. legal services, MHO service	Amend PA to reflect new legislation and develop Integration Scheme		
Financial Implications	Finance and Commissioning group will monitor service demand and efficiencies			Fits with Community Planning Strategic Priority to value and be positive about Highland life to attract people, jobs and investment.

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Carers supported	Development of new strategy with Connecting Carers based on aims of EPIC (Equal Partners in Care) presented to Health Board Ongoing. NHS Highland Carers lead working in partnership with Carers networks progressing carers support including use of carers support plans. Each district has established a carer linked with the Carers Centre Service promoting localised support.	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.
	Implementation plan agreed and initiated	Implementation Plan implemented	Impact captured to inform development of new strategic and Partnership Agreement.	Response to the strategy will build trust and engagement from carers and carer groups.
	Ongoing involvement of carers through Connecting Carers agreed Contract in place for			Fits with Community Planning Strategic Priority to Engage in dialogue with communities in order to empower them to participate in service planning and delivery.
				Fits with Community Planning Strategic Priority to value and be

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

	independent carers' advocacy service.			positive about Highland life to attract people, jobs and investment.
Financial Implications	Expected to be delivered within existing resource	Full utilisation of voluntary sector resource.		

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Good health and wellbeing maintained and where possible deteriorations avoided or slowed.	Continuation of falls prevention support across all sectors Training delivered across NHS and Independent Care Homes.	Ongoing evaluation of falls work	Incorporation of prevention strategies and approaches into the new Partnership Agreement based on evaluation work.	<p>Increased longevity includes good health and independence.</p> <p>Positive “heel toe, heel toe” promotion of activity in Care Homes across Highland Demand for services reduced or managed due to improved health and well being for longer.</p> <p>One key initiative is a dementia friendly community programme in Sutherland being taken forward by a collaborative comprising of service users, carers, and adult social care and health colleagues.</p> <p>Fits with Community Planning Strategic Priority to maximise the use of collective resources to achieve best outcomes, demonstrating a shift to prevention and the re-allocation of resources between CPP members where this represents best value.</p> <p>Fits with Community Planning Strategic Priority to Engage in dialogue with communities in order to empower them to participate in</p>
	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.		
Financial Implications	Continued focus on the preventative outcomes defined in the Partnership Agreement.	Continued focus on the preventative outcomes defined in the Partnership Agreement.		

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

				<p>service planning and delivery.</p> <p>Fits with Community Planning Strategic Priority to value and be positive about Highland life to attract people, jobs and investment.</p>
--	--	--	--	---

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Integration with Housing	Establish Local and strategic links	Delivery groups input to revised Housing Strategy		More effective management of services.
	Plan and test new models of care delivery Service Improvement Lead for Care Homes liaising with Housing to explore opportunities for more innovative housing options for older adults	Model, test and evaluate different housing models		More appropriate link to skills required to fit, review and repair. Consolidation of funding and reduced duplication should enable improved efficiency.
	Consider devolution of management of Telecare to Housing Housing representation on Strategic Commissioning Group and Older Peoples Improvement Group.	Establish longer term management of Telecare based on interim solution and risk share.		Challenge will be to meet growing demand
	Establish links with Handy Persons schemes			Fits with Community Planning Strategic Priority to maximise the use of collective resources to achieve best outcomes, demonstrating a shift to prevention and the re-allocation of resources between CPP members where this represents best value.
Financial Implications	Test of new arrangements within existing resource pulled and allocated to Housing £0.120m	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	
Full utilisation of Assistive Technology supported by Living it Up and eHealth	Continued awareness raising of Living it Up and recruitment across staff and community groups		Evaluation of Living it Up	<p>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.</p> <p>Staff and public awareness needs to be ongoing to keep up with technological advances.</p> <p>Fits with Community Planning Strategic Priority to Engage in dialogue with communities in order to empower them to participate in service planning and delivery.</p> <p>Fits with Community Planning Strategic Priority to value and be positive about Highland life to attract people, jobs and investment.</p>
	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			
Financial Implications	Initial investment required but efficiencies anticipated			

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Effective transitioning of young people into Adult Services	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	<p>Increasing demand and expectation amongst families and young people will put pressure on budgets and will need to encourage innovation and community support.</p> <p>SDS Delivery Group chaired by Director of Adult Social Care enables Children's and Adult</p>
	Review of current process and protocols	Review of KPIs to evidence effectiveness		
	Monitoring of SDS in relation to choice and control			
Financial Implications	£0.634m Projected increase in demand based on YP coming	£0.830m Projected increase in demand based on YP coming	£0.834m Projected increase in demand based on YP coming	

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

	through Children's services	through Children's services	through Children's services	<p>services to explore use of SDS care and support solutions for young people going through Transition.</p> <p>Example of good practice in Lochaber "Nimble Fingers" being adopted in two other sites across Highland with view to further role out in the future. This is promoting employability and volunteering opportunities working with children going through transition, promoting opportunities for socialising and intergenerational working. Service users are saying they feel more confident and part of their communities through this asset based approach</p> <p>Calculation of packages needs to consider sustainability in the longer term and the probable changing family support. Roll out of Resource Allocation System in Adult Services will support more equitable use of resources.</p> <p>Fits with Community Planning Strategic Priority to collaborate on workforce planning and skills development to meet Highland needs, in the context of the Highlands and Islands Skills Investment Plan and our roles as major employers.</p> <p>Fits with Community Planning Strategic Priority to tackle deprivation and inequalities</p>
--	-----------------------------	-----------------------------	-----------------------------	--

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



				including by improving access and connectedness for communities.
--	--	--	--	--

DRAFT