

Social Care and Wellbeing

Service Business Plan 2010-13



Document Details	
Title:	Social Care and Wellbeing Service Business Plan 2010 - 2013
Version No:	V4.3
Status:	Draft
Date:	10/05/2010
Authors:	
Owners:	Social Care and Wellbeing
Client:	CMT

Document History	
Version	Description of Changes
V4	Draft issued for consultation
V4.1	Draft issued at ESMT
V4.2	Draft following comments from HoS
V4.3	Redrafted action plan

Document Issue	
Version	To Whom (name, title and organisation)
V4.1	ESMT
V4.2	SCMT
V4.3	SCMT

List of Abbreviations	
MTFP	Medium Term Financial Plan
SOA	Single Outcome Agreement
PSIF	Public Service Improvement Framework
SWIA	Social Work Inspection Agency
HMIe	Her Majesty's Inspectorate of Education

Index

1.	Introduction	5
1.1.	Role of the Service Business Plan	5
1.2.	Service Overview	6
2.	Vision and Strategic Outcomes	7
2.1.	Our Vision	7
2.2.	Our Guiding Principles	8
2.3.	Our Strategic Outcomes	8
2.4.	Our Focus	9
3.	Key Drivers	10
3.1.	Demographic and Social Changes	10
3.2.	Legislation, National and Local Priorities and Strategies	13
3.3.	Professional Service Standards	15
3.4.	Inclusion and Equality	15
3.5.	Financial Analysis	16
4.	How Do We Perform?	18
5.	Where Do We Need To Be?	19
6.	How Do We Get There?	20
6.1.	Services for Children and their Families	20
6.2.	Services for People with Learning Disabilities	21
6.3.	Services for People with Mental Health Problems	22
6.4.	Services for People with Drug and Alcohol Problems	24
6.5.	Services for People with Physical and Sensory Impairments/ Long Term Conditions	25
6.6.	Services for Older People	26
6.7.	Services for Carers	28
6.8.	Criminal Justice Services	29
6.9.	Organisational Support	30
7.	How Do We Know We Are There?	32
8.	Service Plan 2010 to 2013 - Action Plan	34
	Appendix 1	41

1. Introduction

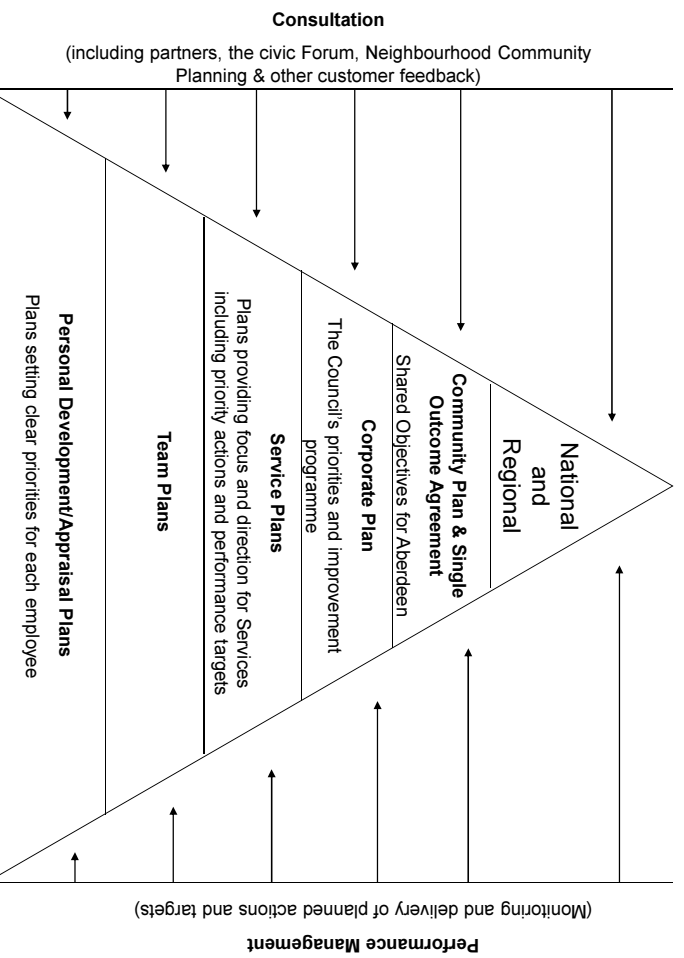
1.1. Role of the Service Business Plan

The Social Care and Wellbeing Directorate Service Business Plan covers a three year planning cycle from 2010-2013 and will be subject to annual review and update.

The Service Business Plan identifies factors which influence service needs, development and delivery. It outlines the activities and initiatives which the Directorate will undertake in order to achieve the Council's key strategic objectives which are reflective of the National Priorities set by the Scottish Government, the Concordat and the Single Outcome Agreement.

The Service Business Plan is a broad three year plan, but as it is a living document, it will be subject to continual review and updating. The main detail contained in the detailed action plan relates to the 2010/11 financial year, but subsequent reviews will complete the detail for future years on a rolling basis.

The model of organisational planning is illustrated in the diagram below:



This service business plan contains our key strategic priorities and a detailed action plan which demonstrates our commitment to achieve our intended outcomes. Progress against the action plan contained within this plan will be reported on a regular basis to the Social Care and Wellbeing Committee. In addition, the service is finalising a Performance Management Framework, to formalise the reporting of performance across the whole service.

The final year end report to the Social Care and Wellbeing Committee will be the Chief Social Work Officer's Annual Report, which is a key public performance document, demonstrating how well our social care services are performing.

1.2. Service Overview

The Social Care and Wellbeing Directorate provides services in the following three areas:

- Children and Young People. These services meet the needs of vulnerable children including: children at risk of harm; children who require child protection services; children who are looked after; children needing permanent families; children who have a disability and; young people who have offended or are at risk of offending.
- Adults. These services meet the needs of vulnerable adults including: those who are at risk of harm and abuse; who have mental health problems; substance misuse problems; a learning disability and; those who have offended or are at risk of offending i.e. criminal justice services.
- Older People and Rehabilitation. These services meet the needs of older people; people with a disability or sensory impairment; those in need of rehabilitation; services for adults at risk of harm and; services which meet the needs of carers.

In addition, the Directorate will ensure that where people's needs and services cross the boundaries of these three areas, the service shall operate in a coherent and effective way. This will include where there are cross service considerations such as:

- Young people moving into adulthood;
- Commissioning, contracting and care management;
- The impact of substance misuse; and
- The wellbeing, and protecting people agendas.

The Directorate has a clear responsibility for the wellbeing of the citizens of Aberdeen, particularly those who are vulnerable. This includes leading the Council's contribution to public health promotion and preventative services.

2. Vision and Strategic Outcomes

2.1. Our Vision

We believe that all the citizens of Aberdeen should have the opportunity to be in control of their own futures and destinies and to achieve their ambitions and aspirations.

We acknowledge that people will require varying degrees of support to achieve this and the direct role of Social Care and Wellbeing will be to provide that support to the most vulnerable members of our community on a fair basis.

We will work closely with other partners to ensure that support is provided early enough to prevent people requiring more intrusive forms of support and intervention.

We will identify and respond to the social care needs of people living in Aberdeen, supporting them where they need assistance in their daily lives. Often working in partnership with others, we aim to respond with cost effective, quality services which support and promote the wellbeing and safety of people who are in greatest need.

