Programme Definition Document

Programme: **Transforming Adult Social Care**

Ref:

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Distribution: **Transforming Adult Social Care Programme Board**

Transforming Adult Social Care Programme Team

Assistant Heads of Service SCS

CCMT

County Councillors

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Programme vision, outcomes and objectives

Expand on the vision statement defined in the programme brief. Outline what is required to be achieved and what the programme will deliver. Include how the outcomes contribute to the organisation's strategic objectives.

The Programme Vision has been agreed by the Programme Board as
> "*To inspire people to live successful and independent lives through information, support, communities and real choice*".

Putting People First, from which the Transforming Adult Social Care programme was created, outlines the following principles to guide its implementation:
- Live independently
- Stay healthy and recover quickly from illness
- Exercise maximum control over their own life
- Sustain a family unit which avoids children being required to take on inappropriate caring roles
- Participate as active and equal citizens, both economically and socially
- Have the best possible quality of life, irrespective of illness or disability
- Retain maximum dignity and respect

The outcomes[1] for the Transforming Adult Social Care programme are:
- A social care system that is more straightforward and flexible to deliver the outcomes people want and need to promote their independence, well-being and dignity.
- Strategic balance of investment between enablement, early intervention or prevention whilst ensuring provision of intensive care and support
- Access points which coordinate or facilitate the needs of individuals through quality, up to date, accessible information.
- Workforce and ICT systems that can deliver the new ways of working.
- Joint leadership to support and sustain the change.

The outputs[2] to deliver the outcomes should be:
- Integrated approach to working with NHS and local authority partners
- Holistic, pro-active and preventative model centred on improved well-being
- Strategic approach to 'public' information management
- Feedback mechanisms to capture outcomes for individuals to support local quality assurance
- Proportionate contact and needs assessments
- Social care model based on self directed support
- Support to help people exercise choice through peer support, brokerage and user led organisations.
- Market development and stimulation strategy to deliver the necessary changes.

In addition to the output from the programme the Local Authority Circulars outline further elements. These further elements will need to be delivered to support the programme but

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[1] These outcomes are derived from the LAC (DH) (2009) 1

[2] These outputs are derived from the LAC (DH) (2009) 1

will be delivered by teams outside of the Transforming Adult Social Care team: programme.

- Commissioning Strategy
- Mechanisms to actively involve family members and other carers as expert care partners
- Network of champions to promote dignity and respect in local care services

The Local Authority Circular proposes four areas of focus – universal services, social capital, early intervention and prevention and choice and control. Oxfordshire have reviewed and refined these in light of the need to ensure that the changes are sustainable and embedded within the organisation.

The Transforming Adult Social Care programme will have four workstreams overseen by the programme board and supported by the programme office.
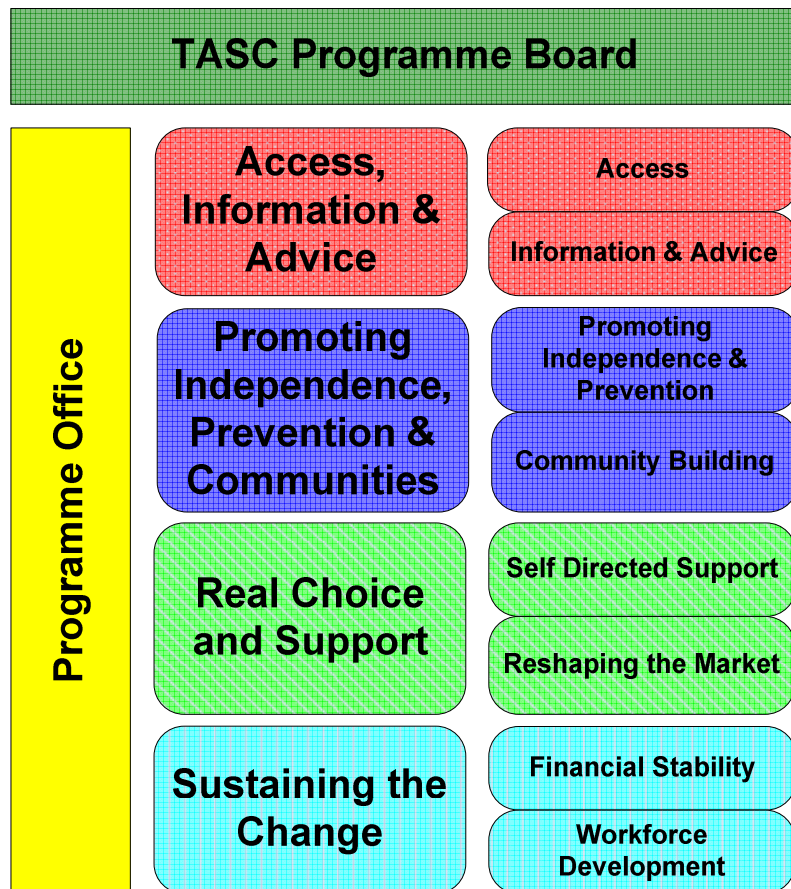

Figure 1 – Transforming Adult Social Care programme structure

To judge the success of the programme a series of success criteria will be agreed to ensure the programme delivers the outcomes required. The success criteria will be agreed by the programme board and should be aligned to the business case.

