

# Service Delivery Plan



**Service User Name** \_\_\_\_\_ **Date** \_\_\_\_\_

This plan is going to be reviewed \_\_\_\_\_

The Service Delivery Plan is to be completed before an individual receives a service from The Consortium, and reviewed on a regular basis. The plan is used to ensure that The Consortium provides services based on the service user's own wishes and the needs as identified by the needs assessment. The Consortium will also use this information in its business planning to ensure that services are provided in line with the outcomes that people want and expect.

The Service Delivery Plan is to be carried out with the service user (where appropriate) and their representatives, ensuring they are fully involved.

The Service Delivery Plan is presented within the following service areas:

- **Being independent in your own home**

This might include maximising independence with assistance from staff and include a range of aids and adaptations and / or other assistive technology solutions.



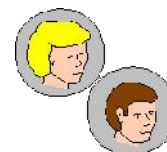
- **Getting and maintaining a home of your own**

This may include the type of home required, ownership options, type of tenure, whether the existing house meets the needs or whether the individual might like to move to a different home etc.



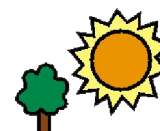
- **Getting out and meeting people**

This may include the support and other opportunities required for the individual to enjoy their lives in the community as independently as possible and to maintain networks of friends and family.



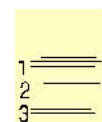
- **Your life during the day**

This would include support for people not using day services to enjoy and develop through social, recreational and vocational opportunities during the day.



- **Planning and recording your Life**

This section includes the various support an individual may require to live a successful, safe and happy life.



- **Overcoming barriers to community living**

Does the individual display behaviours which may limit their access to the community or to live safely within their home? The Consortium can provide additional psychology support services to support both the individual and those working with them. Without additional support individuals may be at risk of being institutionalised in out of county hospitals or special residential placements.



- **Managing your own money**

This will include support for people to get the right level of help to manage their money, together with the advice and guidance necessary to maximise their personal income.



- **Getting the transport you need.**

This would include opportunities for securing and using transport to help the individual get on with their life in the community.



**Being Independent within your own home**

This might include maximising independence with assistance from staff in line with the principles of active support and may include a range of aids and adaptations and / or other assistive technology solutions.

*Are there any specific needs that could benefit from assistive technology solutions to improve independence?*



**Service User Wishes**

**Needs as identified by Overview or Needs Assessment**

**How the Consortium will meet the Wishes and Identified needs**

**Any Identified Risks**

**Available Recording Formats – Please tick as required**

|                          |     |    |                      |     |    |
|--------------------------|-----|----|----------------------|-----|----|
| Risk Assessment          | Yes | No | A.T. Assessment Tool | Yes | No |
| Activity & Support Plans | Yes | No | Teaching Plans       | Yes | No |
| Participation Records    | Yes | No |                      |     |    |

**Mobility and Manual Handling Requirements**

*Please provide details of the support individuals may require with regard to their mobility and any specific aids or adaptations they may require in their home or to get about. Include any other professional services that may be involved such as Occupational Therapy.*



**Service User Wishes**

**Needs as identified by Overview or Needs Assessment**


**How the Consortium will meet the Wishes and Identified needs**

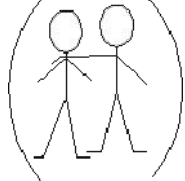
**Any Identified Risks**

**Available Recording Formats – Please tick as required**

|                                 |     |    |  |
|---------------------------------|-----|----|--|
| Manual Handling Risk Assessment | Yes | No |  |
|---------------------------------|-----|----|--|

**Getting and Maintaining a Home of your Own**

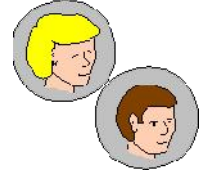
|   |   |                          |    |                          |                      |     |                          |    |                          |
|---|---|--------------------------|----|--------------------------|----------------------|-----|--------------------------|----|--------------------------|
| <p><b>Housing Support</b><br/> <i>This may include the type of home required, ownership options, type of tenure, whether the existing house meets the needs or whether the individual might like to move to a different home etc.</i></p> |  |                          |    |                          |                      |     |                          |    |                          |
| <p><b>Service User Wishes</b></p>   |   |                          |    |                          |                      |     |                          |    |                          |
| <p><b>Needs as identified by Overview or Needs Assessment</b></p>   |   |                          |    |                          |                      |     |                          |    |                          |
| <p><b>How the Consortium will meet the Wishes and Identified needs</b></p>  |   |                          |    |                          |                      |     |                          |    |                          |
| <p><b>Any Identified Risks</b></p>  |   |                          |    |                          |                      |     |                          |    |                          |
| <p><b>Available Recording Formats – Please tick as required</b></p>   |   |                          |    |                          |                      |     |                          |    |                          |
| Risk Assessment   | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> | Housing Support Plan | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Housing assessment-referral form  | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> | Self referral form   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Fire log book   | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |                      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Housing transfer request  | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> | Key register         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

