Service Plan Template for 2007/08
(covering April 2007 – March 2010)

Service Plan for: Mental Health Services

Directorate: Community Services

Service Plan Holder: Keith Martin, Head Of Adult services
Beverley Hunter, Head of Adult &
Forensic Mental Health services, NYYPCT

Workplans: _____

Director: Bill Hodson

Signed off _____   *Date:*_____

EMAP :   _____

Signed off _____   *Date:*_____

The following service plan template must be no longer than <u>12 pages</u> long. (excluding workplans)

Service description

Services for people of working age with mental health needs are provided within an integrated service provided by North Yorkshire & York Primary Care Trust and City of York Council, led by the PCT.

Service Definition
Assessment and Community Support
The CYC funded services include Mental Health Act '83 statutory duties undertaken by Approved Social Workers (ASW). They and the Mental Health Community Support Workers, who provide intensive support to customers with severe and enduring mental health needs, are integrated within 4 Community Mental Health Teams, Assertive Outreach, Early intervention and Crisis Resolution Teams.

Customers receiving service @ 31/12/06	526
Number of new customer over 12 month period	302
Assessments were made under the Mental Health Act 1983	239

Provision (In house)
An ASW provides statutory and social work support to the Forensic Inpatient and Community Service. The Mental Health Training and Mental Health Accommodation Officers provide their own respective services across mental health services in York.

Residential provision – number of rehabilitation and crisis beds	13
Residential provision – respite beds	1
People attending day services	293

Provision (Independent)

Residential& nursing places	81
Residential provision – respite places	

Service objectives

Service objectives
Our overall aim within community services is to increase the quality of life opportunities to all vulnerable adults with mental health, disabilities, learning difficulties, ageing or illness so they can live safe and fulfilling lives.

We will do this by working with the Primary Care Trust to provide an integrated health and social care mental health service for adults of working age with mental health problems that will support its customers by:
- Increasing independence and delaying the need for more intensive support services.
- Providing effective joined up services, which allow them to take more control over their own lives.
- Encouraging individual choice and providing equal and effective access to services that support their quality of life independence and inclusion in the community they live.
- Ensuring assessments are comprehensive; sensitive to the diversity within our community; delivered promptly and fairly; involve people fully in a way which will reflect their views and wishes
- Ensuring support and services are provided in a way that offers people as much choice as possible.

- Recognising and supporting the crucial role of carers.
- Promoting a culture of tolerance that is free from bullying, harassment and intimidation for customers and staff alike.
- Working in partnership with agencies external to the integrated service to achieve a set of common aims; provide continuous improvement for our customers; provide a more seamless service for customers; reduce duplication
- Commissioning, procuring and delivering services which give value for money to the people of York
- Ensuring that we have competent staff that are well managed and develop their skills and knowledge to provide a high quality service

Section 2: The Drivers (2 page max)

This section should represent a <u>summary</u> of the challenges (or drivers) that might affect future service delivery and/or performance over the next 1-3 years. This be based on stage 1 of the planning process (i.e. 'Investigate' stage).

Driver type	How might this affect our service	Sources
Independence, Well-being and Choice; Our Health, our care, our say White Paper • Greater emphasis on public health & prevention • Person-centered care • Expansion of direct payments / assistive technologies • Development of seamless services/joint working across agencies • Significant role for electronic technology developing. New national £80 million Preventive Technologies Grant for 3 years from April 2006. • Potential extension of re-imbursement legislation from April 2007	• May require reconfiguration of service provision if direct payments uptake expands significantly • Identified shift in culture/practice re assessments towards self-assessment/ outcomes focus and social workers supporting customers to develop their own packages of care • Need to develop stronger links with primary care and communities to develop diversionary alternatives to more intensive support. • Will need careful planning for developing hospital discharge schemes if re-imbursement is to be extended.	Making it Happen, published by DoH 18 October 2006: Progress against Goals; Road Map to implementation
Electronic Social Care Record • All new social care records to be held electronically from August 2007	• Changed recording practices for all social care staff • More detailed agreements on information sharing with customers • Will encourage development of mobile working and hand held technologies • Substantial data loading to scan current files by agreed dated • Issues around integrated teams and PCT/SSD systems e.g. integrated mental health record	Social Care Information Policy Unit DH Framework and other documents 2001 - 2004

