Birmingham City Council

adults and communities

	Methodology: Phases 1 – 7 Template: Product 15-19 & 29-33 Selected Delivery Option

Business Transformation

Adults and Communities Business Transformation
Solutions Workstream

SB AC FBC 15-19 and 29-33 *Selected Delivery Option*

Purpose

This document identifies the selected delivery option for the Adults and Communities Business Transformation Programme. The document sets out the projects that will be required to deliver the Programme, along with associated elements of resource requirements, benefits, risks, timelines, etc.

By signing this document, the signatories below are confirming that ….
That they agree with the programme of work and delivery approach described within this document

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0.1	18th March 2008	First Draft	Ian Thomson
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0.4	10th April 2008	Fourth Draft – Revised Cist & Benefit and Resourcing Update	Ian Thomson
0.5	10th April 2008	Final Draft – Reference to EASD	Ian Thomson

Table of Contents (Product numbers are shown in brackets)

1 Designing a Programme to Deliver the Future Operating Model

The solution presented in the model agreed by DMT presents a process by which the self-directed care agenda for Birmingham City Council's Adults and Communities (A&C) Directorate can be delivered.

The purpose of this document is to address the programme of work required to deliver the processes identified by the model along with all enabling components in the areas of:

- Strategy;
- Performance;
- Process;
- Culture;
- Organisation;
- ICT; and
- Property

In considering the programme of work required to provide the physical solution a number of design principles were adopted:

- Where possible a single solution should be provided to manage all channels of activity e.g. self-service, agent assisted service, advocacy;
- Common processes should be standardised across all services;
- Existing ICT should be utilised where possible;
- The principles of safeguarding will be built into all processes;
- Integration with other council projects and programmes should be considered; and
- Common organisational structures should be in place around common processes.

In addressing the transformational requirements of the A&C Transformation Programme it is necessary to address not only the process itself, but to identify and plan for change in organisational structures, policies and strategies that form the foundation upon which the programme will be built. If these areas are not addressed the Programme becomes merely an implementation of a different way of doing the same job as at present. The vision that "We assist to assure the quality of life of the citizens of Birmingham today, tomorrow and always" must be a mantra that runs through all decisions made during the course of the Programme. These foundations provide guidance for logical and physical design of the solution during a "Common Design" phase.

1.1 Common Design

Common design is effectively broken down into two distinct phases:

- Logical design – the process definitions, resourcing requirements, etc. that support delivery of the Future Operating Model (FOM); and
- Physical design – the components required to deliver the logical design i.e. technology, infrastructure, property, etc.

2 Programme Structure

The following sections of this document define the outcome requirements of each component part of the FOM in both logical and physical terms, the principles to be applied to delivery and the interdependencies between each element and other elements of the Model.

2.1 Options Considered

2.1.1 Building the Portfolio

When considering the work packages required to deliver the FOM a number of options were taken into account. These considerations included:

- What projects are required to deliver components of the solution?

- What projects are currently under way or under consideration within the Directorate that have a material impact on delivery of the transformation solution (In-flight projects)?

- What proof of concept projects are currently under way?

- What corporate or other projects will have an impact on delivery of the model?

- How should the Programme be structured to generate cashable benefit early to help fund the Programme going forward?

The Programme has been designed to include those in-flight projects where a material dependency exists between them and other elements of the Programme. This will ensure that the progress of these projects is visible at all times to the Programme Management Office (PMO).

In-flight projects that have been brought into the scope of the Programme are:

- Transport;

- 2010;

- Meals on Wheels;

- Adapted housing;

- Extra care homes; and

- Fairer access to short breaks.

Other in-flight projects that were considered were:

- Physical Disability;

- Learning Disability; and

- Older Adults (BILA).

These projects have not been included in the scope of the Transformation Programme as project charters and business cases are not sufficiently developed to allow inclusion. These, and other, projects may be included in the programme at a later date dependent upon development of the requisite project documentation and subject to Programme Board approval. In such a case the impact of inclusion of a project under the Programme will be assessed by the PMO which will recommend the appropriate course of action to the Programme Board.

In addition, links have been established between the Programme and other programmes under way within the Council. These are:

- CareFirst 6 upgrade encompassing:

    o Programme Management & Governance

    o Technology Infrastructure

    o Single Point of Access

    o Multi Disciplinary Assessment and Review / Active Maintenance

    o Highlander

    o Mental Health Trust (currently business owned)

    o Channels (to be delivered by the Customer First programme)

    o Safeguarding (currently business owned)

    o In Control (currently business owned)

- Customer First integration strategy

None of the above projects have been subsumed into the Programme however, dependencies between these projects and those contained within the Programme Portfolio have been defined and the plan has been created taking these into account.

A number of proof of concept projects are already in progress within the Directorate. These projects are:

- Enablement ;

- Data Dynamics (Predictive Analytics); and

- Assistive technology.

The programme has been structured to take into account these proofs of concept and will react accordingly to the results of these projects.

