HQA TO ADULT SERVICES – CHANGE and IMPROVEMENT PLAN 2014-2017
Highland Health and Social Care Partnership – MID ROSS DISTRICT – June 2014

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Devolved Care at Home services – In House and Independent Sector contracts	Co-locating district team and Care at Home plus 2 Health & Social Care Co-ordinators and SDS Co-ordinators in Health Centre with GPs and Midwives Achieved October 2014			In House service can develop as part of the integrated team approach and contribute to development of generic roles to maximise independence. 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. Devolution allows consolidation of shift from dependence to a flexible services that can be varied according to changing needs. Solution focus across communities on how they can contribute to support their aging population.
	Carers involved in reablement services. District planning service – Care at Home involved. April 2015 – C@H ully involved in integrated team decision making.	No OD planned.		
	Integrated systems in place	Move more to generic workforce at support worker level with shared deployment across the Integrated team		
Financial Implications				

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Redesigned Care Homes – in house and Independent Sector contracts	No In-house Care Homes across the District.			Estate used more effectively and repair and renewal of premises minimised. Staffing more stable and increased job satisfaction reflected in stability of workforce and reduction in sickness levels. Flexible service delivery better planned to meet needs and maximise independence. Focus on quality proving beneficial across all sectors and evidenced for Board and Care Inspectorate.
	Reactive response to Independent Sector failings has been significant in terms of capacity.			
	Occupational Therapists within social work available to support falls in care homes. April 2015 – Falls Implementers in place and Right call for a fall pathway.			
	Step up/down approach being progressed across both Districts in the Mid area.			
Financial Implications				

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Establishment of Integrated team model	MDTs evolving and building community ward / virtual ward. SPARRA data to be fully utilised – currently under development and GPs engaged. Virtual ward begins May 2015.			Improvements in assessment, communication and responsibilities noted. Improved access Improved allocation and deployment of resource minimising waiting times.
	Social work, community nurse, occupational therapy (SC and NHS) all part of the integrated team. Work continuing on integrating OTs – priority setting, shadowing), Care at Home, rehabilitation and Physio all engaged.			
	No OD planned. April 2015 – 2 team development sessions have taken place – October 2014 and April 2015.			
	Mental Health – separate teams on same site, led area wide.			
	Learning Disabilities – work geographically but area-wide service. Location longer term to be agreed.			
	Promotional work – leaflet for public and staff.			
	Use of SPARRA and other data to inform service planning.			

	District partnerships priority has been agreed as childhood obesity.			
Financial Implication				

Output	**Timeline**			**Impact**
	2014-2015	2015-2016	2016-2107	
Establishment of Single point of access for adult health and social care	Single point of access to be established when co-locating complete and to include Care at Home. Achieved October 2014.			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.
	Process in place around Health & Social Care Co-ordinator – access to Vision system and , CareFirst anticipated (yet to be resolved).			
Financial Implications				

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Efficient and effective care delivery through packages of Care	Identification of high tariff cases complete with standardised approach adopted for review.			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. Expected reduction in package costs will be dependent on allocation of appropriate level of reviewing expertise to deploy to the reviewing work.
	All reviews to be planned.			
	Community resources shared with all clients and carers on the waiting list.			
	Good links with Community Networkers.			
Financial Implications				

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Implementation of Personal outcome Plan	Implemented for new cases and being rolled out across the District. April 2015 – being used by social work and to be rolled out to nurses and AHPs June 2015.			Improved efficiency of process. Person centred approach and outcome focus established. Carers better supported in line with expectations in carers strategy.

Financial Implications				

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Improved Admission and discharge planning	Care at Home and Social work attendance at MDTs attendance at MDTs encouraged and meetings more accessible with co-location.			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.
	Access to Edison across the patch.			
Financial Implications				

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Implemented Self Directed Support approach	Approach adopted for all new and review cases.			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.
	Social Care Co-ordinator in place to support SDS implementation.			
	Training in place as part of induction for all new staff.			
	All staff encouraged to use SDS approach across all cases.			
	Some failure of contingency plans resulting in community nursing crisis response.			
	5 year plan for SDS being implemented and monitored.			
	Productive ward improvement tool has been used to improve MDT processes.			
Financial Implications				

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Enhanced Community development and establishment of a co-production approach	Community Networker, Public Health Practitioner in place - establishing contacts, making connections.			Key plank in achieving outcomes. Needs considerable input from all sectors and can be demanding on time commitment. 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.
	Exploring groups with professionals and communities – e.g. rowing group, table tennis group – start up costs provided by district.			
	Replacement lunch clubs developed in local hotels with greater community involvement.			
	Aim is for sustainable services.			
	Revised Day Care models being progressed with National groups.			
Financial Implications				

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Sensory Strategy - See Hear implemented				Strategic objectives will be progressed and improvements monitored. SLAs will be developed based on outcomes and look for evidence of an integrated approach. Staff and the public will be more aware of the impact of a sensory impairments and where support can be accessed.
Financial Implications				

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
LD Strategy – Keys to Life implementation	Learning disability nurses developing events.			Renewed focus on priorities for those with a Learning Disability. Opportunity to progress some significant issues in Highland around employment and training. Transport proposals and solutions need to reflect changing service models to ensure lack of transport is not a barrier to access.
	Learning disability team developed local action plan.			
	Autism and transition post appointed to integrated team.			
	Link to schools and education - skill up / train teams and provide expertise.			
Financial Implications				

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Redesigned Day Care	Independent Sector only – traditional services in place. No change anticipated currently.			Traditional models of care are reviewed with more enabling approach and less dependence on day care facilities. 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. More effective and responsive use of day care allowing flexible packages as and when required. Transport proposals and solutions need to reflect changing service models to ensure lack of transport is not a barrier to access.
Financial Implications				

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Carers supported	OPAC Group initiated -carers workstream. Unit wide approach.			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.
	Keep Well led by Public Health team.			
Financial Implications				

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Good health and wellbeing maintained and where possible deteriorations avoided or slowed.	Public Health Practitioner and team Workstreams Mid and East. May 2015 – Health Improvement Practitioner appointed dedicated to Mid Ross and collocated with the integrated team.			Increased longevity includes good health and independence. Demand for services reduced or managed due to improved health and well being for longer.
	Workstreams around each hospital site.			
Financial Implications				

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Full utilisation of Assistive Technology supported by Living it Up and eHealth	Telecare delivered within Care at Home.			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.
	Promoted across MDTs and in-patient settings.			
	Living it Up.			
Financial Implications				

Output	Timeline			Impact
	2014-2015	2015-2016	2016-2107	
Effective transitioning of young people into Adult Services	Dedicated post in place to better support transitions – Children's services to Adult Care			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.
Financial Implications				