Demographic Changes • Increase in number of older people with functional mental health problems • Young people affected by dementia • Changing patterns of caring - fewer working age adults to support aging population /more older carer's • Isolation due to changing family patterns	• Increase in numbers of people likely to request/require community care assessments/services • Increased demand for complex care packages • Increased demand for dementia services, and access to functional mental health services for older people • Increased need to support carer's effectively	Census 2001 Social Services Key Indicators Graphical System (KIGS)
Mental Capacity Act 2005 • Will impact upon staff in all public sector, independent & voluntary sector agencies who treat / care for people who may lack mental capacity, including housing, banking , dentists etc • Act will be implemented in 2 stages in England : • Independent Mental Capacity Act Advocacy (IMCA) Service (S35 &36) and S1 – 4 of the Act where it relates to the IMCA + new Criminal Offence • Stage 2 (the remainder of the Act) will be implemented on 1 October 2007 for England & (and the whole Act in Wales) • Definition of capacity & key principles introduced • Test for Capacity introduced & Best Interests determination • Advance Decisions introduced • New Court of protection, Public Guardian introduced & Lasting Powers of Attorney replace enduring	• CSIP liaising with Las & PCTs re implementation & training • Local implementation Network (LIN)meets regularly to agree & sign off MCA training plan & endorse commissioning of IMCA Service • MCA training plan submitted to CSIP for approval Jan 2007 • Training rolling out to all agencies represented in the LIN : currently awareness training ongoing throughout the year with some joint delivery with NYCC & specialist training for capacity testing being commissioned • IMCA Service jointly commissioned with NYCC • Review of Policies & procedures by all health/care agencies required : overarching policy being drafted as short term measure	
Mental Health Act Amendment Bill • Extended & simplified definition of Mental; Disorder • Community Treatment Orders • Patient can apply to discharge Nearest Relative • Approved Social Workers (ASWs) replaced by Approved Mental Health Professional (likely but not necessarily to be ex ASW). New training schemes • 800 additional staff needed nationally • New role for tribunals	• Current Nearest Relative provisions do not comply with HRA • Timescale unclear and precise implications. • LA will still be responsible for approving the new AMHP role. Significant training and familiarization will be required. • Impact of less restrictive treatment in the community on services and practice unclear at present.	The Bournewood Safeguards : draft illustrative code of practice published by DoH December 2006

• Bournewood Safeguards to bridge existing gap which will amend the Mental Capacity Act 2005 • CSIP consulting with LAs & PCT's re imp[lamentation & training	• Need to comply with European Directive • 78 amendments to the Act by the Lords, Dec 2006 – so final version still unclear • Implementation continues to be 1 April 2008, but this may slip • Local Implementation Group (LIG) now in place for NE, Yorks & Humber	
Develop services to become more appropriate & responsive to Black and minority community	• 1-community development worker to be appointed by April 2007 and a further worker by April 2008 to improve services to people from Black and minority communities. • Staff training	Delivering Race Equality: A Framework for Action Oct 2003 DoH
Corporate drivers • Job Evaluation implementation	• Full implementation 2007	
• Changes to supporting people funding	• Actions to be taken by partnership board • Further work to be undertaken with the supporting people team	
• Capital scheme	• To upgrade 22 The Avenue, improving the residential environment to improve standards for privacy and dignity	
Directorate drivers		
Partnership working	• Partnership agreement developed and implemented through the partnership board • Working across organisational IT systems • Developed common/integrated training approaches • Change of services within the integrated services as part of the modernisation plan for mental health	
Improving performance		

	• Improving attendance performance in department • Improving data entry • Application of Fair Access to care eligibility criteria
Service drivers	
Improve performance	• Continue to develop the crisis resolution & home treatment service across the PCT boundaries to cover 24/7 • Continue to develop operational cover of the early intervention in psychosis service for people with first episode psychosis. • Continue to roll out the integrated mental health record across all professional groups within the service. • To continue to develop a range of community based services for older people with mental health problems as alternatives to hospital admission. • Develop services for people from black & minority ethnic groups by employing 2 BME workers. 2007/08 • Develop a low secure service for women by the appointment of a project worker and an interagency steering group. • Develop a psychiatric intensive care unit for North Yorkshire Mental Health Services • Develop a place of safety for those requiring assessment under the mental health act 1983
Ongoing Internal restructuring to meet service development and budgetary requirements	• Remodeling of the rehabilitation services • Development of supported housing • Remodeling of day support
Recruitment and retention of approved social workers	• Dearth of ASWs a job applicants • Introduction of AMHPs in the MHA Amendment

	Bill unlikely to alleviate situation in the short term • Current high vacancy levels • Recruit to establishment • Reduction of service • Inability to sustain statutory duties	

Section 3: Critical Success Factors (CSFs) (half page max)

Taking account of the service objectives in section 1 and the drivers identified in section 2, decide what is critically important for your service to achieve over the next 1-3 years?   This might be
- something your service has to deliver or improve without fail, or;
- an enabling factor which will is a barrier to your staff delivering the broad service objectives.