Within the confines of project dependencies, the programme has been structured to enable implementation of elements of the transformed process to be implemented in order to enable benefits realisation as early as possible. Early projects have also been structured to deliver proof of concept results within a timescale that allows the project to be rolled out or excluded from the Programme. The impact of removing a project from the portfolio following an unsuccessful proof of concept will be managed by the PMO.

2.1.2 Phasing the Plan

Phasing of projects within the portfolio in a project plan was developed, based upon project dependencies and overall delivery timescale. Phasing on this basis indicated that a number of the development projects could commence in parallel with other projects in year 1 of the programme.

However, it was considered that the project management overhead and overall resourcing requirements of this approach would put undue pressure on the Programme budget and the Council's ability to staff this approach. This option was therefore rejected.

The programme plan is now based upon a more phased approach to implementation. Development projects now commence on completion and signoff of a revised full business case in the final quarter of financial year 2008/9.

2.2 Delivery Structure

To apply structure to the types of projects involved in delivery of the Programme the following groups have been defined:

- **Foundations**
  The future operating model describes a revised process for the delivery of services by Adults and Communities in Birmingham City Council. In order to make the programme transformational and to align it with the vision for service delivery it will be necessary to define new ways of working aligned to the requirements of both the Council and the community of customers it serves.

  Foundations are a precursor to delivery of the Future Operating Model and lay down the environment in which the transformation projects will be built. These projects will address policy and information requirements upon which delivery of the self-directed care projects are dependent. In addition, projects that provide a capability across the programme have been included in this grouping.

- **Development Transformation Projects**
  As can be seen from the portfolio of projects below, a range of developments have been identified which will deliver component parts of the overall Future

Operating Model solution. These developments are now subject to a greater level of planning and development.

The projects covered by this grouping have been themed to indicate which area of the Future Operating Model they contribute to.

- **Defined Transformation Projects**
  Defined transformation projects are those which have already been identified for delivery or have proceeded to individual business case level within the Transformation Programme i.e. it is known what is to happen to deliver these projects.

  The projects falling into each of these groups has been defined in this document.

2.3 Proof of Concept

When defining the delivery timescales for each project, it may be decided to implement a **proof of concept** phase. Proof of concept is tool that can be used in either of two cases:

- Where the benefits to be delivered by implementation of a new process, technology system, policy, etc. is unclear e.g. there is a theoretical saving to be created but until the concept is tried out, the scale of benefit cannot be judged; or
- The benefits can be articulated but it is not practical to roll the project out across the Department in one tranche. It may therefore be decided to deliver in phases.

The need to carry out a proof of concept phase will be considered in each detailed project plan.

2.4 Foundation Projects

As the FOM is essentially a process solution to the implementation of self-directed care, the transformational agenda of A&C must be inherent in all aspects of design and delivery of the revised service. It will therefore be necessary to define the Council's strategy to align it to its objectives in a changing demographic and cost environment.

If the Council is to change its emphasis, from a reactive provider of prescribed services in response to customer care requirements, to an organisation that focuses on the outcomes its customers wish to achieve, allied to an ability to predict and prevent referrals for care it must understand the market to which it is providing service. The Council must also define its role in the supply chain of care between customers and providers of care. A strong foundation is essential to the effective delivery of the Programme and sets the rules upon which each subsequent service delivery function will be built e.g. without a clear policy on the Council's role in the process of contracting and supply of services to customer, the market shaping and

supplier recruitment process cannot be aligned to the requirements of the Programme.

There are therefore a number of components that need to be addressed during the foundation stage of the Programme:

- **Customer Insight**

  If the Council is to align its future service offerings, and therefore its supply chain, to the needs of citizens it will be necessary to listen to the views of customers and potential customers of the Service. This is achieved through surveys of customer views on both qualitative and quantitative perspectives.

  Customer insight should form the basis of the exercise to shape the market of care providers to the current and future requirements. Customer insight should also be taken into account when designing processes to deliver the transformation agenda. This focus on customer expectation will contribute to delivery of transformation when the change and transition management surrounding changes of process are developed and delivered.

- **Outcomes Based Service Delivery**

  The service delivery function of the Council will change from one in which professional social workers determine a package of care based upon perceived care need to one based upon a customer's stated required outcomes from the Service. The focus of the role of the social worker will therefore change i.e. less time will be spent working with and helping customers through the process of assessment and more will be spent ensuring that the services that are delivered are meeting the customer's needs.

  By basing assessment of need on outcomes there will be a need to align care supply to achievement of those outcomes and to review the effectiveness of that care in achieving the outcomes.

  This requires the creation of a framework covering the operation of an outcomes based approach at all points in the continuum of care.

- **Commissioning**

  The implementation of individual budgets, an increase in the level of self-funded customers, self-direction and outcomes based care provision and review will require a different approach to the interaction of the customer with the care supply/services market.