We will respect and promote people's rights, support their independence and their inclusion in their own community and respect their choice wherever it is possible.

We want a Social Work service that:

- i. Helps staff to work in a person centred way with individuals;
- ii. Treats everybody with respect;
- iii. Listens and communicates with others in the organisation and values people's ideas;
- iv. Supports staff to do their job and makes sure that they have the chance to build their skills and knowledge;
- v. Encourages new ideas and welcomes challenge;
- vi. Achieves value for money, works efficiently and challenges any rules that aren't needed;
- vii. Is happy for feedback and listens to complaints and tries to make things better;
- viii. Knows how important it is to check the quality of services and is always trying to improve services; and
- ix. Is getting better at communicating and listening to all people who we serve.

With these guiding principles and a newly emerging service, we believe that we can deliver services that have a real and lasting impact.

2.2. Our Guiding Principles

Our guiding principles are that we:

- i. Give clear and easy to understand information to people about what we can and can not do;
- ii. Help people to have as much choice and control as possible over their lives;
- iii. Work with others to address the issues some people have when using ordinary services, like health, housing, leisure and work;
- iv. Make sure that the services we offer are the best they can be and if services need to be better, work to make them better;
- v. Listen to what people say, are open to new ideas and are there when people need us;
- vi. Listen to what carers say, find out what they need, and support them to feel confident in their role; and
- vii. Deliver on our stated intentions.

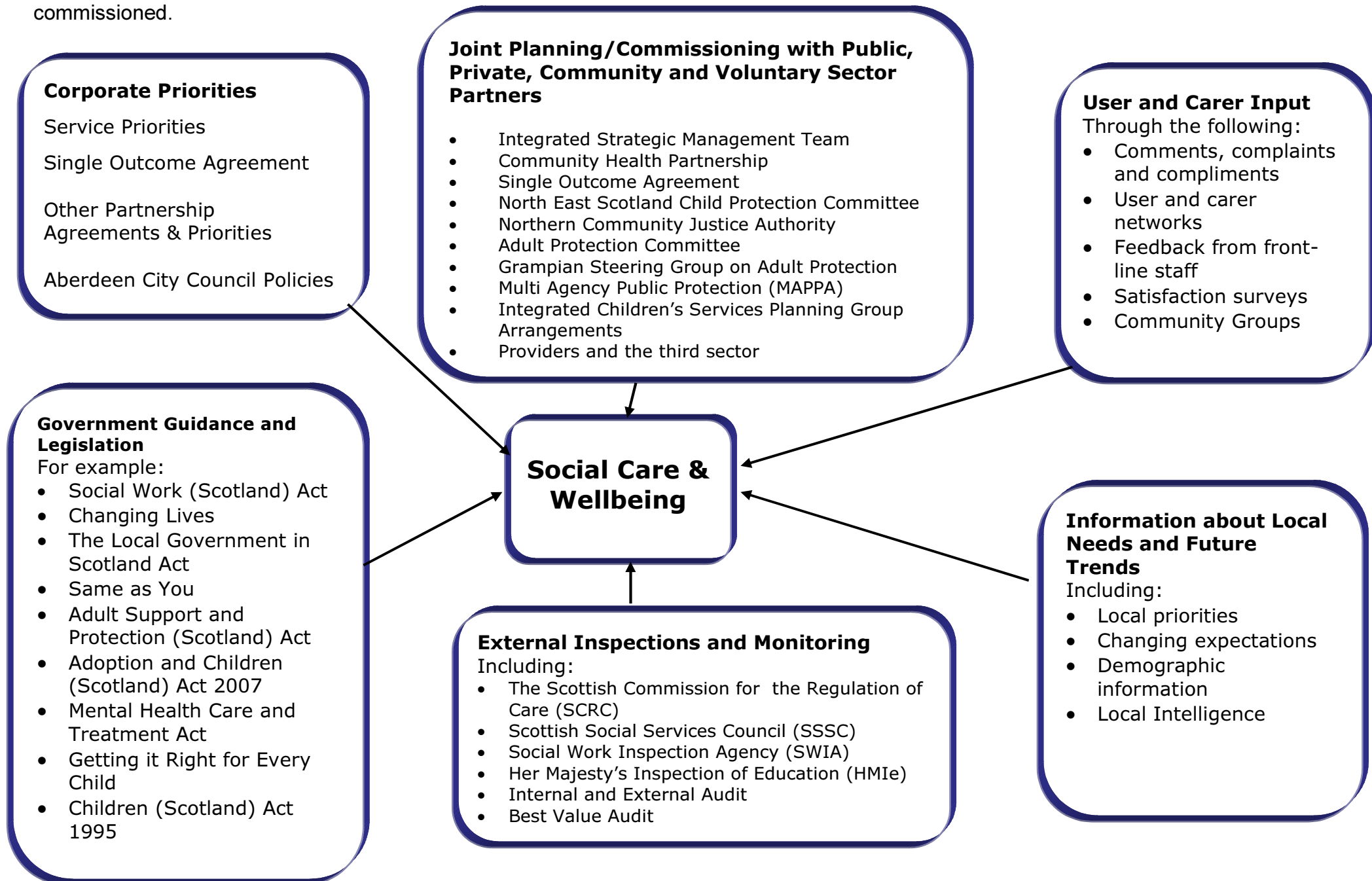
2.3. Our Strategic Outcomes

The strategic outcomes for Social Care and Wellbeing, for adults and children, reflect the national and local priorities set out below in 3.2 :

- i. People are protected from abuse, neglect and harm and feel safe in their environment;
- ii. People are supported and cared for in their own home or in accommodation appropriate to their needs for as long as this is possible;
- iii. People are enabled and supported individually or in groups to find and put in place the right solutions for their care;
- iv. Citizens of all levels of need and ability have access to the facilities of Aberdeen that will support them to maintain their health and wellbeing.

2.4. Our Focus

The work of Social Care and Wellbeing is directed by a number of different internal and external influences. The chart below gives examples of the issues that we must take account of and the organisations that we work alongside when services are planned and commissioned.



3. Key Drivers

3.1. Demographic and Social Changes

The General Register Office for Scotland (GROS) produced their latest sub-national population projections in February 2010. These were based on the estimated population as at mid-June 2008 and cover the period up to 2033. In the short-term (i.e. up to 2013), Aberdeen's population is projected to rise by 2%, from 210,400 to 214,409. The city's population will continue to rise gradually, peaking at almost 220,000 in 2030; it will then decline slightly in the final three years of the projection period. The following table shows the population projections by age group.

Age Group	2008	2013	2018	2023	2028	2033
0-4	10,981	11,542	11,376	10,679	9,767	9,391
5-15	22,119	22,444	24,015	24,819	23,756	22,094
16-64	145,105	145,952	143,921	141,571	139,617	137,681
65-74	16,566	17,926	20,183	21,981	23,789	24,443
75+	15,629	16,545	17,584	19,962	22,821	26,021
Total	210,400	214,409	217,079	219,012	219,750	219,630

Older People

The 65-74 age group is projected to grow by 8% between 2008 and 2013, from 16,566 to 17,926. In the 25-year period to 2033, the projected population of this age group will rise by 47.5%, from 16,566 to 24,443. The projected increase in the over 75 population is 6% from 2008 to 2013, 15,629 to 16,545, with a greater proportionate increase of 66.5%, up to 26,021, by 2033.

The Scottish Executive Report "Adding Life to Years" indicated that around 20% of over-65s need help to stay at home, and the modified General Household Survey found that two-thirds of people over 75 years have a long-standing illness, disability or infirmity.