CSFs for 2007/08	Why a CSF?
CSF description. Please keep it short and snappy.	Give 'brief' explanation of why you have chosen this as a critical success factor for your service
Development of Joint Health & Social care Mental Health Strategy	Clear vision required of the nature of services that the budget is used to commission
Improve staff retention and workforce planning in terms of Approved Social Workers (ASWs) and Approved Mental Health professionals (AMHPs) from 1 April 2008	Staff is the greatest resource. The absence of ASWs & AMHPS and other social care staff will directly affect the PI of the service and fulfilling statutory duties under the MHA '83 , the new MHA Amendment Bill and the Mental Capacity Act 2005 Also implications with integration and work allocation.
Implement the requirements of the Mental Capacity Act from 1 April 2007 (1st stage) and from 1 October 2007 (2nd stage), in terms of IMCA service, staff sufficiently skilled to test capacity and determine Best Interests, staff sufficiently prepared by awareness training etc	Statutory requirements under legislation
Prepare for the impending mental Health Act Amendment Bill including the introduction of the Bournewood Safeguards by commencing staff training and developing new systems, once finalized details of Bill known	Statutory requirement under legislation
ESCR- electronic record keeping	To realize efficiencies in business processes, information storage and information sharing

The corporate service planning guidance issued with this template gives details of how your service CSFs can be determined.

Section 4: Links to corporate priorities (half page max)

Improvement Statement (IS)	Contribution
Objective 10- customer focus	Implementation of mental capacity Act Improving key activity in assessing, reviewing and supporting people at home will enhance choice & independence
Objective 12 – partnership working	Improved integration of social care with NHS services Delivery of White paper inclusion agenda will involve corporate partnerships
Objective 7= improved health	Improved integration of social care with NHS services-
Objective 8- supporting disaffected families	Improving support to carers will enable an increasingly marginalised group of people, many with young families to have improved quality of life
Objective 5- Increasing skills	Development of workforce strategy within HASS that will support the recruitment, retention and development of a skilled staff group
Objective 13- efficiency	ESCR; development of alternative service models, self-directed care; reduction of absence; review of EPH's ;stabilising independent sector fees will enhance efficiency improvement.

Links to other plans

List the higher level plans and strategies that your service area supports (i.e. a partnership strategy)

- Local Area Agreement
- Supporting people Strategy
- York & Selby carers strategy
- Social care record replacement programme
- Public Information Review

Tip – you may have covered some of these in the source column of section 2

Section 5: Balanced Scorecard of outcomes and measures (3 pages max)

Customer based improvement

Outcomes	Measures					Actions
	Measure	Current	2007/08 Target	2008/09 Target	2009/10 Target	
• Choice & control • Independence • Dignity & respect • Support to carers. From 2007/08 the balance sheet measure will reflect the LAA indicator that is a combined measure of care and non-care managed services provided to support people at home.	Number of people under 65 with MH problems receiving direct payments	0	1	2	3	• Further extension of direct payments . • Development of an extensive range of statutory and voluntary community care supports • Introduction of telecare • Extended integration of service delivery and care pathway management with NHS • Development of housing options that extend the range of available sheltered, supported and extra care housing • Extension of both generic and specialist training of staff. • Safeguarding adults & implementation of mental capacity Act • Improved quality/access to public information • Activity of carer support workers
	HCOP 8.1 number of people 18-64 with MH problems whom authority helps to live at home, per 1,000 adults Care & non-care managed	3.9	4.0	4.0	4.0	
	HCOP8.3 People 18-64 with supported admissions to registerd care	2	2	2	2	
	HCOP10.1 Number of separate carers assessments completed (including self assessments).					
	HCOP10.2 % of people under 65 with MH problems whose careers receive a specific carers service (PAF C62).	20	25	30	35	
	HCOP 8.7 Customers receiving housing support with mental health problems	74	80	85	90	

Process based improvement

Outcomes	Measures					Actions
	Measure	Current	2007/08 Target	2008/09 Target	2009/10 Target	
• Improved access to services. • Improved response and delivery times. • Improved information to	BV 195, D55 (PAF) - % under 65 with MH problems receiving assessment within specified time scale (2 days)	73.5	76.5	76.5	77	• Improved business processes of information provision and screening- link to A&I review and public information strategy • Introduction of social care record replacement system and improved management information • Evaluation & amendment to review process • Agreement with NHS on provision of documentation for customers by NHS staff
	BV 196, D56 (PAF) % of new customers under 65 with MH problems receiving package of care within specified time scale (28 days)	85	85	92	93	
	BV58 (PAF D39) %age of people	90	92	93	94	

customers • Improved responsiveness to changes in customer circumstances	receiving a statement of their need and how they will be met (all customer groups)					• Agreement with NHS on electronic information sharing
	%age of adult users assessed and/or reviewed in the year that had ethnic origin missing or not stated	7	Less than 10%	Less than 10%	Less than 10%	
	New or revised local policies and protocols required by Mental Capacity Act		As per timetable for Act			