  The Council wishes to transform its role in the supply chain, from ordering of services to payment of suppliers, to provide the customer with more autonomy. This can be achieved by a combination of self-direction by a customer themselves or via a third party on a brokerage basis.

The Council also wishes to transform its role from one of a provider of care itself to one of an enabler for care provision to customers via an expanded care services market.

This change requires the definition of internal policies and strategies to enable this shift in emphasis. These policies will be defined in the context of internal and external priorities identified through customer insight surveys and internal discussion.

The outputs form this activity will be material to the design of processes and physical delivery mechanisms developed during the common design phase of the Programme.

- **Baselining the Organisation**
  Effective transformation of an organisation requires more than the imposition of new processes and methods of working. The people working in the organisation must be carried along with the transformation in an effective and planned way. To enable this transition it is necessary to know who is affected, at what time, and in what way by the implementation of the transformed organisation. A detailed study of the roles of individuals in the process of care delivery should be undertaken.

  The output from this activity enables the Programme to determine who will be affected by changes in process aligned to the Future Operating Model and to identify individuals whose roles will change as a result of implementation. This enables more accurate identification of cashable and non-cashable benefits and feeds information to the HR transition element of the project e.g. training needs analysis, training plans, role redefinitions and redundancies.

  The project will be the first phase in embedding a continuous improvement ethos in the Service leading to a more streamlined Adults and Communities Directorate, better aligned to the needs of its customers, the Market and the Council.

2.5 Development Transformation Projects

In determining the portfolio of projects required to deliver the FOM, the sections below relate the requirements for change across a number of delivery "themes". These themes disaggregate the programme into manageable, specific projects aimed at delivering a particular element of the transformation. These themes are:

- Prediction – implementing business intelligence capabilities that enable the Council to accurately predict the needs of individuals before they require care services. This is an area of concentration of health and private health insurers, used to reduce the numbers of customers who require long term care by "catching them early" and introducing preventative care measures. Prediction will feed into the prevention processes. Integration with health records will increase the predictive capability;

- Prevention – targeting of communities and individuals with services designed to meet a possible future need with the aim of preventing future long-term care. This theme covers one long-term aim of the transformation to become a more proactive provider of services thereby reducing the requirement for expensive long-term care packages;
- Enabling support – again, this theme is aimed at reducing the need for long-term or residential care by customers. Enablement provides a package of care for the first six weeks from assessment of need. This package may include physiotherapy, occupational therapy, assistive technologies, etc. to help a customer to maintain independence e.g. after a hip replacement;
- Self-directed care – the cornerstone of the transformation agenda, self-directed care provides the customer with greater control of the care they require to meet their needs. Choice of routes to identification of service requirements, selection of suppliers and services and methods of payment will be offered. As well as retaining the ability in-house to help customers to assess their needs and to select services to meet them, development of third party brokerage services will provide support to customers who cannot serve themselves. This will reduce the workload on professional social workers at the assessment stage and will release them to meet the care needs of a growing demographic population;
- Develop services – creation of new services in line with the transformation agenda e.g. Telehealth, a service which provides support to customers in their own homes, thereby reducing placements in residential homes;
- Commissioning (develop suppliers/market) – creating the supply infrastructure to support self-direction, changing needs and a larger population. The market of care services will be changed by the introduction of individual budgets, an increase in self-funding customers and their ability to choose from a wider range of services under the self-direction agenda. The market must be shaped to ensure that those needs can be met. New processes for ordering of goods and services and payment for them will be required. The market must be aware of these changes and must be able to react to them. There is also a need to work more closely with delivery partners such as PCT's to deliver integrated services to address social care and medical need. In the longer term, third sector organisations will be encouraged to participate as brokers or advocates as well as service providers; and
- Internal capability – a culture of continuous improvement and review is required to support and maintain transformation. Reviews of funding sources, either directly to the Council or via third party and third sector involvement, may deliver financial benefit to the Council. The process of case review will also be transformed to enable variable periods between reviews of customer cases. This review process will focus on achievement of outcomes set by customers at assessment. This will encompass customer and supplier feedback thereby contributing to the quality of life and wellbeing aims of the transformation.

It should be noted that, whilst the process described by the model appears linear it is, in fact, a continuum from prediction of requirement through assessment of

requirement, design for delivery, deliver and review. Ongoing review will provide data to support more effective prediction of requirement, and so, through another cycle.