People with Disability or Long Term Conditions

The 2001 Census included a question on long-term illnesses, health problems or disabilities which limited the daily activities or work that respondents could do. Based on this definition, 34,800 people in Aberdeen had a disability at the time of the last Census. Almost half of the 65-84 group have a limiting long-term illness; in the 85+ group the proportion is almost three-quarters.

Age Group	All People in Households	With a Limiting long-term illness	% of People in Age Group
0-15	34,672	1,614	4.7%
16-64	141,290	17,906	12.7%
65-84	27,765	13,219	47.6%
85+	2,789	2,061	73.9%
Total	206,516	34,800	16.9%

People with Learning Disability

The prevalence figure for all levels of learning disability is around 20 people per 1000 of the population, which means around 4,200 people in Aberdeen. The prevalence figure for severe learning disability is around 4 per 1000 which means around 840 people in Aberdeen at this time.

The life expectancy of people with learning disabilities is increasing and their number is likely to increase by over 1% per year. The number of those with severe disability and complex needs is increasing, also.

People with Mental Health Problems

Nationally, 1 in 6 adults report mental health problems at any one time, with depression, anxiety and phobias being the most common and 1 in 4 adults are likely to experience a mental health problem during their lifetime. 1 in 8 adults and 1 in 5 older people will have depression or severe depression. Fewer than 25% of people with mental health problems work.

The ISD Quality and Outcomes Framework (QOF) for 2007-2008 gives Aberdeen figures of approximately 1,804 people with severe mental illness such as schizophrenia, bipolar affective disorder and other psychoses registered with GPs in Aberdeen. In 2006-2007, 831 people in Aberdeen were admitted to psychiatric hospital and 241 of these were new admissions.

In Aberdeen it is estimated that there are there are 2776 people with dementia, 91 of whom are under 65 years (Alzheimer Scotland, 2010)

People who Misuse Substances

Based on estimates from NHS Grampian, in 2010, the following are classified as hazardous and harmful drinkers:

Use of Alcohol	Males	Females
Hazardous	26078	18075
Harmful	6085	3615

Currently in Aberdeen, it is estimated that there are 2800 opiate users, 1600 or 57% of whom are in treatment with the NHS.

Five hundred children currently have parents in NHS treatment for opiate dependence. Problems are city wide but are significantly prevalent in the areas of deprivation.

74.5% of users of drug services and 85.5% of users of alcohol services experience mental health problems.

Children

The population of pre-school age children (0-4) in Aberdeen will rise in the short-term by 5%, up from 10,981 in 2008 to 11,542 in 2013. But it will then decline in the longer term period up to 2033. By 2033, the projected pre-school age population will be 14.5% lower than the 2008 estimate. The statutory school age population (5-15) will rise slightly in the short-term, up from 22,119 in 2008 to 22,444 in 2013 (+1.5%). It will continue rising to almost 25,000 in 2023, before falling to 22,094 at the end of the projection period.

The 2001 GROS Census identified that 5% of the total 0-15 population either lived with long term limiting illness or were not in good health. In addition, it identified that an increasing percentage of infants will survive beyond birth, because of improvements to medical intervention, who will require ongoing health, care and learning support. Given the significant number of children who will have developmental delays or additional support needs the demand for both universal and targeted early years services will increase.

People who are Carers

There are over 600,000 carers in Scotland, 12% of the adult population. Most carers are aged between 45-64 and 62% are women. Approximately half of carers look after someone over 75 and 26% of carers are retired. 49% will combine caring and employment which can cause stress and lead to carers giving up work. National research shows that 1 in 5 carers (20%), give up work as a direct result of caring. Carers are twice as likely to have mental health problems. About 20% of carers will spend at least 20 hours a week caring. About 60% have no regular visits from health, social services or the voluntary sector.

It is estimated that there are over 6,000 young carers in Scotland.

Using Carers UK data we estimate that there are 16800 carers at present in Aberdeen city with 6200 people taking on a new caring role every year.

People of Working Age

Aberdeen's working age population (16-64) is projected to rise slightly from 145,105 in 2008 to 145,952 in 2013, an increase of 0.6%. In the longer term, however, the population of this age group is projected to decline; by 2033 it will have fallen to 137,681, 5% lower than the 2008 estimate.

The changing demographics of the City (and nationally) mean that more people of all ages are likely to require health and social care. This is at a time when the working population is declining so there are significant implications for recruitment and retention of health and social care staff.

These challenges will require an integrated response from public services. We are committed to working in collaboration with other agencies, particularly NHS

Grampian, to jointly plan to meet our workforce requirements and to use our resources for maximum benefit. New ways of working and delivering care are already being developed to meet present and future challenges.

3.2. Legislation, National and Local Priorities and Strategies

The National Concordat impacts on councils through the nature of the relationship between national and local government – focusing on partnership and common goals; individual commitments on areas of service delivery; the anticipated de-cluttering of the public sector and; in particular, the regulatory and inspection functions.

As part of the National Performance Framework, the Scottish Government has identified the following National Priorities for the public sector

- Wealthier and fairer
- Smarter
- Healthier
- Safer and stronger
- Greener.

How the Social Care and Wellbeing Service contributes to these via outcomes, actions and measures, is detailed in the Councils Interim Business Plan 2010 to 2013. The Plan identifies local outcomes that Social Care and Wellbeing has a lead role in delivering. These are:

- i. Adults, children and young people are protected from abuse, neglect and harm, living within a supportive family setting where possible;
- ii. Aberdeen citizens have the emotional and spiritual resilience to enjoy life, to survive pain, disappointment and sadness;
- iii. People are enabled individually, or in groups, to find the right solutions for their own care and support.

The actions within the Interim Business Plan which will see these outcomes achieved are included within the actions in this Service Plan.

Aberdeen's Single Outcome Agreement (SOA) 2009/12 commits to a number of local outcomes which have a clear impact for the Social Care and Wellbeing Service. The most directly relevant local outcomes within the SOA state:

- i. Children and young people are protected from abuse, neglect, harm by others (and self) at home, at school or in the community;
- ii. Children and young people live within a supportive family setting with additional assistance if required, or where this is not possible, within another care setting, ensuring positive and rewarding childhood experiences;

iii. Improve the overall health and wellbeing of the people of Aberdeen City through focussing on the factors that are harmful to health and wellbeing and in particular by supporting those most vulnerable.

We are also committed to National Wellbeing National Outcomes:

- i. Our Young People are successful leavers, confident individuals, effective contributors and responsible citizens;
- ii. Our children have the best start in life and are ready to succeed;
- iii. We have improved the life chances of Children and Young People and families at risk;
- iv. We live our lives free from crime, disorder and danger.

Aberdeen City Council's Policy Statement states that:

“The care and support of more vulnerable members of our community is a key responsibility of Aberdeen City Council, and a growing challenge as the need for services grows at a time when available finances are under severe pressure.”

