



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
John Clare, Assistant Director NYYPCT

Workplans: _____

Director: Bill Hodson

Signed off _____ *Date:* _____

EMAP : _____

Signed off _____ *Date:* _____

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

Section 1: The service (1 page max)**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 @ 31/12/07	
Number of new customer over 12 month period	
Assessments were made under the Mental Health Act 1983	225

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	195

Provision (Independent)

Residential& nursing places	80
Residential provision – respite places	1

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 commission and provide integrated health and social care mental health services 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

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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 summary 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
<p><u>SOCIAL INCLUSION AGENDA</u> Social Exclusion Unit - various initiatives relevant to adult social care:</p> <ul style="list-style-type: none"> • Health inequalities • Equality agenda 	<ul style="list-style-type: none"> • Increased emphasis on supporting people with disabilities into employment • Personalised support • The need to develop supported 	<p>Disability Equality Plan White Paper SP strategy</p>
<p><u>Modernisation of social care:</u></p> <ul style="list-style-type: none"> • Greater emphasis on the commissioning role of the LA • Greater emphasis on public health & prevention • Self- directed care and focus on outcomes • expansion of direct payments / individual budgets/ assistive technologies 	<ul style="list-style-type: none"> • Activity to achieve 7 outcomes of White Paper • Improved integration of health and social care • De-commissioning & re-commissioning services. • Shift in culture/practice • self-directed care • stronger links with primary care 	<p>Adult Services White Paper (Our Health, Our Care Our Say- published early 2006</p>
<p><u>Improve carer support</u> New PIs introduced Revised National carer Strategy to be published early in 2008</p>	<ul style="list-style-type: none"> • Need to improve number of carer assessments undertaken, • Improve quality of carer assessment outcomes • supporting employment, training and leisure needs of carers • Revise flexible services to carers • Re-commission carers Centre • Revise carer representation forums 	<p>Carers (Equal Opportunities) Act 2005</p>
<p><u>ELECTRONIC SOCIAL CARE RECORD</u></p> <ul style="list-style-type: none"> • Second phase of the implementation of the electronic social care records in 2008 • Embedding phase 1 of the programme • Planning for implementation of the Mobile working and home care monitoring pilots in 2008/9 	<ul style="list-style-type: none"> • Changed recording practices for all social care staff • development of mobile working and hand held technologies • Substantial data loading to scan current files by agreed dated • integrated PCT/SSD systems eg integrated mental health record 	<p>e-Gov't target</p>

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<p>Demographic Changes</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<p>Census 2001 Social Services Key Indicators Graphical System (KIGS)</p>
<p>Mental Health Act 2007</p> <ul style="list-style-type: none"> • To be implemented on 1st October 2008, apart from early implementation of some sections • 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 (AMHPs)(likely but not necessarily to be ex ASW). New training schemes • CSIP consulting with LAs & PCT's re implementation & training 	<ul style="list-style-type: none"> • Civil Partners as nearest relatives from 1st December 2007 – compliant with HRA and 16/17 yr old admissions from 1st January 2008 • Appointment of p/t Senior ASW Practitioner to strengthen professional support to ASWs and future AMHPs • Impact of less restrictive treatment in the community on services and practice unclear at present. • Becomes HRA compliant • LA will continue be responsible for approving the new AMHPs & ensuring there is a sufficient number. Non CYC AMHPs will act on behalf of the LA • Significant training and familiarization will be required & LAs will be required to provide & fund AMHPs, even if they do not employ them .Funding details awaited. AMHP training may take 2 years instead of existing 90 dyas, with significant workforce implications and recruitment & retention • Transition training for ASWs to AMHPs to be arranged for mid 2008 • Regional Local Implementation Group (LIG) well established for NE, Yorks & Humber – DH requires that Local LIG be set up for York/N Y 	<p>Mental Health Act 2007</p>

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<ul style="list-style-type: none"> • New Statutory Advocacy (IMHA) for some categories of detained patients – potentially separate service to existing IMCA service under MCA 05 	<ul style="list-style-type: none"> • Commissioning of new Independent Mental Health Advocacy Service (IMHA) – await clarification of lead responsibility & funding 	
<p>Mental Capacity Act 2005</p> <p>Fully implemented on 1st October 2007 is to be amended as described below.</p> <p>Deprivation of Liberty Safeguards (DoLS)</p> <ul style="list-style-type: none"> • Implemented in April 2009 – introduced by the Mental Health Act 2007 and will amend the Mental Capacity Act 2005 • LAs & PCTs will become supervisory bodies responsible for providing assessments and make decisions around authorisation of deprivation of liberty • Assessment under DoLS has 6 elements including Mental Health Assessors and Best Interests Assessors. Timescale: 7 days = urgent request & 21 days = standard request • Provider services: care homes & hospitals will become the managing authorities and must request authorization for DoLS • IMCA service extended to include those being assessed under DoLS 	<p>Ongoing monitoring and review of processes, policies, training and jointly commissioned IMCA service, overseen by York MCA Local implementation Network (LIN)</p> <ul style="list-style-type: none"> • Compliance with EctHR- HL ‘ Bournemouth ‘ case • DH advises the development of joint systems, policies & training with PCTs, Acute trust, & care homes, to deliver DoLS & reduce the numbers referred unnecessarily for assessment, including the identification of lead staff who would receive the requests for authorisation, allocate assessors and decide upon deprivation of liberty of the individual • Scoping exercise to establish extent of potential backlog of DoLS in the area • Issue of current low numbers of S12 doctors must be addressed • LAs & PCTs must identify & train Best Interests assessors from existing staff. Workforce planning & training issues. Need to develop reciprocal arrangements between the PCT & other LAs • Development of robust interagency systems & training implications for provider services • Commissioning & cost implications around 	<p>Mental Capacity Act 2005</p> <p>Mental Health Act 2007 and Deprivation of Liberty Safeguards draft Code of Practice – consultation ending 02/12/07</p>