Access, Information & Advice[3]

Outcomes
- Improved business process for the provision of information
- Focused and targeted distribution of information based upon priorities, complexity and cost
- Increase in awareness of services provided by the directorate

Outputs
- Strategic approach to information management and distribution across all partners

  o To reduce the number of leaflets and brochures available by bringing together similar information in one single publication where appropriate

  o To improve access to information by identifying suitable, additional channels for information provision – e.g., libraries designated OCC offices, 3rd party locations.

  o To increase awareness of available information by advertising a single phone number (i.e. the Access Team) and locations where information can be found (libraries and offices, web sites, etc.)

  o To ensure information is accessible for people with specific needs – e.g., Braille, language needs, large print, etc.

  o To ensure there is support in place for people to interpret information and what it means for individuals and to support the delivery of key messages about choice and the potential that available services have to help

  o To rationalise the process by which information is created

  o To ensure that the information and advice is provided in as a creative and accessible way for the target audience to understand and engage with

Promoting Independence, Prevention and Communities[4]

Outcomes
- Strategic balance of investment between enablement, early intervention or prevention whilst ensuring provision of intensive care and support

Outputs
- Holistic, pro-active and preventative model centred on improved well-being

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[3] This encapsulates the work on universal services.

[4] This encapsulates the work on early intervention, promoting independence, prevention and social capital.

Real Choice and Support[5]

Outcomes
- A social care system that is more straightforward and flexible to deliver the outcomes people want and need to promote their independence, well-being, dignity and positive risk taking.

Outputs
- Proportionate contact and needs assessments
- Social care model based on self directed support and personal budgets for all eligible people
- Market development and stimulation strategy to deliver the necessary changes.

Sustaining the Change

Outcomes
- Joint leadership to support and sustain the change.
- Workforce and ICT systems that can deliver the new ways of working.

Outputs
- Workforce Development strategy
- Financially Sustainable approach
- Systems Development Strategy

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[5] This encapsulates the work on choice and control.

There are many factors that lead to a case for a major change of the adult social care system. In summary these are:

➢ The current system for adult social care will not manage either the activity or financial pressure of the increasing numbers of people who will require services both now and in future years. The evidence for the increasing numbers of older people in the population is overwhelming as is the increasing number of younger disabled people who will require support for an increasingly longer period. We have escalating costs and spend and little evidence of commensurate rise in customer satisfaction.

➢ Social Care services have been trying to be more efficient by transferring in-house services to the private and voluntary sectors, improved commissioning, bigger block contracts, tentative moves to manage the provider markets. Another efficiency measure has been to restrict access by changing eligibility criteria under Fair Access to Care (over two thirds of LA's only meet substantial and critical needs, an increasing minority simply critical needs).

Taken together these measures

- Do little to promote independence and choice;

- Fail to realise the benefits of preventative support and produce a pent-up demand;

- Make it difficult to engage with individuals, family members, carers and the wider community as co-producers of participative services;

- Reinforces a dependency culture which is not sustainable.

➢ It is unlikely that increased funding to meet the increase in demand will be forthcoming from Government although there is consultation being undertaken on the Future of Adult Social Care as part of a Government Green Paper.

➢ Public expectation in relation to choice and control and quality of services is increasing but the information that is provided to enable people to make good and informed choices

is not on the whole of good quality or up-to-date. People who use services – particularly disabled people – have been saying for some time that they want services that they can have choice and control over and are more personal to meeting their needs.

➢ The current system for adult social care is a paternalistic one with decisions about what services people receive being mostly made by a professional worker in health and social care services.

➢ The increasing number of older people needs to be seen as a positive, as a large number of people will be fit and healthy and want to contribute to their local communities.

➢ There is evidence (In Oxfordshire from an Age Concern Survey) that people are not planning for their old age and are leaving decisions about their future until it happens. It is clear that a large number of people expect to go into a residential care home when they reach a level when they cannot manage at home and have not considered the range of services that can be provided to support them to stay at home and remain living with family, friends and neighbours.

➢ Oxfordshire has a large number of people who purchase their own care support both in residential and nursing care and at home but the support available to advise and guide people to help them buy good quality, personalised and Value For Money services that support their independence and ability to stay at home is limited. We are also aware that Oxfordshire has a number of services that have been recently assessed by the Commission for Social Care Inspection as poor or average.

➢ Oxfordshire has a heavy investment in traditional types of institutional care and also in managing the delayed discharges of people from hospital.

➢ There is evidence from an increasing number of surveys and projects that the personalisation agenda and investment in rehabilitation services, early intervention and prevention services can lead to better outcomes for people but also to a reduction or delay for people requiring expensive, longer term services.

For example the report from the 13 Individual Budget Pilot sites has reported improved satisfaction across a number of key performance criteria for all people receiving a personal budget to purchase their social care support.