|   |   |                          |    |                          |                          |     |                          |    |                          |
|---|---|--------------------------|----|--------------------------|--------------------------|-----|--------------------------|----|--------------------------|
| <p><b>Personal Safety and Risk</b></p> <p><i>The support required to help the individual stay safe within and secure within their home.</i></p> |  |                          |    |                          |                          |     |                          |    |                          |
| <p><b>Service User Wishes</b></p>   |   |                          |    |                          |                          |     |                          |    |                          |
| <p><b>Needs as identified by Overview or Needs Assessment</b></p>   |   |                          |    |                          |                          |     |                          |    |                          |
| <p><b>How the Consortium will meet the Wishes and Identified needs</b></p>  |   |                          |    |                          |                          |     |                          |    |                          |
| <p><b>Any Identified Risks</b></p>  |   |                          |    |                          |                          |     |                          |    |                          |
| <p><b>Available Recording Formats – Please tick as required</b></p>   |   |                          |    |                          |                          |     |                          |    |                          |
| Risk Assessment   | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> | Personal Accident Record | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|   | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|   | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

## Getting Out and Meeting People

This may include the support and other opportunities required for the individual to enjoy their lives in the community as independently as possible and to maintain networks of friends and family.

### Family Involvement and Other Personal And Social Contacts



*Please provide details of the support individuals may require to stay in touch with their family and maintain social contacts.*

#### Service User Wishes

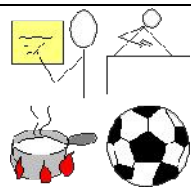
#### Needs as identified by Overview or Needs Assessment

#### How the Consortium will meet the Wishes and Identified needs

#### Any Identified Risks

#### Available Recording Formats – Please tick as required

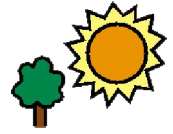
|                 |     |    |                                     |     |                                     |    |
|-----------------|-----|----|-------------------------------------|-----|-------------------------------------|----|
| Risk Assessment | Yes | No | Participation Involvement Agreement | Yes | <input checked="" type="checkbox"/> | No |
|-----------------|-----|----|-------------------------------------|-----|-------------------------------------|----|

|   |   |     |    |  |  |
|---|---|-----|----|--|--|
| <b>Social Interests, Religious and Cultural Needs</b>               |    |     |    |  |  |
| <b>Service User Wishes</b>  |   |     |    |  |  |
| <b>Needs as identified by Overview or Needs Assessment</b>          |   |     |    |  |  |
| <b>How the Consortium will meet the Wishes and Identified needs</b> |   |     |    |  |  |
| <b>Any Identified Risks</b>   |   |     |    |  |  |
| <b>Available Recording Formats – Please tick as required</b>        |   |     |    |  |  |
| Risk Assessment   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> | Yes | No |  |  |
| Yes   | No  |     |    |  |  |

**Your Life During the Day**

**Support During the Day**

*This would include support for people not using day services to enjoy and develop through social, recreational and vocational opportunities during the day.*



**Needs as identified by Overview or Needs Assessment**

**Needs as identified by Overview or Needs Assessment**

**How the Consortium will meet the Wishes and Identified needs**

**Any Identified Risks**

**Available Recording Formats – Please tick as required**

|                 |     |    |  |  |  |  |  |  |
|-----------------|-----|----|--|--|--|--|--|--|
| Risk Assessment | Yes | No |  |  |  |  |  |  |
|-----------------|-----|----|--|--|--|--|--|--|

**Planning and Recording your Life**

This section includes the various support an individual may require to live a successful, safe and happy life.