It commits to:

- i. Improve joint working with the NHS, especially in relation to the delivery of services in mental health and wellbeing, learning disability, care of elderly people; and delayed discharge;
- ii. Ensure that there are clear contracts and service level agreements with partner providers;
- iii. Develop advocacy for appropriate client groups and ensure that the advocacy provisions of the Mental Health (Care and Treatment) Act 2003 are implemented;
- iv. Campaign with other local authorities to persuade COSLA and the Scottish Executive to secure a fair funding system for social care services;
- v. Provide appropriate respite and rehabilitation services;
- vi. Adopt and implement strategies to involve and support service users and unpaid carers in developing appropriate service provision;
- vii. Adopt and implement strategies to support independent living for people with special needs;
- viii. Make early decisions on the funding of voluntary organisations providing care services and move towards long-term contracts;

- ix. Launch a major new initiative in partnership with NHS Grampian, Grampian Police and the Voluntary Sector to tackle substance misuse including drugs and alcohol;
- x. Continue to monitor, support and develop the 3rd Sector;
- xi. Continue to support and develop the Care and Repair Service;
- xii. Support income maximisation measures to help disabled people and carers claim all the benefits to which they are entitled;
- xiii. Continue to increase the number of foster carers in our city in order to increase placement choice;
- xiv. To work effectively with partners to ensure children and young people receive support and intervention that is proportionate and timely;
- xv. Build on the Council's participation in "Scotland's Health at Work" and in particular implement mental health and wellbeing policies within the Council and promote such policies within the wider community.

3.3. Professional Service Standards

The Scottish Social Services Council is responsible for registering people who work in social services in Scotland and regulating their education and training. They publish a Code of Practice for Social Service Workers setting out the standards of professional conduct and practice required of social service workers as they go about their daily work. The SSSC also publishes a Code of Practice for Employers of Social Service Workers, to which we are committed.

3.4. Inclusion and Equality

Social Care and Wellbeing is pursuing a significant equalities and social inclusion agenda.

Work is being undertaken on race and disability equalities issues. This includes meeting our statutory reporting requirements in relation to race through our input to the Annual Progress Report on Implementing Equalities and Communities of Interest Work within Aberdeen City Council. The Service actively participates in the Council's Equality Action Network whose role it is to ensure that steps are taken to address equalities issues throughout the Council, particularly in relation to service delivery.

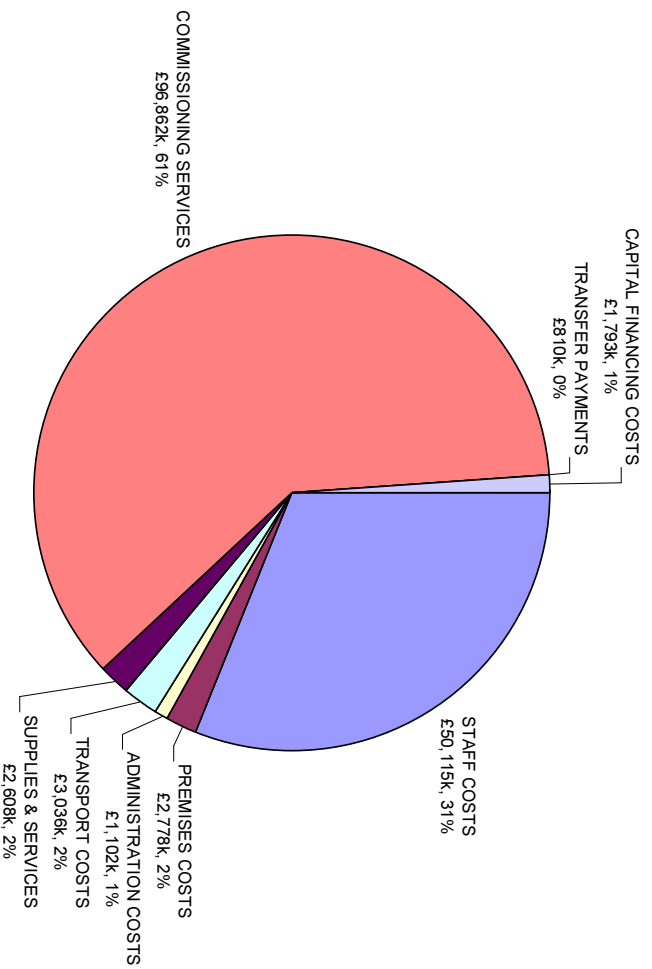
3.5. Financial Analysis

Revenue Expenditure

The following chart and table provides an overview of the Directorate's Revenue Budgets.

Expenditure Type	2010/11 Budget £'000	%
Staff Costs	50,115	31%
Property Costs	2,778	2%
Administration Costs	1,101	1%
Transport Costs	3,036	2%
Supplies & Services	2,608	2%
Commissioning Services	96,862	61%
Transfer payments	810	0%
Capital Financing Costs	1,793	1%
Gross Expenditure	159,103	
Income	(39,381)	
Net Expenditure	119,722	

Staffing costs account for 31% of the Revenue Budget for Social Care and Wellbeing, reflecting the size and nature of the Directorate's activity. A further 61% of the Directorate's costs are incurred on commissioning services, which reflects the extent to which care services are purchased from independent organisations rather than provided in-house. Almost 25% of gross expenditure is recouped as income from other bodies, mainly from NHS Grampian and the Council's Housing service and charges to service users.



Capital Expenditure

The following table sets out the planned capital investment:

PROJECT	Estimated 2010/11 Budget £000	Estimated 2011/12 Budget £000	Estimated 2012/13 Budget £000
Rosewell House	108	0	0
Integrated Drug Service	650	0	0
Children's Residential Unit	1,465	200	0
Intensive Community Support & Learning Service	75	0	0
Joint Occupational Therapy Store with NHS Gramplan	350	0	0
Total	2,648	200	0

Service Efficiencies

As part of the budget setting process for the 2010/11 financial year, £8m was built into the Social Care and Wellbeing Service budget, to allow the service to respond to underlying pressures. In order to respond to the demands on the Service and in order to ensure a viable budget position, the Service has been required to find efficiency savings in the region of £4.7m in the 10/11 financial year.

4. How Do We Perform?

In June 2008 the Social Work Inspection Agency (SWIA) reported on its inspection of Aberdeen City Council's Social Work Service. From June 2008 Aberdeen City Council put in place action plans and has taken measures to address the issues raised in the inspection.

In July 2009 SWIA published its follow-up report and found:

- There is a clearer sense of purpose and direction and evidence of progress across the service, though some of the more strategic aspects remain aspirational;
- Children's services have improved many of their processes and procedures and are making progress with their action plan;
- In Adult Services the implementation of the revised eligibility criteria has been successfully delivered for all care groups except for some people with learning disabilities, although this was progressing;
- There is evidence of significant improvement in practice in criminal justice social work;
- There has been improvement in staff morale;
- Changes in both service structures and management style have made a positive impact and senior managers are striving to convey that they value staff;
- There is strong evidence of the impact of new leadership, at the political, corporate and social work service levels;
- There are positive prospects for improvement to be sustained.

Her Majesty's Inspectorate of Education (HMIE) visited Aberdeen in April 2009 to assess the extent to which all the agencies involved were continuing to improve the quality of their work to protect children and young people, and to report on the progress made in responding to the main points for action in the inspection report of November 2008. Their report on the follow-up inspection was published on 24 June 2009. The agencies inspected were Aberdeen City Council, Grampian Police, NHS Grampian and the Scottish Children's Reporter.

The inspectors found that we have made progress in all the main points for action. The report highlights that there has been an acceptance of a shared responsibility across agencies for improving child protection services, and said that managers and staff across services have been successful in laying effective foundations for improvement.

Any actions arising from inspections that have not been completed have been included in the Service Business Plan.