There is also evidence from the Partnerships in Older People's Projects (POPPs), Demos and a Care Services Efficiency Delivery (CSED) that investment in a range of community services, rehabilitation and reablement services, early intervention and prevention services do lead to changes in the way that people need longer term support from adult social care services and can lead to a change in the way that Oxfordshire will use its funding for the future.

➢ There is also strong evidence that shows that where people are involved and contribute to their local communities or where people are using education or leisure facilities or where people are in work or in voluntary work that their quality of life improves.

➢ There is strong evidence that having strong and thriving communities promotes good social well being.

➢ The issue for Oxfordshire will be which of these different types of services should we invest in that will make the biggest difference for the whole of the population who will or do require adult social care support – in terms of a good quality of life, enabling people to be supported in their own homes for as long as possible and be cost effective for the health and social care system. There will need to be good evidence collated to identify what difference these types of services are making and that they are contributing to managing the overall increase in the numbers of people who will require support.

➢ All political parties recognise these issues, and all are exploring personalisation and how to engage the citizen as part of the solution although there are debates as to whether self directed support is intrinsically more cost effective due to co-production and innovation, but the debate on whether it increases customer satisfaction is overwhelming that it does.

There is evidence from the authorities that have been piloting Personal Budgets that people put together their own solutions, assess their needs and plan – bespoke rather than package – and buy different things (70% 'different purchases' reported in Wigan). People innovate, want information about possibilities and expect providers to market their wares.

➢ Public services need to stop seeing citizens as a problem and instead as part of the solution and persuading residents to take more personal responsibility themselves, or to

change their actions or the way they act.

➢ Strong sense of possibility: increase citizen satisfaction; reduce complaints; resonates with modernisation and localism; a potential gateway to other (public) services; positive effects on community cohesion; more sustainable as citizens take some responsibility for their own lives.

➢ If self and state funders and their immediate carers are embraced local authorities will touch approx 30% of their population – an opportunity for citizen engagement and community cohesion

➢ Performance Indicators. The indicators for Transforming Adult Social Care are still being developed. A series of milestones for the Putting People First agenda have recently been published by the Department of Health. There is still only one specific indicator – the National Indicator NI130 Social Care clients receiving self directed support that relates to the Transforming Adult social Care agenda.

The milestones for Putting People First are:

	April 2010	October 2010	April 2011
Effective partnerships with People using services, carers and other local citizens	That a communication has been made to the public including all current service users and to all local stakeholders about the transformation agenda and its benefits for them. That the move to personal budgets is well understood and that local service users are contributing to the development of local practice. [**By Dec 2009**] That users and carers are involved with and regularly consulted about the councils plans for transformation of adult social care.	That local service users understand the changes to personal budgets and that many are contributing to the development of local practice.	That every council area has at least one user-led organisation who are directly contributing to the transformation to personal budgets. *(By December 2010)*
Self directed support and personal budgets	That every council has introduced personal budgets, which are being used by existing or new	That all **new** service users / carers (with assessed need for ongoing support) are	That at least 30% of eligible service users/carers have a

	service users/ carers. *	offered a personal budget. That all service users whose care plans are subject to review are offered a personal budget. **	personal budget.
Prevention and cost effective services	That every council has a clear strategy, jointly with health, for how it will shift some investment from reactive provision towards preventative and enabling/ rehabilitative interventions for 2010/11. Agreements should be in place with health to share the risks and benefits to the 'whole system'.	That processes are in place to monitor across the whole system the impact of this shift in investment towards preventative and enabling services. This will enable efficiency gains to be captured and factored into joint investment planning, especially with health.	That there is evidence that cashable savings have been released as a result of the preventative strategies and that overall social care has delivered a minimum of 3% cashable savings. There should also be evidence that joint planning has been able to apportion costs and benefits across the 'whole system'.
Information and Advice	That every council has a strategy in place to create universal information and advice services.	That the council has put in place arrangements for universal access to information and advice.	That the public are informed about where they can go to get the best information and advice about their care and support needs.
Local commissioning	That councils and PCTs have commissioning strategies that address the future needs of their local population and have been subject to development with all stakeholders especially service users and carers; providers and third sector organisations in their areas. These commissioning strategies take account of the priorities identified through their JSNAs.	That providers and third sector organisations are clear on how they can respond to the needs of people using personal budgets. An increase in the range of service choice is evident. That councils have clear plans regarding the required balance of investment to deliver the transformation agenda.	That stakeholders are clear on the impact that purchasing by individuals, both publicly (personal budgets) and privately funded, will have on the procurement of councils and PCTs in such a way that will guarantee the right kind of supply of services to meet local care and support needs.

The ADASS/LGA survey showed 8% was already the national average in March 09 (although it also suggested that the majority of authorities were below this average). It is believed that Councils should have reached a 10% minimum target by March 2010, if they are going to guarantee the 30% target for 2011; the survey itself indicated that only around 20 authorities were not expecting to have reached a 10% level by March 2010.