3 Delivering Change

3.1 Development Transformation Projects

The Transformation Programme is required to deliver a changed organisation and operation over a period of ten years. The programme must, however, deliver the majority of the change required to implement self-directed care in a shorter timescale. The diagrams below indicate those projects which should be carried out within a one to three, three to five and five to ten year timeline. These projects have been themed to align them with the new operating model:

Themes	Years 1 - 3		
Prediction	Demographics/ SNA	Links to Health	GIS Links
	Renewed ICT Infrastructure		Information Management
Prevention	Create A Team	PoC Data Dynamics	Campaign Planning
Enabling Support	Enablement	Intermediate Care	
Self-Directed Care	Assessment	Service-Selection	ESCR
	RAS	Direct Payments	Individual Budgets
Develop Services	Resources	Telehealth	Extra Care Homes
Commissioning (Develop Suppliers/ Market)	Suppliers	Procurement	Placing & Shaping
	Bill & Pay	Third Sector	
Internal Capability	Financial Reviews	Continuous Improvement	Review & Audit

Foundations: Commissioning Policy & Strategy; Activity Baselining; Service Reviews

The table below provides a brief description of each project in the project portfolio for delivery in years one to three of the Programme:

Project Theme/Name	Project Description
Prediction	
Demographics/SNA	To provide demographic data as an enabler to the prediction of circumstances known to lead to requirements for care
Renewed ICT Infrastructure	Renewal of components of ICT infrastructure to enable passage of data to and from the newly formed predictive care team(s)
Link to Health	In the longer term, formation of links with the Health Sector to enable collation of data to enhance predictive capabilities at the individual customer level
GIS Links	Creation of links to existing Geographic Information Systems to enhance the data analysis capabilities of the predictive care team(s)
Information Management	Use of existing information management tools and definition of requirements for information supporting predictive care
Prevention	
Create a Team	Establishment of a team of council staff tasked with implementing a preventative care operation. The role of these officers will be to analyse data provided by information management systems, to design and to implement preventative care campaign across the City
Proof of Concept – Data Dynamics	A proof-of-concept project has been undertaken to assess the effectiveness of a predictive analytical data management tool. The results of this proof of concept will be reviewed and a plan for further proving of the tool, or another tool, will be created and executed
Campaign Planning	The planning of preventative care campaigns e.g. targeting a specific area of the City where there is a prevalence of particular factors leading to a requirement for care e.g. obesity
Enabling Support	
Enablement	Enablement is a new concept aimed at providing customers with a package of care, in a home setting, for a six week period following referral to the Council. The

	objective is to reduce the number of customers who are referred to a residential care setting. This has already been running as a proof of concept and will be assessed for roll-out across the City
Intermediate Care	
Self-Directed Care	
Assessment	Development of new methods of assessment, accessible across multiple channels and supported by rules processing and workflow technology. This will enable channel-shift, self-assessment and expand the opportunities for brokers rather than professional social workers within the Council to provide support to customers
Single RAS	Implementation of a single Resource Allocation System
Service Selection	Implementation of the ability of a customer to determine their own package of care by selecting products and services from a catalogue. This project will be based on the new contractual framework policies for individual budgets and on a market shaped by the Commissioning project
ESCR	Creation of a comprehensive and integrated Electronic Social Care Record holding all case file details for a customer to enable data sharing and interchange, ultimately including health data
Direct Payments	Further roll-out of payments made directly to customers to enable them to pay for their own care
Individual Budgets	Definition of policy and subsequent roll-out of allocation of care funding to a budget available to an individual customer to enable them to select their own packages of care
Develop Services	
Resources	Identification and allocation of resources to administer the TeleHealth scheme
TeleHealth	Creation of a service whereby council staff proactively communicate with customers in their own homes to ensure wellbeing. This is aimed at extending the time during which customers can live independently, reducing the requirement for residential care
Extra Care Homes	Independent living housing has been made available in the City however, a new policy is required, between the Council and its partners, for the allocation of places in these homes to customers

Commissioning	
Suppliers	Identification and communication with potential suppliers of services to expand the capability of the market to provide services under the self-directed care agenda
Procurement	Definition of new procurement routes based on the new commissioning policy resulting form the foundation projects
Placing and Shaping	Shaping the market around the new procurement requirements
Bill and Pay	Revising processes and supporting technologies supporting the ordering of goods and services through to payment for those goods and services including new policies for individual budgets
Third Sector	Development of links with the third sector to reduce the load on professional social workers. Facilitation of brokerage solutions
Internal Capacity	
Financial Reviews	Reviews of financial funding flows and improvements to financial management based upon revised review cycles and a change in the focus of reviews
Continuous Improvement	Ongoing changes to organisational structures to take advantage of new processes. Ongoing training of staff, etc.
Review & Audit	Definition and implementation of revised review regimes. This includes review of individual outcomes achievement through to achievement facilitated by customer feedback of corporate level objectives under a performance management framework

Themes	Years 3 - 5		
Prediction	Increase Predictive Capability	Increase Staff Allocation	
Prevention	Increase Staff Allocation	Full Operation of Data Dynamics	
Enabling Support			
Self-Directed Care	On-line Planning	Choice/Quality eCare/eBuy	Decrease Staff Allocation
Develop Services	Business As Usual		
Commissioning (Develop Suppliers/ Market)			
Internal Capability	Financial Reviews	Continuous Improvement	

Foundations: Commissioning Policy & Strategy; Activity Baselining; Service Reviews