5. Where Do We Need To Be?

The overall picture for Social Care and Wellbeing provision for Aberdeen is of:

- Increasing need and demand as a result of demographic changes;
- Greater complexity in the needs of service users;
- Changing expectations from service users, carers and society;
- Tight financial constraints; and
- A need to demonstrate efficient, effective and improving social care services.

Our focus will be on delivering suitable outcomes for and with the people who use our services. We will do this in ways that make best use of the resources available to us, our partners and service users themselves.

We will focus on addressing the following priorities:

Shifting the Balance of Care: We will shift the emphasis of care and resources from residential and hospital based services towards community based care.

Managing the Workforce: We will ensure that we have an efficient and flexible workforce which has the right mix of skills and is sufficiently adaptable to meet the changing needs of the population. We will do this in conjunction with partners, by implementing a Workforce Strategy across the statutory and independent sectors to ensure that there will be a sufficient supply of appropriately skilled staff to meet future needs.

The Personalisation of Services: We will enable people, alone or in groups, to find the right solutions to their problems and allow them to participate in the delivery of services. Instead of being recipients of services, we want people to become actively involved in selecting and shaping the services they receive.

Implementing our Joint Commissioning Strategy: We will guide the work of the Service to give clarity to our stakeholders about the way services will develop; to guide current and potential providers of services so they can provide what we wish to purchase and to provide a mechanism through which we can monitor the progress we are making towards achieving our vision.

Improving the Use of Resources: We will achieve more effective use of resources (including staff, buildings, information and technology) by working across the public sector, particularly with the NHS, to improve the efficiency of care systems. We will develop an enabling culture within directly provided and commissioned services, which supports people's independence and encourages self care.

6. How Do We Get There?

To deliver the changes required, the aims of each element of the Social Care and Wellbeing Service have been agreed and are outlined below.

6.1. Services for Children and their Families

Shifting the Balance of Care

We will provide family support and other help to enable children and families to live normal lives at home, preventing children from unnecessarily entering the care system, without compromising their safety or protection.

Contracting and commissioning intentions will be balanced against need, the market place, the Council's budgets and people's ability to purchase services.

Managing the Workforce

We will implement a structure which seeks to intervene in a proportionate and timely manner to ensure services are delivered to manage and reduce risk. We are investing in leadership training for Children's Services Managers and Social Work staff to encourage the development of flexible and creative working.

The Personalisation of Services

We will ensure that the protection, safety and wellbeing of children are our most important priorities.

We will take decisions about children based upon evidenced based assessments, which actively involve children and their carers. Resources will be allocated to balancing the responsibility to meet need within limited resources.

We will base services on identified needs, linking activities and costs and monitoring what happens to individuals and families as a result.

We will be outcome focussed when planning and designing services, and review and adjust our interventions and services as required working towards positive change.

We will work closely with all partners implementing the Integrated Children's Services Agenda and ensure that we do "Get it Right for Every Child" (GIRFEC).

Implementing our Commissioning Strategy

We will work with others to ensure that commissioning intentions are clear and communicated to relevant staff and potential providers to ensure cost effective and high quality services are fairly purchased and monitored so that they both protect and meet the needs of vulnerable people.

We are working with partners in the third sector to develop outcome focussed services delivered within formal contractual frameworks. This will allow us to base future services on identified need and achieve best value.

Improving the Use of Resources

We have clear eligibility criteria services, with all referrals receiving consistent, high quality responses based on thorough, evidence based assessments of need and leading to care plans that will be subject to monitoring and review. All new referrals to children's services will be managed by the Reception and Protection Service theme managed by a single manager.

Children's Services have undergone a period of redesign; a reception service is created as point of entry to the service. Access will be dependent on assessment of need and meeting the agreed children's services eligibility criteria.

New screening and resource systems are implemented within the city across the continuum of need to ensure children and young people get the appropriate support at the right time. Significant progress has been made to recruit alternative family carers in the city and annual targets for continued recruitment are in place.

A new intensive joint community support and learning service will be established to work with 14-16 year olds as a direct alternative to residential care and in particular placements being made in residential schools outwith the city.

We will link services organisationally so as to reflect service users' needs and to provide easy and quick access to resources in accordance with care plans.

We will commission and contract for local, flexible services that offer a good use of resources and provide a good standard of care. We ensure this statement by tendering, approving and monitoring of services.

6.2. Services for People with Learning Disabilities

Shifting the Balance of Care

We will develop services that enable people to live as independently as possible, in appropriate community settings.

We will ensure carers receive the support they need to continue in their caring role.

Contracting and commissioning intentions will be balanced against need, the market place, the Council's budgets and people's ability to purchase services.

Managing the Workforce

Our staff will have the knowledge and skills to provide person-centred services, based on assessed needs.

The Personalisation of Services

We will build person centred support systems to enable people to make choices in accessing opportunities for leisure, training and employment

and support in daily living.

We will create opportunities for self-directed support and individualised budgets.

We will work in partnership to empower and enable people to lead a full life as part of their own communities and as citizens of Aberdeen.

The shift towards the personalisation of services needs to be considered and planned within contracting and commissioning strategies. Working with others we will support vulnerable people to realise their potential.

Implementing our Commissioning Strategy

We will provide a range of high quality services, that demonstrate best value for people with learning disabilities and their carers at times in their lives when they need support.

We will implement our joint commissioning intentions and improve the quality of business transactions with service providers so that services provide the outcomes we expect at a fair cost.

We will work with others to ensure that commissioning intentions are clear and communicated to relevant staff and potential providers to ensure cost effective and high quality services are fairly purchased and monitored so that they both protect and meet the needs of vulnerable people.

Improving the Use of Resources

We will direct social care resources to those most in need and according to our eligibility criteria.

We will work in partnership with NHS Grampian to plan and deliver services, making the most efficient use of our resources.

We will support people to access activities within their community and promote inclusion within universal services.

We will commission and contract for local, flexible services that offer a good use of resources and provide a good standard of care. We ensure this statement by tendering, approving and monitoring of services.

6.3. Services for People with Mental Health Problems

Shifting the Balance of Care

We will develop services that support people with severe and enduring mental illness to remain within their own community.

We will ensure that services promote recovery from illness and increase personal resilience. This includes the provision of individual and collective advocacy services.

Contracting and commissioning intentions will be balanced against need, the market place, the Council's budgets and people's ability to purchase services.

Managing the Workforce

We will train or recruit sufficient Mental Health Officers to meet our statutory responsibilities.

The Personalisation of Services

We will assist people to take a full and active role in their local community, as citizens of Aberdeen.

We will encourage and empower individuals to exercise their rights to choice, respect, dignity and independence through equality, opportunity and inclusion.

This will include the provision of independent advocacy services.

The shift towards the personalisation of services needs to be considered and planned within contracting and commissioning strategies. Working with others we will support vulnerable people to realise their potential.

Implementing our Commissioning Strategy

We will increase choice and opportunity for natural supports and access to specialist and universal services, according to needs.

We will commission a single day support service to achieve best value.

We will value feedback from individuals and service providers and use this to plan and improve services.

We will work with others to ensure that commissioning intentions are clear and communicated to relevant staff and potential providers to ensure cost effective and high quality services are fairly purchased and monitored so that they both protect and meet the needs of vulnerable people.

Improving the Use of Resources

We will implement improvements in service delivery, based on evidenced practice.

We will involve people in planning and reviewing services to meet their needs, within available resources.

We will commission and contract for local, flexible services that offer a good use of

resources and provide a good standard of care. We ensure this statement by tendering, approving and monitoring of services.