**Given the expectation that service users receive reviews at least annually, this milestone may in itself drive an allocation of PBs in excess of the 30% target for April 2011.*
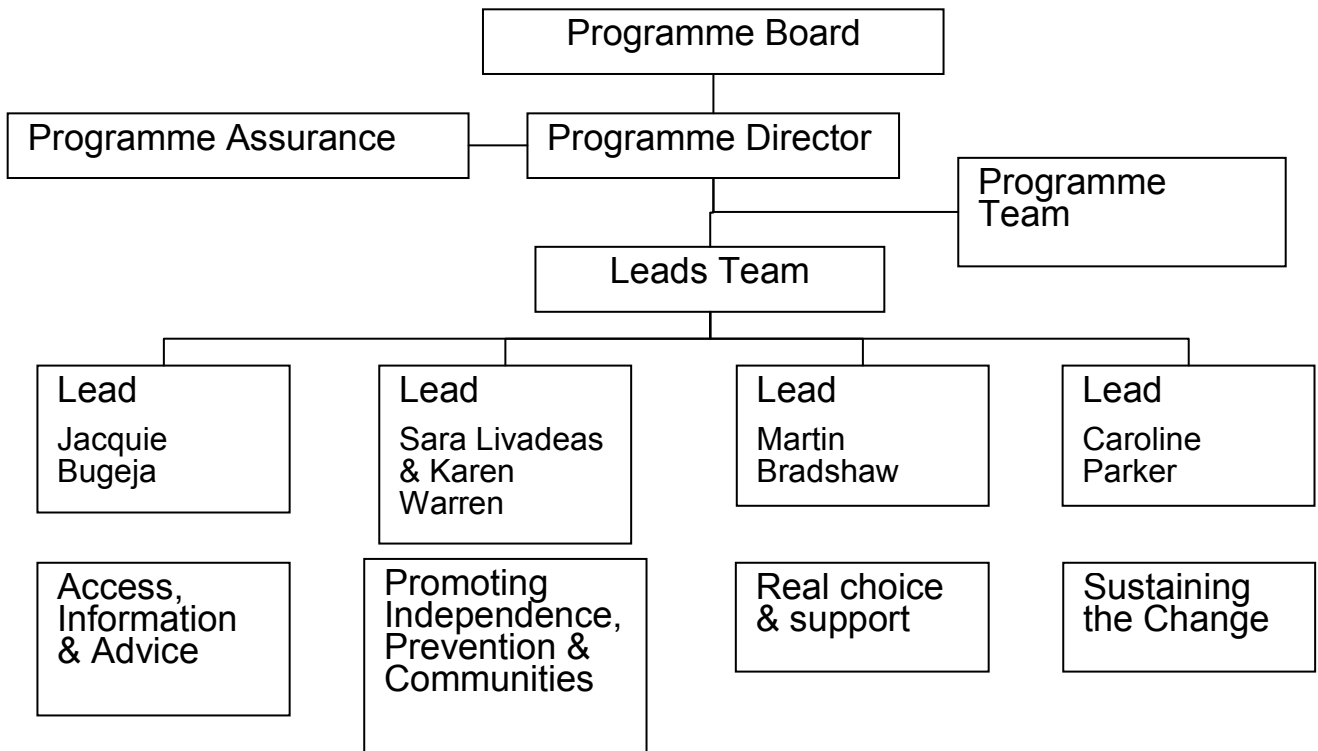
The other indicators relevant to the programme are:

- 8 - Adult participation in sport and active recreation

- 14 - Reducing avoidable contact: minimising the proportion of customer contact that is of low or no value to the customer

- 119 - Self-reported measure of people's overall health and wellbeing

- 125 - Achieving independence for older people through rehabilitation/intermediate care

- 127 - Self reported experience of social care users

- 128 - User reported measure of respect and dignity in their treatment

- 129 - End of life care – access to appropriate care enabling people to be able to choose to die at home

- 130 - Social Care clients receiving Self Directed Support per 100,000 population

- 131 - Delayed transfers of care

- 132 / 133 - Timeliness of social care assessment (all adults) / Timeliness of social care packages following assessment

- 134 - The number of emergency bed days per head of weighted population

- 135 - Carers receiving needs assessment or review and a specific carer's service, or advice and information

- 136 - People supported to live independently through social services (all adults)

- 137 - Healthy life expectancy at age 65

- 139 - The extent to which older people receive the support they need to live independently at home

- 140 - Fair treatment by local services

- 145 - Adults with learning disabilities in settled accommodation

- 146 - Adults with learning disabilities in employment

- 149 - Adults in contact with secondary mental health services in settled accommodation

- 150 - Adults in contact with secondary mental health services in employment

- 175 - Access to services and facilities by public transport, walking and cycling

Organisation structure

Expand on the governance and team structure identified in the programme brief. Detail the team structure, roles, responsibilities and proposed input.