Projects planned for delivery during years three to five of the Programme are described in the table below:

Prediction	
Increase Predictive Capability	As data builds up, the ability of predictive analytical technologies to predict future requirements will increase. Greater use can be made of prediction to change the focus of staff from reactive to proactive care provision
Increased Staff Allocation	Organisational changes to reflect the move from reactive to proactive care provision
Prevention	
Increase Staff Allocation	Organisational changes to reflect the move from reactive to proactive care provision
Full Operation of Data Dynamics	Extended preventative care campaign based on predictive analytical output
Self-Directed Care	
On-line Planning	Introduction of on-line facilities to allow selection of services from a service catalogue (An outline business case has been developed for an Electronic Adult Services Directory under a separate initiative. The Council may wish to consider the synergies between these projects in the overall context of transformation)
Choice/Quality eCare/eBuy	Introduction of self-service care service selection using methods similar to those provided by on-line marketplaces (e.g. Amazon)
Decrease Staff Allocation	Organisational changes to reflect the move from reactive to proactive care provision
Develop Services	
Business as Usual	Ongoing, business as usual development of services
Internal Capability	
Financial Reviews	Continuation of Years 1 to 3 projects
Continuous Improvement	Continuation of Years 1 to 3 projects

Themes	Years 5 - 10		
Prediction	Increase Predictive Capability	Increase Staff Allocation	
Prevention	Increase Staff Allocation		
Enabling Support			
Self-Directed Care	On-line Planning	Choice/Quality eCare/eBuy	Decrease Staff Allocation
Develop Services	Business As Usual		
Commissioning (Develop Suppliers/ Market)			
Internal Capability	Financial Reviews	Continuous Improvement	

Foundations: Commissioning Policy & Strategy; Activity Baselining; Service Reviews

Projects in years five to ten expand and improve the projects undertaken during the previous years. This phase is aimed at maximising efficiency gains achieved during earlier years of the programme.

During this period it is also anticipated that further opportunities for transformation will arise and a review of current core systems will be undertaken. It is to be expected that this activity will engender further, large scale transformation activity.

3.2   Defined Transformation Projects

The table below outlines the projects that have been defined and business cases created for them:

4 Alignment with Inspection Requirements

The Commission for Social Care Inspection (CSCI) has presented a report outlining a number of improvements it would like to see in the operation of the Department. The diagram below shows the alignment of these recommendations with the Programme.

Themes	Years 1 - 3
Prediction	
Prevention	Improve Access To Information
Enabling Support	
Self-Directed Care	Multi-Discipline Assessment · Single-assessment · Strengthen Assessment
Develop Services	
Commissioning (Develop Suppliers/ Market)	
Internal Capability	Clarify Review Guidance/Quality · Enforce Minimum Safeguard Standards · Multi-Agency Safeguarding · Implement QA Processes · Strengthen Users Views · Implement QA & MI For Stds of Practice

Foundations: Commissioning Policy & Strategy; Activity Baselining; Service Reviews

5 Dependencies

Any programme of the size and complexity of the A&C Transformation Programme will contain a number of interrelationships and interdependencies. Dependencies will determine, to some extent, the order in which projects must be undertaken to deliver the Programme. Dependencies may also exist where common components are required to deliver a number of projects e.g. a rules engine will be used at all stages of the Programme, form assessment, through service selection, review and, ultimately prediction of care requirements. The portfolio of projects and the programme of work to deliver them will be determined by these dependencies.

It should be noted that, in the diagram below, dependencies may not relate to delivery of a project in its entirety but that a dependency may relate to specific delivery channel, certain groups of customers, etc.