6.4. Services for People with Drug and Alcohol Problems

Shifting the Balance of Care

We will take into account (and intervene appropriately) the safety and wellbeing of children living in families where substance misuse is a factor.

We will plan and provide integrated services to support a recovery model of intervention.

We will improve access to treatment through more pathways leading to a single point of entry.

We will develop pathways out of treatment by improving access to leisure, training and employment opportunities and promoting social inclusion.

We will improve the health of drug and alcohol users, including those in the criminal justice system, through better access to community based services.

We acknowledge that young people involved in substance misuse require services that are young person focussed rather than in adult provision.

Contracting and commissioning intentions will be balanced against need, the market place, the Council's budgets and people's ability to purchase services.

Managing the Workforce

We will ensure an appropriate skill mix of professional disciplines and support staff across integrated services.

We will keep staff abreast of the changing scene in substance misuse and implications for interventions.

Implementing our Commissioning Strategy

We will develop further an integrated commissioning strategy for substance misuse covering adults', offenders' and young people's treatment.

We will ensure that commissioning is driven by quality standards and the evidence base for effective interventions.

We will work with others to ensure that commissioning intentions are clear and communicated to relevant staff and potential providers to ensure cost effective and high quality services are fairly purchased and monitored so that they both protect and meet the needs of vulnerable people.

Improving the Use of Resources

We will direct resources in support of recovery, based on evidence of effectiveness.

We will ensure that parental substance misuse and its impact on children is a priority area for service development.

We will ensure effective working relationships between substance misuse, adults and children's and criminal justice social work services, to target resources and avoid duplication.

We will commission and contract for local, flexible services that offer a good use of resources and provide a good standard of care. We ensure this statement by tendering, approving and monitoring of services.

6.5. Services for People with Physical and Sensory Impairments and Long Term Conditions

Shifting the Balance of Care

We will make provision to enable people to live as independently as possible in suitable accommodation.

We will develop care pathways to expand and maximise the use of integrated rehabilitation services.

We work in partnership with NHSG to develop and maximise the use of intermediate care (step-up and step-down) to reduce unplanned admissions and support early discharge from hospital.

We will work in partnership with NHSG and other agencies to promote self care to reduce dependence on acute and specialist services.

Contracting and commissioning intentions will be balanced against need, the market place, the Council's budgets and people's ability to purchase services.

Managing the Workforce

We will prepare our staff to work in partnership with people to promote self care and maintain maximum independence.

The Personalisation of Services

We will increase opportunities for people to be in control of the support they receive through person centred planning and individualised services.

We will increase the use of direct payments and self directed support.

We will work with other services and agencies to improve access to universal services and community based opportunities for sport and leisure activities.

We will work with other agencies and community groups to enable people to use local services and take an active role in their local community, as citizens of Aberdeen.

The shift towards the personalisation of services needs to be considered and planned within contracting and commissioning strategies. Working with others we will support vulnerable people to realise their potential.

Implementing our Commissioning Strategy

We will commission a single sensory service with a single point of access to hearing and visual impairment services.

We will work with others to ensure that commissioning intentions are clear and communicated to relevant staff and potential providers to ensure cost effective and high quality services are fairly purchased and monitored so that they both protect and meet the needs of vulnerable people.

Improving the Use of Resources

We will expand the use of telehealthcare in support of self-care and independence with safety.

We will commission and contract for local, flexible services that offer a good use of resources and provide a good standard of care. We ensure this statement by tendering, approving and monitoring of services.

6.6. Services for Older People

Shifting the Balance of Care

We will support people to live as independently as possible in their own home for as long as they are able to do so, through personal and practical, home based services.

We will develop care pathways to expand and maximise the use of integrated rehabilitation services.

We work in partnership with NHSG to develop and maximise the use of intermediate care (step-up and step-down) to reduce unplanned admissions and support discharge from hospital.

We will develop integrated services to provide palliative and end of life care to enable people to be at home.

Contracting and commissioning intentions will be balanced against need, the market place, the Council's budgets and people's ability to purchase services.

Managing the Workforce

We will prepare our staff to work in partnership with people to promote self-care and maintain maximum independence.

We will provide dementia awareness training to all care staff.

We will ensure that people receive support/care from someone who is sensitive to their culture and needs.

The Personalisation of Services

We will increase opportunities for people to be in control of the support they receive through person centred planning and individualised services.

We will develop support systems to encourage and increase the take-up of direct payments and self directed support.

We will work with other agencies and community groups to enable people to use local services and take an active role in their local community, as citizens of Aberdeen.

The shift towards the personalisation of services needs to be considered and planned within contracting and commissioning strategies. Working with others we will support vulnerable people to realise their potential.

Implementing our Commissioning Strategy

We will work with care at home providers to ensure availability of personal care services on a 24 hour basis, at an agreed hourly rate.

We will work with care home providers to develop the range of residential-based services, including flexible respite and outreach care.

We will plan and develop a single point of access resource for integrated dementia services.

We will work with others to ensure that commissioning intentions are clear and communicated to relevant staff and potential providers to ensure cost effective and high quality services are fairly purchased and monitored so that they both protect and meet the needs of vulnerable people.

Improving the Use of Resources

We will shift the balance of resources towards care at home services.

We will work with Housing services to make available options for accommodation that will enable people to maintain their independence for as long as possible.

We will expand the use of telehealthcare in support of self-care and independence with safety.

We will commission and contract for local, flexible services that offer a good use of resources and provide a good standard of care. We ensure this statement by tendering, approving and monitoring of services.

6.7. Services for Carers

Shifting the Balance of Care

We will provide flexible support that enables carers to remain healthy and maintain their role as carer.

We will increase the availability of respite care or short breaks.

We will seek to ensure the needs of young carers are identified and assessed.

We will introduce a new carer's self assessment and encourage take-up of carer's statutory assessment, to improve access to services based on care's needs.

Managing the Workforce

We will ensure that staff are aware of the needs of carers and work with carers as partners in planning and providing care.

The Personalisation of Services

We will increase opportunities for service users and their carers to be in control of the support they receive through person centred planning and flexible, individualised services.

We will develop support systems to encourage and increase the take-up of direct payments and self directed support.

Implementing our Commissioning Strategy

We will commission a range of carers' support services to reflect the needs of carers across care groups, including the needs of young carers.

We will involve carers in setting priorities for investment in carers' support.

We will work with others to ensure that commissioning intentions are clear and communicated to relevant staff and potential providers to ensure cost effective and high quality services are fairly purchased and monitored so that they both protect and meet the needs of vulnerable people.

Improving the Use of Resources

We will ensure carers are central to the development of social care services.

We will involve carers in assessment and care planning and recognise their contribution as integral to care plans.

6.8. Criminal Justice Services

We aim to reduce re-offending by providing a range of interventions for offenders based on:

- Restrictions on opportunity to cause harm;
- Rehabilitation through effective programmes;
- Reparation for the harm they have caused;
- Re-integration as contributing members of society.

We will make preparations for the new Community Sentencing Regime.

We will speed up throughput in Community Service.

Managing the Workforce

We will deploy practitioners with the necessary discipline, knowledge and skills to engage and manage offenders.

We will increase public protection and public confidence by providing effective supervision and management to offenders within the community.

Implementing our Commissioning Strategy

We will establish strong partnerships with a range of statutory and voluntary agencies for joint working and service provision.

We will collaborate with Housing to improve access to affordable accommodation and support.