The diagram below outlines how the programme will be structured:

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                    │  Programme Board    │
                    └──────────┬──────────┘
                               │
┌──────────────────────┐  ┌────┴──────────────┐
│ Programme Assurance  │──│ Programme Director │      ┌──────────────┐
└──────────────────────┘  └────────┬───────────┘      │  Programme   │
                                    │                  │    Team      │
                          ┌─────────┴────────┐─────────└──────────────┘
                          │   Leads Team     │
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Lead Jacquie Bugeja	Lead Sara Livadeas & Karen Warren	Lead Martin Bradshaw	Lead Caroline Parker
Access, Information & Advice	Promoting Independence, Prevention & Communities	Real choice & support	Sustaining the Change

The functions support delivery of the programme are outlined below:

- **Programme Board** – The Programme Board will be responsible for endorsing and championing the programme and its vision. The Board will advise and support the Programme Director and Workstream Leads through strong leadership and decision making.
- **Programme Assurance** – The Programme Assurance function will provide the Programme Board with confidence that the programme is being managed effectively and is on track to achieve the desired outcomes.
- **Programme Director** - The Programme Director is responsible for the successful delivery of the programme.
- **Programme Team** – The Programme Team will take collective responsibility for the implementation of Transformation of Adult Social Care in Oxfordshire.
- **Workstream Leads** – The workstream leads act as the strategic lead for their workstream by being responsible for the delivery of the agreed outcomes and deliverables.

The Programme Board members will help to support the Workstream Leads by acting as the lead member for the Programme Board. The purpose of this is to provide the workstream leads with senior management support and to make the link between the Workstream Leads and the Programme Board. The following Programme Board members will act as leads for the workstreams:

Workstream	Programme Board Member
Access, Information & Advice	Simon Kearey
Promoting Independence, Prevention & Communities	Paul Purnell – Promoting Independence & Prevention Richard Munro – Community Building
Real Choice & Support	Paul Purnell – Self Directed Support Simon Kearey – Reshaping the Market
Sustaining the Change	Simon Kearey

There will be no project boards within the programme. Each of the workstreams will adopt a combination of steering groups, to help guide and support the implementation, as well as project teams. Those working most closely to deliver will meet as a 'core team' on a regular basis.

Terms of Reference will be produced, agreed and implemented for the following:
- Programme Assurance
- Project Managers – to ensure a consistent approach to project management across the programme which reduces duplication and maximises use of resources.
- Programme Board
- Programme Team
- Roles within the Programme – such as workstream leads and operational leads.
- Programme Behaviours – as part of the change management approach those involved in delivering the programme will sign up to a series of behaviours to be modelled.

Resources
Expand on the information outlined in the programme brief to provide further details of resources required – personnel, equipment, buildings, accommodation etc.

The diagram on the following page outlines the roles within the Transforming Adult Social Care programme.
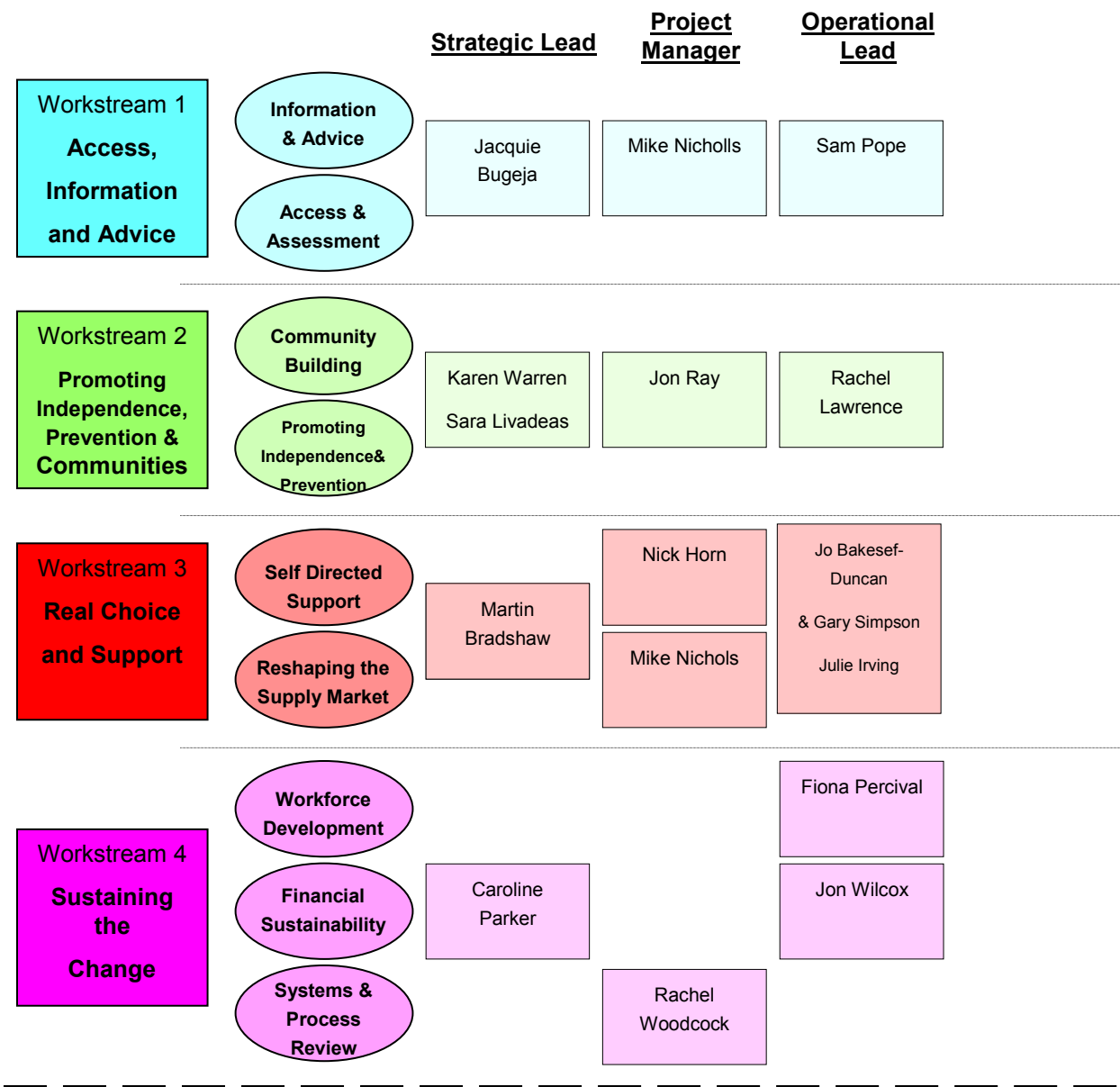
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Transforming Adult Social Care Organisational Chart