The dependencies defined relate to the development transformation projects and their interrelationships with each other and current Council technology and other projects.
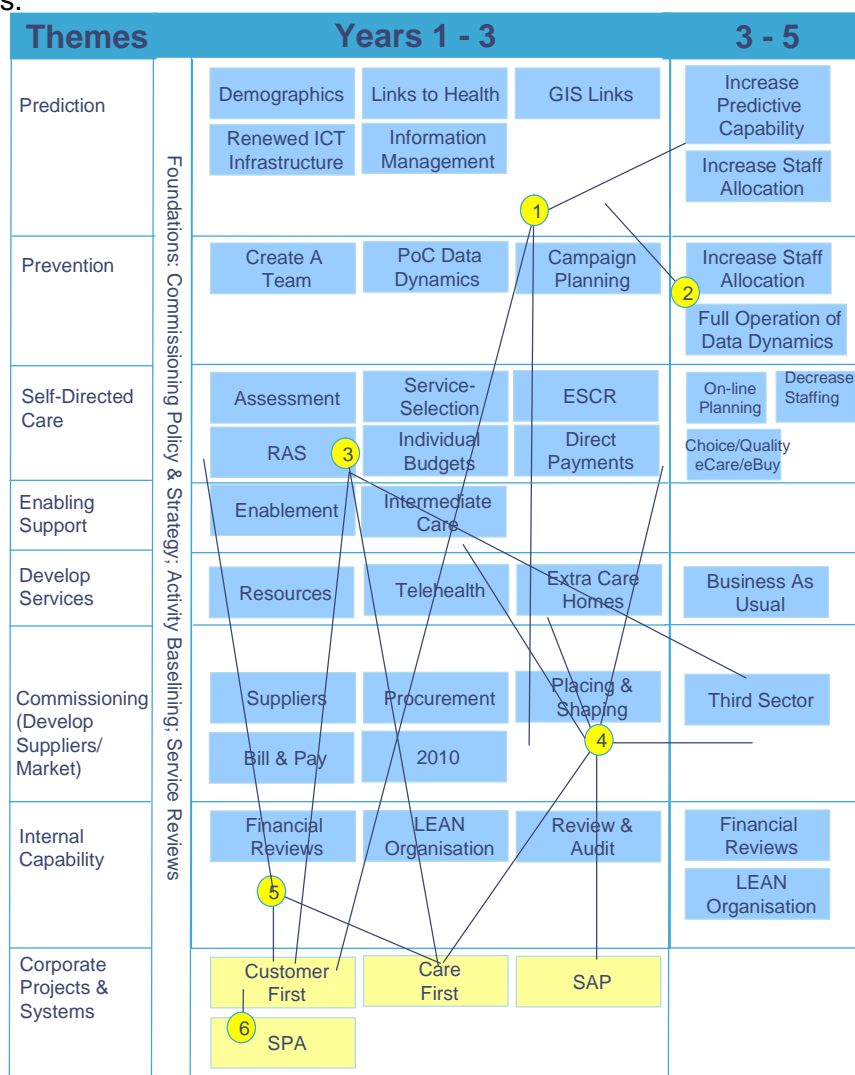
These dependencies are described in the table below:

Dependency	Description
1	Customer First will hold data that will be required to enable the predictive analysis to function. There is therefore a dependency on the availability of that data to the prediction team. For prediction and prevention activities to operate successfully the Council will need access to services that enable prevention. There is therefore a dependency on the development of suppliers.
2	The movement of staff from reactive to proactive roles and full operation of the predictive analysis tools requires all of the elements of prediction and prevention to be in place.
3	Full, multi-channel operation of self-directed care is dependent upon the following: ▪ Customer First integration to provide multi-channel access and despecialisation of first line support to customers ▪ Integration/interface with CareFirst to enable case histories to be maintained in a single database ▪ Availability of third sector relationships to enable brokerage and advocacy services to be created, thereby releasing professional social workers to manage customer care ▪ Self-directed care is dependent upon the supplier market being developed and services made available through all channels of access
4	Supplier and market development is one of the areas of the programme with the greatest impact on other projects. A developed and shaped market is critical to the deployment of the self-directed care agenda and efficient operation of individual budgets: ▪ The enablement process, whilst not wholly dependent upon a revised marketplace, will not reach full effectiveness until all of the potential enablement services are available ▪ The third sector must be included in the market shaping exercises to maximise the potential supplier base. Equally, for the third sector to operate as an effective advocate or broker for services, the developed marketplace must be available as an enabler ▪ Integration with SAP Finance systems will be necessary to manage financial recording, ordering of services from suppliers and payment of suppliers and individuals, in line with the policies defined during the foundation stage of the Programme ▪ Integration with CareFirst will be required to enable maintenance and

Dependency	Description
	management of case management records ▪ Development of new care services will generate a requirement for provision by the market. The market development activity must take these new service requirements into account
5	Audit and review processes will require close integration of data gathered at assessment, service selection and customer feedback stages in the care pathway. Integration is therefore necessary between review facilities and CareFirst, Customer First and the data gathered at stages in the self-directed care journey. This will require consideration in the context of the outcomes based quality framework defined during the foundation phase of the programme.
6	Integration of SPA and Customer First is required to provide a seamless handoff of process where necessary. Timing of implementation of Customer First functionality is critical.

6 Programme Costs

The programme costs identified in the table below have been calculated based upon activity within the Programme Plan along with input from Service Birmingham TDU with regard to ICT costs. Costs shown are indicative and are subject to formal common design and further investigation of ICT components by TDU. Common design and TDU investigations will lead to a revised cost figure for the Programme contained in a revised full business case.

The table summarises programme costs on a year-by-year basis. In the table, year 0 provides costs incurred in the preparation of the outline and full business cases for the programme.