We will increase the range and availability of Community Service placements to meet demand and speed completion of CS Orders.

Improving the Use of Resources

We will maximise the benefit of funding for supported accommodation with a greater focus on support to more individuals.

We will provide prison based social work according to the terms of a new Service Level Agreement with the Scottish Prison Service.

We will work in partnership with other services to ensure earlier and ongoing intervention for offenders with substance misuse and mental health problems.

6.9 Promoting Wellbeing

Shifting the Balance of Care

We will work in partnership with communities to promote ‘care by the community’ and develop their capacity to support vulnerable citizens.

We will promote preventive approaches by working in partnership with Council services, other agencies and community groups to widen access for people in need to universal and community based services.

We will raise the profile of carers in the Aberdeen community and ensure Council services and partners recognise the role of carers and the contribution they can make to carers’ support.

We will take local measures to meet the expectations of “Towards A Mentally Flourishing Scotland” by facilitating Aberdeen citizens to have the emotional and spiritual resilience to enjoy life, to survive pain, disappointment and sadness.

Managing the Workforce

We will ensure that key staff understand and support approaches to community engagement and development of community capacity.

Implementing our Commissioning Strategy

We will engage with voluntary and community groups to support them in achieving common objectives of meeting individual and community needs.

We will work with others to ensure that commissioning intentions are clear and communicated to relevant staff and potential providers to ensure cost effective and high quality services are fairly purchased and monitored so that they both protect and meet the needs of vulnerable people.

Improving the Use of Resources

We will ensure that people are able to access information about services easily, in a variety of ways and formats.

We will ensure that people have access to health promoting and wellbeing opportunities that are local, responsive and flexible, with no professional or organisational boundaries.

We will take a strategic lead to target Council resources in preventive approaches to meet demographic challenges .

We will commission and contract for local, flexible services that offer a good use of resources and provide a good standard of care. We ensure this statement by tendering, approving and monitoring of services.

6.10 Organisational Support

Shifting the Balance of Care

We will work to develop new and appropriate strategies and policies that can lead the service through the forces of change that impact on social work.

Managing the Workforce

We will prepare a detailed Workforce Plan for social work so that medium and long term employee planning can be effective.

We will invest in the training and development of staff, targeted to the areas where greatest impact is required.

Improving the Use of Resources

We will provide robust and accurate performance management information so that managers and elected members can make informed decisions.

We will review all administrative support so that it is appropriate and effectively supports front line service delivery.

We will challenge all processes that do not add value.

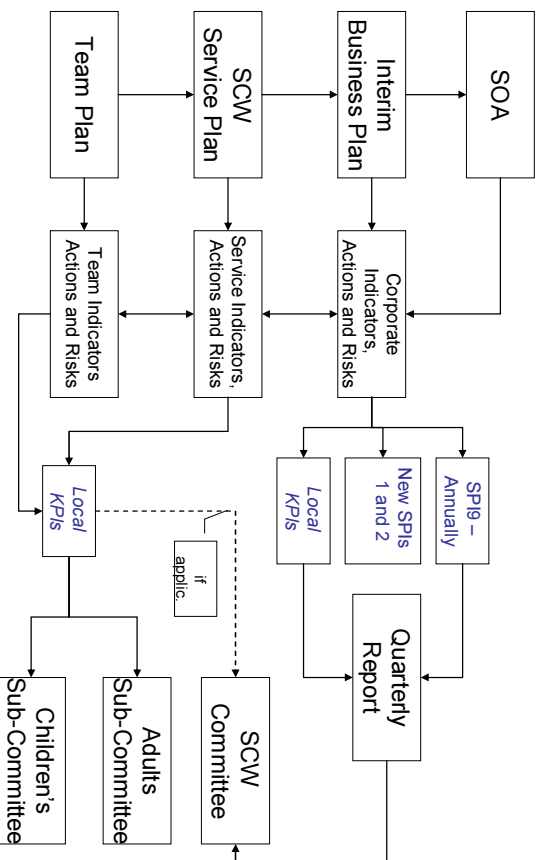
7. How Do We Know We Are There?

We will report to the Social Care and Wellbeing Committee on our progress in achieving the five key themes.

By improving Performance Management reporting we will become more outcome focused and be able to demonstrate better outcomes for service users.

Having a clear Commissioning Strategy will demonstrate best value across the services we currently commission but also provides a clear governance structure for developing joint commissioning arrangements with partners such as Health.

A performance management framework for the Social Care and Wellbeing Service will link all elements of performance within the service, from individual development plans through to outcomes contained within the Single Outcome Agreement to nationally agreed objectives.



Performance Management

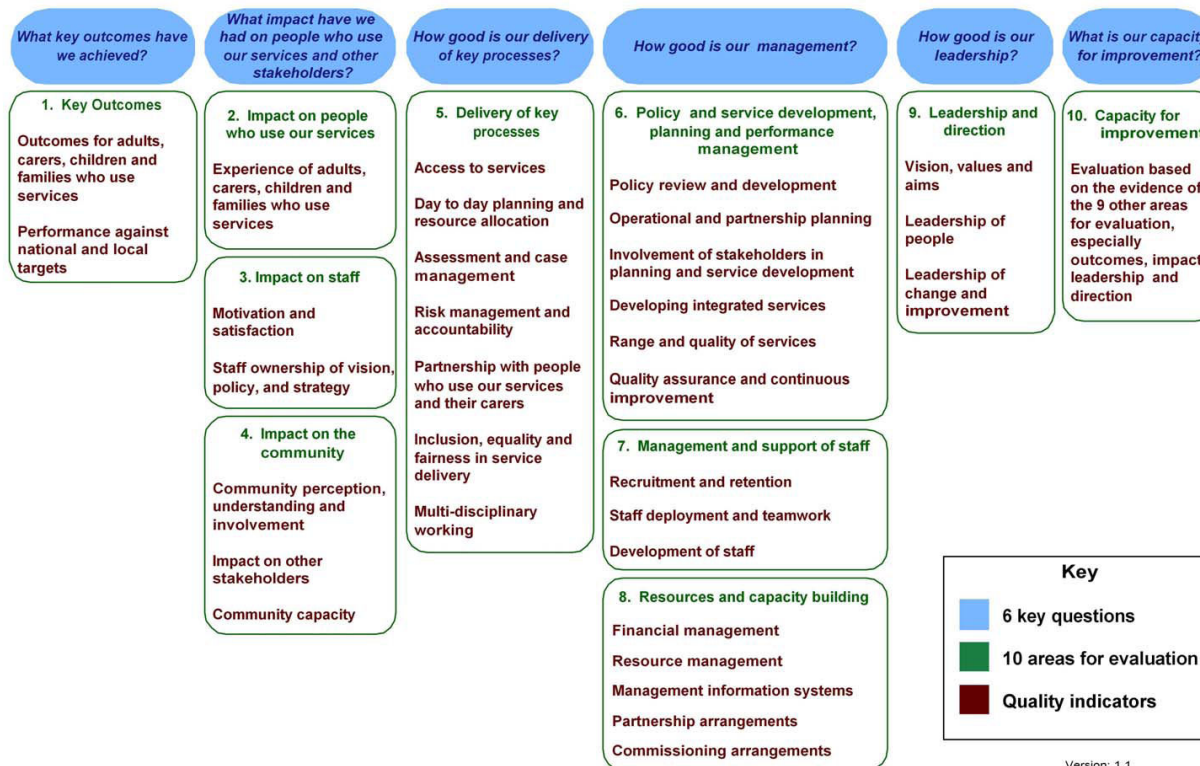
Suggested Schema

Apr 2010

We have put together a suite of performance indicators, on which we will report at a national level. These are attached at Appendix 1. We also have a suite of local level indicators.