TASC Programme Board Members

Director Social & Community Services	Head of Strategy & Development	Head of Adult Social Care	Head of Community Services
HR Business Partner	TASC Programme Director	Director of Commissioning	Councillor Jim Couchman
Finance Business Partner	Asst Chief Exec and Chief Finance Officer	Dr. Jonathan McWilliam	Councillor Judith Heathcoat

Programme Office

Programme Director	HR Lead
Comms & Marketing	Finance Lead
Assistant Project Manager	Brokerage & Direct Payments Lead

	Strategic Lead	**Project Manager**	**Operational Lead**
Workstream 1 **Access, Information and Advice** Information & Advice / Access & Assessment	Jacquie Bugeja	Mike Nicholls	Sam Pope
Workstream 2 **Promoting Independence, Prevention & Communities** Community Building / Promoting Independence & Prevention	Karen Warren Sara Livadeas	Jon Ray	Rachel Lawrence
Workstream 3 **Real Choice and Support** Self Directed Support / Reshaping the Supply Market	Martin Bradshaw	Nick Horn Mike Nichols	Jo Bakesef-Duncan & Gary Simpson Julie Irving
Workstream 4 **Sustaining the Change** Workforce Development / Financial Sustainability / Systems & Process Review	Caroline Parker	Rachel Woodcock	Fiona Percival Jon Wilcox

A key challenge for the programme is around engagement with staff that have to balance change with 'business as usual'. A deliverable from Sustaining the Change will have to be focussed on how to build capacity within the organisation to take on and undertake major change activities; for example some service areas have business unit managers to help assist the service with delivery.

To support the implementation of this programme the Department of Health has allocated funding via the Social Care Reform Grant.

Income	2008/9			2009/10	2010/11
	Allocated	Actual	Spent	Allocated	Allocated
TSC Reform Grant	£788,000	£788,000	£334,121	£1,853,000	£2,295,000
Star Chamber Investment Funding for SDS	£265,000	£273,000	£273,000	£265,000	£0
DH South East Efficiency & Prevention Funding	N/A			£41,000	
CIL Funding	N/A			£40,000	
£60,000 Investment Funding for Workforce	£60,000	£60,000	£60,000	£60,000	£0
TOTAL	£1,113,000	£1,121,000	£667,121	£2,259,000	£2,295,000

Monitoring and control

Outline any expected activities, data requirements, performance targets. Detail reporting structures/processes and frequency.

The programme will report on an a regular basis to the following elements:

- Informal Cabinet
- Social & Community Services Change Board
- Programme Board – this will be the success criteria to guide progress
- Programme Team – each member of the team will have metrics to guide their performance
- Adult Services Scrutiny Committee
- Programme Assurance

Reviews will be held at the end of the agreed 'tranches[6]' to ensure that the programme is expected to meet the agreed success criteria.

Each project will outline its own quality regime. The project managers will be responsible for joining this together

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[6] Part of the Managing Successful Programmes methodology. A tranche is a group of projects structure around distinct steps change in capability or benefit delivery. The end of the tranche enables the programme board to review at clear points the effectiveness and validity of the programme.

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Projects portfolio

List all proposed projects within the programme and deliverable, timescales, costs for each project. Outline interdependencies between projects.

The programme will be broken into workstreams. Each workstream will have a flexible approach to the work to be undertaken to deliver the outcomes. It is expected that the list of work and projects will change as the programme evolves.

Access, Information & Advice
- Information & Advice project – the key deliverables in the project initiation document are:
  - o **Recommendations Report** – This report will outline existing issues with the provision of information as per the scope, and will include recommendations for improvement based upon consultation with service users, agreement with local Service Managers and aligned to best practices across other counties.
  - o **Implementation Plan** – This plan will outline the activities required to deliver the recommendations outlined in the Recommendations Report, including resources, schedule and milestones.
  - o **Public Information Strategy**– This document will outline the directorate's strategic objectives in relation to the provision of public information & advice.
  - o Implementation of the agreed plan
  - o Embedding the Information Standards (IS) into all aspects of information provision
- Access project – this project is yet to be defined.