£000s	Year 0 2007/8	Year 1 2008/9	Year 2 2009/10	Year 3 2010/11	Year 4 2011/12	Year 5 2012/13	Year 6 2013/14	Year 7 2014/15	Year 8 2015/16	Year 9 2016/17	Year 10 2017/18	Year11 2018/19	TOTAL
OBC and FBC	£4,436	£466												£4,902
Programme Management		£1,734	£1,329	£1,304	£173	£0	£0	£0	£0	£0	£0	£0	£4,540
Policy and Strategy		£1,574	£120	£104	£0	£0	£0	£0	£0	£0	£0	£0	£1,798
Activity Baselining		£1,321	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£1,321
Continuous improvement		£0	£0	£0	£814	£915	£915	£915	£915	£911	£915	£79	£6,378
Common Design		£1,733	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£1,733
Rules Processing		£596	£734	£15	£0	£0	£0	£0	£0	£0	£0	£0	£1,345
Commissioning		£477	£916	£0	£0	£0	£0	£0	£0	£0	£0	£0	£1,393
Develop Services		£2	£13	£0	£0	£0	£0	£0	£0	£0	£0	£0	£15
Internal Capacity		£22	£127	£0	£0	£0	£0	£0	£0	£0	£0	£0	£150
Performance Management		£67	£908	£1,106	£463	£0	£0	£0	£0	£0	£0	£0	£2,544
Prevention		£52	£349	£0	£0	£0	£0	£0	£0	£0	£0	£0	£401
Self Directed Care		£257	£2,251	£149	£0	£0	£0	£0	£0	£0	£0	£0	£2,656
Service Selection		£155	£746	£473	£203	£0	£0	£0	£0	£0	£0	£0	£1,577
Proof of Concept		£106	£1,421	£338	£0	£0	£0	£0	£0	£0	£0	£0	£1,865
Defined Projects		£553	£222	£222	£222	£222	£222	£222	£222	£222	£222	£0	£2,549
Software / Hardware		£0	£2,000	£2,000	£0	£0	£0	£0	£0	£0	£0	£0	£4,000
Other		£1,100	£1,100	£1,100	£0	£0	£0	£0	£0	£0	£0	£0	£3,300
TOTAL	**£4,436**	**£10,215**	**£12,236**	**£6,812**	**£1,875**	**£1,136**	**£1,136**	**£1,136**	**£1,136**	**£1,133**	**£1,136**	**£79**	**£42,468**

Costs will ultimately be offset by benefits accruing from implementation of programme components. The table below sets out an affordability analysis for the Programme:

£000s	Year 0 2007/8	Year 1 2008/9	Year 2 2009/10	Year 3 2010/11	Year 4 2011/12	Year 5 2012/13	Year 6 2013/14	Year 7 2014/15	Year 8 2015/16	Year 9 2016/17	Year 10 2017/18	Year11 2018/19	TOTAL
3 year programme plan	£4,436	£10,215	£12,236	£6,812	£1,875	£1,136	£1,136	£1,136	£1,136	£1,133	£1,136	£79	£42,468
Gross cashable benefits	£0	£450	£737	£2,050	£5,932	£10,572	£18,349	£23,298	£30,272	£34,388	£36,011	£36,221	£198,280
Benefit ratio	0.00%	0.04%	0.06%	0.30%	3.16%	9.30%	16.15%	20.50%	26.64%	30.35%	31.69%	456.99%	
Return on investment	-£4,436	-£14,201	-£25,701	-£30,462	-£26,405	-£16,969	£244	£22,405	£51,541	£84,796	£119,670	£155,811	

Note 1: The programme costs are supported by a MSP plan and Excel cost model

Note 2: The programme costs include no contingency as a time and materials charging mechanism has been assumed, and are based on Schedule 7 rates, with no further indexation

Note 3: The programme costs include £4m for IT integration and £3.3m for accommodation, based on half the CST estimates, as suggested by the TDU, and expenses of £1.4m

Note 4: The benefits are supported by an Excel model, the outputs of which are the benefit cards

Note 5: Beyond the costs and benefits presented here it may be necessary to invest in a new core IT system at the point where the existing technology no longer adequately supports the solution. Additional transformational costs may also be required to extend the benefits to fully close the demand gap created by the demographic pressures Birmingham Adults are facing over the next 10 years