As part of the Social Care and Wellbeing Performance Management Framework, we are establishing a process of self evaluation, based on SWIA's Performance Inspection Model (overleaf). We will also ensure that our Performance Management Framework builds on the strong work that the service has undertaken in implementing the use of How Good Is Our Team and the Continuous Learning Framework.

Performance Inspection Model (PIM)



8. Service Plan 2010 to 2013 - Action Plan

Shifting the Balance of Care

Action Points	Milestone Actions	Responsible Officer	Completion Date	Net Financial Implications
We will establish fully integrated Drugs and Alcohol Services to prevent harm and to support those who misuse substances to achieve and sustain a good quality of life		Tom Cowan		
We will prioritise voluntary sector services that help to tackle social isolation for disabled and older people and carers		Tom Cowan Liz Taylor		
We will extend flexible and responsive care at home with support for carers through re-design of home care services to re-focus on maximising people's independence		Liz Taylor		
We will increase multi-disciplinary and multi-agency extended community teams to integrate health and social care and identify and support people at risk		Liz Taylor		
We will reduce avoidable unscheduled attendances and admissions to hospital by promoting self care and anticipatory care planning and providing intermediate care services		Liz Taylor		

We will develop services that enable people to live as independently as possible, in appropriate community settings		Tom Cowan Liz Taylor		
We will develop services that support people with severe and enduring mental illness to remain within their own community		Tom Cowan		
We will improve access to treatment for those with substance misuse problems, through more pathways leading to a single point of entry		Tom Cowan		
We will improve the health of drug and alcohol users, through better access to community based services		Tom Cowan		
We will ensure that parental substance misuse and its impact on children is a priority area for service development		Susan Devlin Tom Cowan		
We will seek to ensure that young people involved in substance misuse are able to access services that are young person focussed		Susan Devlin Tom Cowan		
We will review and revise the targets for the recruitment of alternative family carers		Susan Devlin		
A new intensive family support and learning service will be established		Susan Devlin		
We will develop protocols to improve the flow of information between services where children are involved		Susan Devlin		

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Managing the Workforce

Action Points	Milestone Actions	Responsible Officer	Completion Date	Net Financial Implications
We will ensure that all staff in frontline services are given appropriate training in child and adult protection responsibilities, duties and protocols.		Tom Cowan		
In Children's Services we will implement a structure which seeks to intervene in a proportionate and timely manner to ensure services are delivered to manage and reduce risk.		Susan Devlin		
We will train or recruit sufficient Mental Health Officers		Tom Cowan		
We will prepare a detailed workforce plan		Fred McBride Tom Cowan		

The Personalisation of Services

Action Points	Milestone Actions	Responsible Officer	Completion Date	Net Financial Implications
We will build modern, person centred support for		Tom Cowan		

individuals –to enable them to access opportunities for leisure, employment and support in daily living		Liz Taylor		
We will implement the Council's Mental Health & Wellbeing Strategy to ensure that people have access to health and well being opportunities which are close to home, responsive and flexible		Tom Cowan		
We will improve palliative and end of life care by increasing the number of patients and carers with their palliative and end of life care needs identified, assessed and planned with families and carers		Tom Cowan		
We will increase the proportion of people receiving self directed care by providing and promoting flexible direct payments		Tom Cowan Liz Taylor Susan Devlin		
We will review the provision of independent advocacy services		Tom Cowan		
We will introduce a new carers self assessment and encourage take up of carers statutory assessments		Liz Taylor		

We will provide flexible support to carers, including increasing the availability of respite care or short breaks		Liz Taylor		
We will seek to ensure that the needs of young carers are identified and assessed		Susan Devlin		

Implementing Our Joint Commissioning Strategy

Action Points	Milestone Actions	Responsible Officer	Completion Date	Net Financial Implications
We will ensure that our commissioning intentions are clear and communicated to relevant staff and providers.		Tom Cowan		
We will ensure cost effective and high quality services are fairly purchased and monitored.		Tom Cowan		
We will work with our partners in the third sector to develop outcome focussed services delivered within contractual frameworks.		Tom Cowan		
We will commission a single day support service for people with mental health problems		Tom Cowan		

We will develop an integrated commissioning strategy for substance services		Tom Cowan		
We will commission a single sensory service, with a single point of access to hearing and visual impairment services		Tom Cowan		
We will work with care at home providers to ensure availability of personal care services on a 24 hour basis, at an agreed hourly rate		Tom Cowan Liz Taylor		
We will work with care home providers to develop a range of residential based services, including flexible respite and outreach care		Liz Taylor Tom Cowan		

Improving the Use of Resources

Action Points	Milestone Actions	Responsible Officer	Completion Date	Net Financial Implications
We will work closely with all partners to implement the Integrated Children's Services Agenda		Susan Devlin		
We will have clear eligibility criteria in Children's Services.		Susan Devlin		

New screening and resource systems will be implemented in Children's Services, across the continuum of need to ensure that children and young people get the appropriate support at the right time.		Susan Devlin		
We will implement improvements in service delivery, using evidence based practice		SCMT		
We will expand the use of telecare		Liz Taylor		
We will work with Housing Services to make available options for accommodation		Liz Taylor Tom Cowan		
We will speed up throughput through Community Service		Tom Cowan		

Appendix 1

STATUTORY PERFORMANCE INDICATORS

	Performance Measure	Lead Officer	Target 2010-11	Reason for inclusion & links	Definition
SPI 9	Home Care a) The number of people age 65+ receiving homecare b) The number of homecare hours per 1,000 population age 65+ c) As a proportion of home care clients age 65+, the number receiving: <ul style="list-style-type: none"> • Personal care • A service during evenings / overnight • A service at weekends 	Liz Taylor	Targets have yet to be agreed	Specified SPI	Audit Scotland direction 0910

ADDITIONAL PERFORMANCE INDICATORS TO COMPLY WITH AUDIT SCOTLAND'S STATUTORY PERFORMANCE INDICATORS DIRECTION 2008

Performance Measure	Lead Officer	Target 2010-11	Reason for inclusion and links	Definition
Social enquiry reports <ul style="list-style-type: none"> • The number of reports submitted to the courts during the year • The proportion of these submitted to courts by the due date 	Tom Cowan		New SPI 2	Audit Scotland direction 0809
Probation: <ul style="list-style-type: none"> • The number of new probation orders issued during the year • The proportion of new probationers seen by a supervising officer within one week 	Tom Cowan		New SPI 2	Audit Scotland direction 0809
Community service: <ul style="list-style-type: none"> • The number of new community service orders issued during the year • The average number of hours per week taken to complete orders 	Tom Cowan		New SPI 2	Audit Scotland direction 0809
Number and length of time on the child protection register	Susan Devlin		New SPI 2	Local Definition
% of Looked After Accommodated Children (LAC) with 3 or more placements in the current care episode	Susan Devlin		New SPI 2	Local Definition
% of looked after young people and families at risk supported to stay together or in their own communities	Susan Devlin		New SPI 2	Local Definition
The number of children re-registering on the Children Protection Register within two years of being taken off the register	Susan Devlin		New SPI 2	Local Definition