**Personal Care and Physical Well-Being**

*Details of the support individuals may require to carry out any personal care tasks and support required to maintain physical well being.*



**Service User Wishes**

**Needs as identified by Overview or Needs Assessment**

**How the Consortium will meet the Wishes and Identified needs**

**Any Identified Risks**

**Available Recording Formats – Please tick as required**

|   |     |                          |    |                          |                            |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|----------------------------|-----|--------------------------|----|--------------------------|
| Risk Assessment                                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Personal Care Support Plan | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Health calendar                                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Appointment Planner        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Additional Information (following appointments) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |                            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Personal Hygiene**

*Please provide details of the support individuals may require with regard to their personal hygiene and intimate care needs, such as washing, bathing, shaving, dressing, eating and drinking, continence issues etc.*



**Service User Wishes**

**Needs as identified by Overview or Needs Assessment**

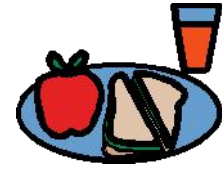
**How the Consortium will meet the Wishes and Identified needs**

**Any Identified Risks**

**Available Recording Formats – Please tick as required**

|                                 |     |    |                            |     |    |
|---------------------------------|-----|----|----------------------------|-----|----|
| Risk Assessment                 | Yes | No | Personal care support plan | Yes | No |
| See also active support formats |     |    |                            |     |    |

**Dietary Requirements and Preferences**



**Service User Wishes**

**Needs as identified by Overview or Needs Assessment**

**How the Consortium will meet the Wishes and Identified needs**

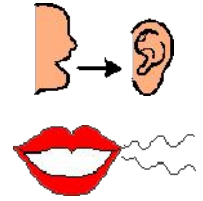
**Any Identified Risks**

**Available Recording Formats – Please tick as required**

|                 |     |                          |    |                          |                                       |     |                          |    |                          |
|-----------------|-----|--------------------------|----|--------------------------|---------------------------------------|-----|--------------------------|----|--------------------------|
| Risk Assessment | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Meals & drinks section of daily diary | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |                                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |                                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Sight, Hearing and Communication**

*Please provide details of the support individuals may require to communicate, include any specific tools such as Makaton or the use of other symbols or communication aids. Be specific about preferred method of communication including chosen first language where appropriate.*



**Service User Wishes**

**Needs as identified by Overview or Needs Assessment**

**How the Consortium will meet the Wishes and Identified needs**

**Any Identified Risks**

**Available Recording Formats – Please tick as required**

|                 |     |    |                            |     |    |
|-----------------|-----|----|----------------------------|-----|----|
| Risk Assessment | Yes | No | Communication Support Plan | Yes | No |
|-----------------|-----|----|----------------------------|-----|----|

**Medication Support**



**Service User Wishes**

**Needs as identified by Overview or Needs Assessment**

**How the Consortium will meet the Wishes and Identified needs**

**Any Identified Risks**

**Available Recording Formats – Please tick as required**

|                                   |     |    |                              |     |    |  |
|-----------------------------------|-----|----|------------------------------|-----|----|--|
| Risk Assessment                   | Yes | No |                              |     |    |  |
| Medication Log Book consisting of |     |    |                              |     |    |  |
| Medication summary                | Yes | No | Prescribed medication record | Yes | No |  |
| PRN guidelines                    | Yes | No | PRN administration record    | Yes | No |  |
| Non prescribed details            | Yes | No | Non prescribed recording     | Yes | No |  |
| Stock record sheet                | Yes | No | Additional info              | Yes | No |  |

**Specific Health Needs and Specialist Input**



**Service User Wishes**

**Needs as identified by Overview or Needs Assessment**

**How the Consortium will meet the Wishes and Identified needs**

**Any Identified Risks**

**Available Recording Formats – Please tick as required**

|                 |     |                          |    |                          |                 |     |                          |    |                          |
|-----------------|-----|--------------------------|----|--------------------------|-----------------|-----|--------------------------|----|--------------------------|
| Risk assessment | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Diabetes record | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Epilepsy record | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

## Service Delivery Plan

The Consortium has a range of additional recording tools to help you and our staff plan and record your life . Decide on which of the following formats our staff and managers should also complete.

**Personal Background and Profile** – It may be important for Consortium staff to have background information about an individual they are supporting. The following formats allow information to be recorded for reference purposes. **Please tick as required**

|                             |     |                          |    |                          |                                 |     |                          |    |                          |
|-----------------------------|-----|--------------------------|----|--------------------------|---------------------------------|-----|--------------------------|----|--------------------------|
| PCP workbook                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Health Background               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Family friends and contacts | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Other Involved Support Services | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Pen Picture                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Important Dates                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Daily Recordings** – Recordings will need to be completed to provide general information either about a service users day or specifically their support session. **Please tick as required.**

|                       |     |                          |    |                          |                       |     |                          |    |                          |
|-----------------------|-----|--------------------------|----|--------------------------|-----------------------|-----|--------------------------|----|--------------------------|
| Full daily diary      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Sessional daily diary | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Formal Daycare Record | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**Active Support** – Please tick as required.