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<ul style="list-style-type: none"> Representatives must be appointed by the supervisory body to those deprived of their liberty under DoLS CSIP consulting with LAs & PCTs re : implementation & training 	<p>provision of extended IMCA service</p> <ul style="list-style-type: none"> Potential commissioning & funding implications if representative had to be paid (if not family or friend) – rep cannot be an IMCA Well established regional and local MCA LINs will take this forward 	
<p>Develop services to become more appropriate & responsive to Black and minority community</p>	<ul style="list-style-type: none"> 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 	<p>Delivering Race Equality: A Framework for Action Oct 2003 DoH</p>
<p>Corporate drivers</p> <ul style="list-style-type: none"> Job Evaluation implementation 	<ul style="list-style-type: none"> Full implementation 2008 	
<ul style="list-style-type: none"> Changes to supporting people funding 	<ul style="list-style-type: none"> Actions to be taken by partnership board Further work to be undertaken with the supporting people team 	
<ul style="list-style-type: none"> Capital scheme 	<ul style="list-style-type: none"> To upgrade 22 The Avenue, improving the residential environment to improve standards for privacy and dignity 	
<p>Directorate drivers</p>		
<p>Partnership working</p>	<ul style="list-style-type: none"> Partnership agreement to be revised 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 e.g. developing day services 	

<p>Improving performance</p>	<ul style="list-style-type: none"> • Improving attendance performance in department • Improving data entry • Application of Fair Access to care eligibility criteria 	
<p>Service drivers</p>		
<p>Improve performance</p> <ul style="list-style-type: none"> • Mental Health Act 2007 Implementation 1 October 2007 • Deprivation of Liberty Safeguards implementation April 2009 	<ul style="list-style-type: none"> • Develop systems & training to implement the MHA 2007 including the transition of ASWs to AMHPs & appoint p/t senior ASW practitioner to strengthen support to ASWs/AMHPs • Develop interagency systems with PCT, Acute trust and care homes in readiness for April 2009 implementation • 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 	

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<p>Ongoing Internal restructuring to meet service development and budgetary requirements</p>	<ul style="list-style-type: none"> • Remodeling of the rehabilitation services • Development of supported housing • Remodeling of day support 	
<p>Recruitment and retention of approved social workers</p>	<ul style="list-style-type: none"> • Current situation improved upon last year – all ASW posts filled except for 1 vacancy and 1 SW on ASW training – expected to qualify April 2008 • Appointment of p/t senior ASW practitioner to strengthen support to ASWs/AMHPs • Future AMHP training could take 2 years day release instead of current 90 day block – workforce implications • Future AMHPs could be employed by the PCT 	

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 be a barrier to your staff delivering the broad service objectives.

CSFs for 2008/09	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
Implementation of Joint Health & Social care Mental Health Strategy	Clear vision required of the nature of services that the budget is used to commission
Implement the requirements of the Mental Capacity Act from October 2007	Statutory requirements under legislation
Prepare for the impending Mental Health Act 2007 and workforce planning in terms of Approved Social Workers (ASWs) and Approved Mental Health professionals (AMHPs)	Statutory requirement under legislation. 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 07 and the Mental Capacity Act 2005 and DoLS April;09
Prepare for the implementation of Deprivation of Liberty Safeguards (DoLS) from April 2009	Statutory requirement under legislation. Best Interests Assessors must be identified and trained and interagency systems developed to deliver DoLS
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 Health Act 2007 & Deprivation of Liberty Safeguards 2009 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)	
<ul style="list-style-type: none"> • Local Area Agreement • Supporting people Strategy • York & Selby carers strategy • Social care record replacement programme • Public Information Review 	

Section 5: Scorecard of improvement measures & actions (3 pages max)**Customer based improvements****Customer Measures**

How will you check whether you are improving from a **customer** perspective?

Please list any 'SMART' indicators (this should also include the target you want to achieve – for the next 3 years if possible).