Community Building & Prevention
A programme approach will be taken for this workstream to delivering the requirements around community building and promoting independence. Work is already underway in the following areas:
- Promoting Independence & Prevention Project – the key deliverables in the project initiation document are:
  - o A **report** on a review of the existing literature on targeting prevention for older people and evaluation of relevant local and national projects (IPC)
  - o A **report / presentation** of an analysis of the Joint Strategic Needs Assessment (JSNA) and other data supplied by Oxfordshire County Council and the PCT (OCC)
  - o An **interim report** on the review and analysis of 99 case files of people admitted to care homes in Oxfordshire during 2008/9 to identify their age range, characteristics and life events leading up to their entering long term care (IPC and OCC)
  - o A **report** on the findings of interviews with people who have entered residential care, their families, carers and care managers (IPC and OCC)
  - o **Mapping** of existing preventative services provided directly or funded by Oxfordshire County Council and the PCT, and services provided by the City and District Councils and the voluntary sector. A **brief report** identifying gaps in existing preventative services and opportunities to enhance service provision.
  - o **Consultation** with older people and their carers about the kinds of support and services they need to help them remain independent and that they would use
  - o An **interim report and presentation** for circulation among the project team, steering group and to the project sponsor, identifying the 'best bets' for action / increased investment that will reduce the need for intensive health and social care

services.
  - o An **appraisal of options** for intervention and/or investment by the project.
  - o Detailed, timebound and agreed **implementation plans** for the trials.

- Continence Services Redesign Project – the key deliverables in the project initiation document are:
  - o Report on current situation of and spending on continence services
  - o Consultation exercise to help define new service
  - o Cost benefit analysis for implementing new continence service
  - o There will also be some further research into the social care side of continence to inform the commissioning approach.

- Prevention Strategy
- Turnaround Project
- Reablement - Agreed approach and implemented.
- Community Building

Real Choice and Support

- Self Directed Support project – the key deliverables from the project initiation document are:
  - o Learning Exercise for Self Directed Support
  - o County wide model and implementation plan for Self Directed Support
    - ▪ Ongoing support for the Learning Exercise
      - Agreed transition approach from Childrens Young People & Families to SCS
      - Agreed transition approach for existing service users / carers
      - Agreed approach for self assessment
      - Agreed approach for self planning
      - Agreed approach to those in community hospital
  - o Getting the Organisation Ready
    - Agreed consultation paper
    - Formal consultation delivered
    - Implemented organisational structures, roles and behaviours
    - Implemented Training Plan
  - o Managing the Money
    - Flexible Direct Payments
    - Pilot of Payment Cards
    - Financial Assessment – review of guidance
    - Financial Assessment – review of assessment approach
  - o Recording
    - Agreed policy for self directed support
    - Agreed processes / paperwork for self directed support
    - Agreed ICT approach for self directed support
    - Guidance to support staff / brokers
    - Leaflets for Service Users / Carers
    - Review of impact on Internal Providers
    - Review of impact on Contracted Services
  - o Resource Allocation / Financial Accountability

- Workable Resource Allocation System and published Policy
- Systems to ensure financial accountability
  - o Brokerage
    - Agreed definition of brokerage to support procurement

- Reshaping the Market project – the key deliverables from the project initiation document are:
  - Strategy Document for Reshaping the Market
  - Day Centre attendance permitted and funded for long-stay Customers, including Transport and Passenger Assistance if required
  - Flexible Respite booking via a voucher or similar system
  - Revised Service Level Agreement (SLA) to reflect reduced Contract commitments to Day Services in the mid-term (for years 2010/11 and 2011/12)
  - Affordable access to individualised transport
  - Specialised transport brokerage for eligible Customers and self-funders
  - Home Support: Envelopes of Care/Individual Service Funds to maximise control and choice for Customers
  - Home Support: Contingency provision in the event of SDS package breakdowns, including 24*7 on-call arrangements
  - Personal Assistants: Recruitment/training programme, Pool of PA's, ongoing support for PA's, register/approval
  - 'Support with Confidence' scheme established to include care, support, PA's, brokers and concierge services
  - Lists of accredited suppliers available for Customers
  - Range of Brokerage Providers
  - Network of Brokers
  - New 'Oxscnet' Employer Forum to engage social care employers in workforce issues, in partnership with 'Skills for Care'.
  - Centre for Independent Living / User Led Organisation

Sustaining the Change
- Workforce Development Strategy including training
- Efficiency Savings
- Financial Sustainability model
- Systems Review - key deliverable will be the systems development strategy and implementation plan to support not just self directed support but the delivery of all aspects of the programme. The project also encompasses the elements of adult social care that may fall outside the scope of the Transforming Adult Social Care programme programme. (This is now expected to extend beyond March 2011 but is dependant on consultation work being undertaken as part of the self directed support project).

Programme Deliverables

Alongside work with the projects the programme will also need to deliver a number of elements to support the successful implementation of Transforming Adult Social Care.