|                                 |     |                          |    |                          |                            |     |                          |    |                          |
|---------------------------------|-----|--------------------------|----|--------------------------|----------------------------|-----|--------------------------|----|--------------------------|
| Activity Support Plan           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Participation Record       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Quarterly Participation Summary | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Skills Opportunity Planner | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Teaching Skills Plan            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |                            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

## Overcoming Barriers to Community Living

Does the individual display behaviours which may limit their access to the community or to live safely within their home? The Consortium can provide additional psychology support services to support both the individual and those working with them. Without additional support individuals may be at risk of being institutionalised in out of county hospitals or special residential placements.

### Psychological Support

*Are there any additional needs which would benefit or require additional psychology support services?*



#### Service User Wishes

#### Needs as identified by Needs Assessment

#### How the Consortium will meet the Wishes and Identified needs

#### Any Identified Risks

#### Available Recording Formats – Please tick as required

|                                    |                          |                          |                          |                          |  |                          |                          |                          |                          |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Psychology benchmarking assessment | Yes                      | <input type="checkbox"/> | No                       | <input type="checkbox"/> | Psychology unified assessment              | Yes                      | <input type="checkbox"/> | No                       | <input type="checkbox"/> |
| Psychology support plan            | Yes                      | <input type="checkbox"/> | No                       | <input type="checkbox"/> | Behaviour Observations (BOC's)             | Yes                      | <input type="checkbox"/> | No                       | <input type="checkbox"/> |
| Management of Aggression (MOA's)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Management plan background info'           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Daily behaviour management plan    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Individual behaviour assessment/monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please note that the Psychology support team may also ask staff to keep additional recordings which will help them to plan the best support for your needs.

## Managing your own Money

This will include support for people to get the right level of help to manage their money, together with the advice and guidance necessary to maximise their personal income.

### Financial Support



### Service User Wishes

### Needs as identified by Needs Assessment

### How the Consortium will meet the Wishes and Identified needs

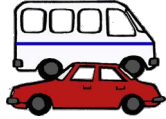
### Any Identified Risks

### Available Recording Formats – Please tick as required

|                                   |                          |                          |                          |                          |                        |                          |                                     |                          |                          |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Risk Assessment                   | Yes                      | <input type="checkbox"/> | No                       | <input type="checkbox"/> | Financial Support Plan | Yes                      | <input checked="" type="checkbox"/> | No                       | <input type="checkbox"/> |
| Personal valuable belongings list | Yes                      | <input type="checkbox"/> | No                       | <input type="checkbox"/> | Tenant cash record     | Yes                      | <input type="checkbox"/>            | No                       | <input type="checkbox"/> |
| Shared house account planner      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cheque records         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| House rules agreement             | Yes                      | <input type="checkbox"/> | No                       | <input type="checkbox"/> |                        | Yes                      | <input type="checkbox"/>            | No                       | <input type="checkbox"/> |

## Getting the Transport that you Need

*This would include opportunities for securing and using transport to help the individual get on with their life in the community.*

|   |   |     |    |  |
|---|---|-----|----|--|
| <b>Transport</b>  |    |     |    |  |
| <b>Service User Wishes</b>  |   |     |    |  |
| <b>Needs as identified by Needs Assessment</b>                      |   |     |    |  |
| <b>How the Consortium will meet the Wishes and Identified needs</b> |   |     |    |  |
| <b>Any Identified Risks</b>   |   |     |    |  |
| <b>Available Recording Formats – Please tick as required</b>        |   |     |    |  |
| Risk Assessment   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 50%;"></td> </tr> </table> | Yes | No |  |
| Yes   | No  |     |    |  |
| Shared transport agreement  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 50%;"></td> </tr> </table> | Yes | No |  |
| Yes   | No  |     |    |  |

**Long Term Goals**



**Service User Wishes**

**Needs as identified by Needs Assessment**

**How the Consortium will meet the Wishes and Identified needs**

Break down each aspiration into small achievable tasks and identify by when each should be achieved.

**Any Identified Risks**

**Available Recording Formats – Please tick as required**

|                 |     |                          |    |                          |  |     |                          |    |                          |
|-----------------|-----|--------------------------|----|--------------------------|--|-----|--------------------------|----|--------------------------|
| Risk Assessment | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