Measure	Current	2008/09 Target	2009/10 Target	20010/11 Target
NI127 Self-reported experience of social care users	Methodology to establish			
NI 128 User reported measure of respect and dignity in their treatment	Methodology to establish (CASSR)			
NI 130 Social care clients receiving self-directed support (Direct payments and Individual budgets	1 (current)			
NI 135 Carers receiving assessments or review and a specific carers service or advice and information.	Methodology to establish- figures will be available			
NI 136 People Supported to live independently through social services (all ages) –care managed and non-care managed and grant funded services, per 1,000 adults aged 18+	Baseline to establish, figures will be available through commissioners			
NI 141 Number of vulnerable people achieving independent Living (or SP PI)	Baseline to establish			
NI 142 Number of people who are supported to achieve independent living (or SP PI)	Baseline to establish Figure will be available from SP records			
NI 149 Adults in contact with secondary mental health services in settled accommodation	Methodology to establish- could figure be available from CPA?			
NI 150 Adults in contact with secondary mental health services in employment	Methodology to establish- could figure be available from CPA?			

Customer Actions

What are the main **customer** based actions you need to deliver in order to improve your services?

Please list improvement actions for next 12 months

Improvement action	Deadline
Development of self-directed care, further extension of direct payments and introduction of individualised budgets.	To be set
Development of an extensive range of statutory and voluntary community care supports	To be set
Development of further supported housing	To be set through SP contract

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Implementation of Mental Health Act 2007	1 st October 2008
Develop systems in readiness for DoLS implementation	April 2009
Improved quality/access to public information	To be set
Improved access to employment services	ongoing

Process based improvements

Process Measures				
How will you check whether you are improving from a process perspective? Please list any 'SMART' indicators (this should also include the target you want to achieve – for the next 3 years if possible).				
Measure	Current	2008/09 Target	2009/10 Target	2010/11 Target
NI 132 Timeliness of social care assessments	Figures will be available 3 rd quarter			
NI 133 Timeliness of Social care packages to older people (may be extended to others)	Figures will be available 3 rd quarter			
BV58 (PAF D39) %age of people receiving a statement of their need and how they will be met (all customer groups)	Figures will be available 3 rd quarter			
%age of adult users assessed and/or reviewed in the year that had ethnic origin missing or not stated	Less than 10%	Less than 10%	Less than 10%	Less than 10%
New or revised local policies and protocols required by Mental Health Act	October 2008			
New systems, policies and protocols required by Deprivation of Liberty Safeguards	April 2009			
Process Actions				
What are the main process based actions you need to deliver in order to improve your services? <i>Please list improvement actions for next 12 months</i>				
Improvement action			Deadline	
• Introduction of self-directed processes of assessment & care planning.			To be set	
• Improved business processes of information provision and screening- link to A&I review and public information strategy and remodelling of initial point of service delivery			To be set	

Resource management improvements

Resource Measures
How will you check whether you are improving from a resource management perspective? This covers financial/budget/staff based improvements, such as cost, budget management, staff absence, etc.

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Measure	Current	2008/09 Target	2009/10 Target	2010/11 Target
Achieve agreed saving target				
CP 14 - percentage of staff appraisals completed	90%	94%	95%	
BV 12 - days lost per year per FTE due to sickness absence	9%	8%	7%	
Percentage of staff registered social work staff receiving on average 30 hours post qualification professional development each year (90 hours over 3 years)	100%	100%	100%	
BV 16a - percentage of staff with a disability (Community Services as a whole)	5%	5.5%	6%	
BV 17a - percentage of staff from and ethnic minority (Community Services as a whole)	2%	2.5%	3%	
Local CP58 - percentage of voluntary turnover of staff	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%	

Customer Actions

What are the main **resource management** based actions you need to deliver in order to improve your services? You may also want to include staff broad workforce training and development issues for your service. This may have come out of the future challenges exercise you carried out in the planning process. *Please list improvement actions for next 12 months*

Improvement action	Deadline
<ul style="list-style-type: none"> Development of mental health strategy and delivery plan 	March 2008
<ul style="list-style-type: none"> Effective joint commissioning of 3rd sector services. 	March 2008
<ul style="list-style-type: none"> Revise absence management scheme 	March 2009
<ul style="list-style-type: none"> Continued implementation of supervision & appraisal policies 	Ongoing

Section 6: Resources (1 page max)

Please provide details of your resources:

Staff Resources

- 11 ASWs & 1 student ASW expected to qualify April 2008
- 1 vacancy
- 4 Support time and recovery workers (community support workers)
- 2 social workers within older peoples mental health(inc 1 ASW within the 11)
- Range of day service and residential care staff at 22 The Avenue and Sycamore House

Budget

	<u>2007/08</u>	<u>2008/09</u>
Employees	1,459	1,526
Premises	57	58
Transport	21	21
Supplies and Services	2,100	2,062
Miscellaneous	166	166
– Recharges	166	166
– Other	0	0
Capital Financing	106	106
Gross cost	3,909	3,939
Less Income	1,632	1,667
Net cost	2,277	2,272

NB The budget shown for 2008/09 is only indicative as detailed proposals have not been finalised.