- Success Criteria & Measures
- Programme Vision – what will the be delivered by March 2011
- Communication Strategy & Plan
- Principles for Programme – for example any changes to services or new services will need to be informed by consultation with service users and carers. Furthermore these new elements will also deliver an Equality Impact Assessment[7].

In addition to the output from the programme the Local Authority Circulars outline further elements. These further elements will need to be delivered to support the programme but will be delivered by teams outside of the Transforming Adult Social Care team:

- Commissioning Strategy – there will need to be a series of strategies and commissioning activity to deliver the transformation agenda.
- Mechanisms to actively involve family members and other carers as expert care partners – there will need to be work with the Taking Part team to deliver expert care partners
- Network of champions to promote dignity and respect in local care services – there will need to be work with the Taking Part team to deliver expert care partners.

Alongside this work will also need to be supported with personal health budgets, mental health personal budget project and to support the South East Association of Directors of Adult Social Services (ADASS) group.

Programme schedule/plan

Sequencing of projects and key project milestones. Also include milestone review points and timing of communications, risk mitigation and quality review activities.

The programme will be broken into a series of tranches. Due to the wide nature of the programme these tranches will be arranged around the Putting People First milestones. Each tranche will be accompanied by a review of progress to date and replanning, if necessary, the next tranche.

- Tranche 1 – November 2009 – April 2010

- Tranche 2 – April 2010 – November 2010

- Tranche 3 – November 2010 – April 2011

A formal programme plan will be produced around the tranches and used to judge progress.

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[7] An EQIA is a **process** to help you gather the information necessary to judge whether a service meets the customer needs:
>   To prevent discrimination or unfair treatment
>   To promote equal access
>   To promote good community relations…

Stakeholder and communications plan

Undertake stakeholder mapping to identify key stakeholders involved in the programme. Outline how these stakeholders will be communicated to (method, frequency).

A stakeholder and communication plan will be develop as one of the programme deliverables.

The below diagram illustrates the origin and nature of messages and ownership of communications across the programme.
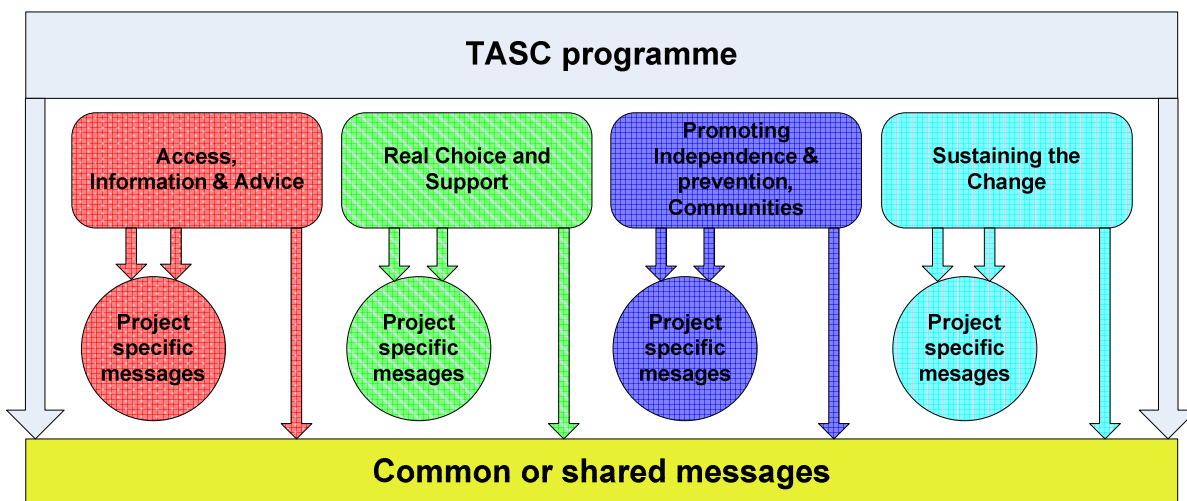
Risks and assumptions

Summary of those identified that could prevent the success of the programme.

Risks for the programme will be managed through a risk log. To build on, refine the risks and define role of risk owners a brief workshop will be undertaken.

Transition plan

Expected timing of outputs from programmes and required activity to move to business as usual.

The Sustaining The Change workstream is tasked with working to ensure that the programme delivers elements that are sustainable in the long term.

Alongside this a specific session will be held in February 2010 looking at the elements of the programme that will and will not be developed so that work can commence to understand how to deliver those remaining elements.

It is expected that there will be a requirement for some ongoing resource beyond March 2011 although this is not yet formally specified. This will include operational support, finance support and managerial support.

The programme team has available funding until 31st March 2011. Most of the programme team are on secondment or short term contracts. It is expected that attrition of staff may start to occur from Autumn 2010 onwards. Work will need to be undertaken to support this and support the staff as they transition to previous roles or onto new roles.

Approval

Who should approve this document e.g. Programme Board, CCMT. Also include cost centre approvals where applicable

This document should be approved by the Transforming Adult Social Care Programme Board