Finance based improvement

Outcomes	Measures					Actions
	Measure	Current	2007/08 Target	2008/09 Target	2009/10 Target	
• Meeting demands within budget • Improved business planning	Make required saving to absorb SP reduction risk		30k			• Provision of self-financing alternatives to care • Manage in-year risks from loss of supporting people funding before new service opens

Staff based improvement

Outcomes	Measures					Actions
	Measure	Current	2007/08 Target	2008/09 Target	2009/10 Target	
• Improved staff attendance • Improved level of staff skills • Clear career pathways • Improved	CP 14 - percentage of staff appraisals completed	94	90%	94%	95%	• Contribute to workforce strategy • Management implementation of sickness procedures & use of absence MI • Proactive recruitment campaigns • Agreed, implemented & refreshed training plans • Review arrangements to support practice teaching.
	BV 12 - days lost per year per FTE due to sickness absence	10.41%	9%	8%	7%	
	Percentage of staff registered social work staff receiving		100%	100%	100%	

retention • Secure future management	on average 30 hours post qualification professional development each year (90 hours over 3 years)						• Develop strategy for employing people with a disability • Implement ALI action plan following inspection • Continued implementation of supervision & appraisal policies
	BV 16a - percentage of staff with a disability (Community Services as a whole)	4.64	5%	5.5%	6%		
	BV 17a - percentage of staff from and ethnic minority (Community Services as a whole)	1.53	2%	2.5%	3%		
	Local CP58 - percentage of voluntary turnover of staff	2.98	2.8	2.7	2.6		
	S3: numbers of new staff undergoing Induction training (CM Review) newly employed staff within the first 6 months of employment		100%	100%	100%		

Section 6: Corporate Issues (2 page max)

Actions/Evidence	Deadline
Equalities action/s	
Add in bullet point equalities actions for your service that you intend to deliver over the next 1-3 years. These could include changes or improvements in service which: • improve access by particular stakeholders. • reduce or eliminate discrimination • support staff equalities Please check any relevant departmental or service Equalities Impact Assessments (EIA)	When do you expect to complete the action or improvement?
Implementation of Mental Capacity Act should reduce/eliminate any discrimination for people lacking capacity	Within 1 – 3 years
Operational Risk – red risk action/s	
Please list (in bullet point format), any actions you are taking to address any red areas of operational risk that you may have identified. Please refer to the specific section in the service planning guidance which provides details of how to complete an operational risk template. If you have identified a red-risk issue, but do not have sufficient resources or capacity to tackle it over the next 1-3 years, you should still list these out in bullet point format – explaining that you are aware of the risk, but do not have sufficient resources to take action to mitigate their potential effect on your service.	When do you expect to complete the action or improvement?
Explore more creative ways of increasing recruitment & retention of ASWs	April 2008
Gershon – Efficiency improvement	
Please list (in bullet point or table format) any efficiency improvements your service intends to make over the next 1-3 years. These can be 'cashable' and/or 'non-cashable' efficiency improvements. A completed example of both has been provided to help you. Where applicable, financial amounts should also be provided.	When do you expect to achieve the efficiency improvements by?
Competitiveness statement Please provide a statement to demonstrate that your service is competitive. This might be examples of one or more of the following: • Tendering or procurement exercise for all or part of your service provision. • Delivering services in partnership. • Market testing exercise, which, through evidence, showed that your service was delivering value for money - i.e. it is economic (low service costs), efficient (producing good levels of service for the money spent) and effective (is performing well in comparison). • Benchmarking: comparative performance and costs with other authorities or like-for-like organisation.	

Section 7: Resources (1 page max)

Please provide details of your resources:

Staff Resources

- 9 ASWs

- 3 vacancies

- 4 Support time and recovery workers (community support workers)

- 2 social workers within older peoples mental health

- Range of day service and residential care staff at 22 The Avenue and Sycamore House

Recruitment of ASWs, is affecting the performance and delivery of key functions in community mental health services.

Budget

	2006/07 £'000	2007/08 £'000
Employees	1,392	1,446
Premises	50	56
Transport	21	21
Supplies and Services	2,076	2,146
Miscellaneous	170	171
− Recharges	170	171
− Other	0	0
Capital Financing	106	106
Gross cost	3,815	3,946
Less Income	1,635	1,672
Net cost	**2,180**	**2,274**

The 2007/08 figures quoted are prior to any reallocation of support service recharges

Section 7: Monitoring and reporting arrangements

Details of when you will be meeting to review progress on performance targets and actions. Responsibility for gathering performance and action information should be set out in the workplan at the back of this service plan.

Regular budget and financial management meetings
Mental Health partnership board oversees performance within the integrated services
Local implementation team monitors the targets against standards within the NSF for mental Health and national priorities

Note: Please make sure that these support lead-times for directorate and corporate performance and financial management.