Return on investment is expected to be realised from years 6 and 7 onward as indicated by the following graph:
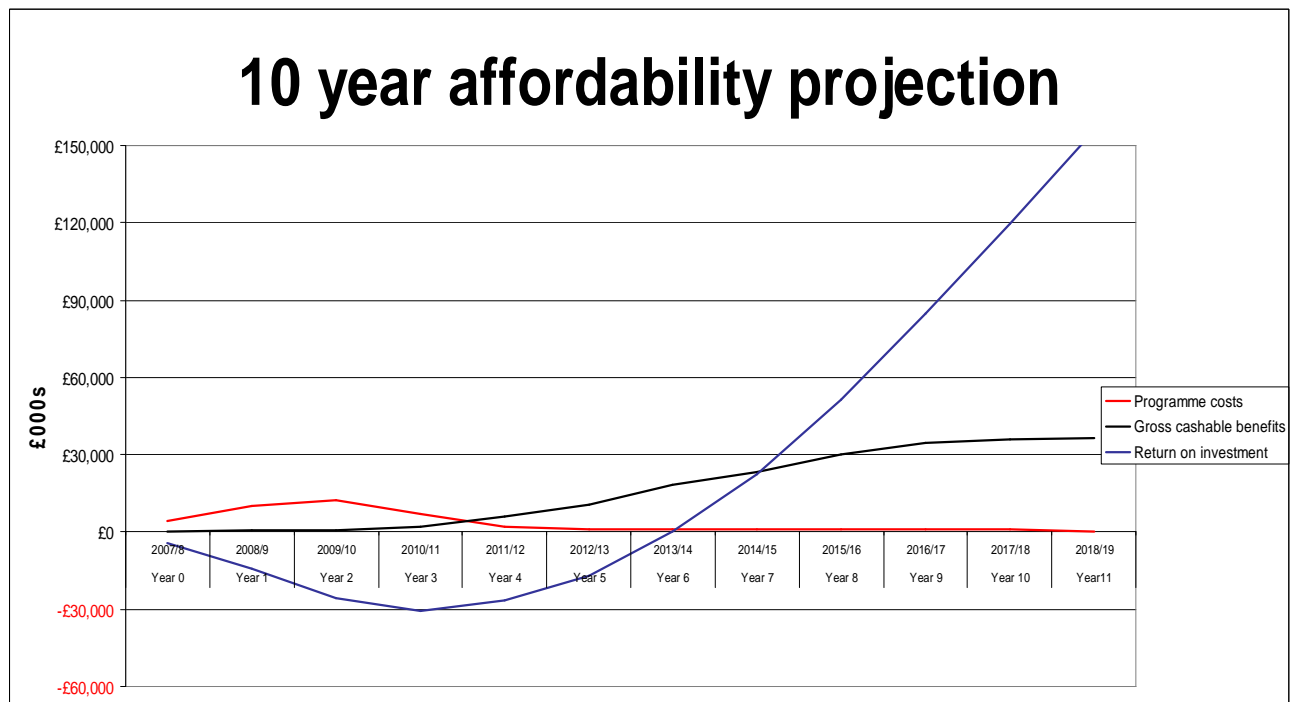
7 Benefits

Benefits cards have been defined for each theme covered by the Programme. The table below highlights the benefits expected to accrue from the implementation of the projects within the Programme:

Benefit area	Programme theme	Enabling projects and dependencies	Hypothesis	Assumptions	Benefit type	10 year gross benefit £000s
Enablement, rehabilitation and assistive technology demand reduction	Enabling Support	Assistive technology project Intermediate care and the PCTs	Demand will be reduced, particularly among those requiring high end care, by a small percentage as a result of the new enablement process, supported by assistive technology	Straight line projection of demand reduction to 5% (residential care) and 4% (community care) by year 10	**Cost avoidance**	£30,580
Predictive demand reduction	Prediction	ESCR single assessment project Customer insight project	Demand will be reduced by a small percentage as a result of predictive data analysis and identification of high risk groups	Straight line projection of demand reduction from year 4 to 2% (residential care) and 1% (community care) by year 10	**Cost avoidance**	£13,076
Preventative demand reduction	Prevention	Proactive intervention team Interim preventative care project	Any reduction in demand would be enabled by the proactive intervention team and the interim preventative care project	No evidence of any demand reduction	**Cost avoidance**	£0

| Informed citizen decision making and management of own care demand reduction | Self Directed Care | Self planning project

Customer First | Demand for residential and community based care will be reduced as a result of citizens being better informed of their choices by the new social care portal. As a result they will be able to take charge of their care needs and make decisions up front that avoid them falling through to the high cost end of Council provided care | Straight line projection of demand reduction from year 4 to 5%, moderated by a shift from residential care into community based care, where demand will consequently actually increase by 1% | **Cost avoidance** | £18,023 |
|---|---|---|---|---|---|---|
| Citizen contributions income maximisation | Self Directed Care | National funding sources including the DLA, state benefits and health benefits | An effective increase in the contribution of citizens to their own care costs will be possible, either from an increase in their means tested contribution, charging for services mechanisms, or additional grant and funding sources | Straight line projection of additional contributions to 5% by year 10 | **Financial cashable** | £15,143 |
| Policy decision related to individual budgets | Self Directed Care | Older Adults pilot

Individual budgets policy | A proportion of citizens will take up an individual budgets, driven by related policy decisions that set the level of funding that citizens then receive. These policy decisions | Up take assumed to only reach 70%, levelling out as a result of potential policy driven reductions in the funding provided to those with their | **Financial cashable** | £113,317 |

			must be balanced with a consideration of the quality of life and safe guarding responsibilities	own budgets. Budgets will be set at a stretch target of 10 to 15% of the average cost of care		
Supplier savings	Commission-ing	Self service project

Market shaping project | Once users have taken up individual budgets they will go to the market place for care and that savings for the same level of care will be available there because of market intelligence and market shaping initiatives | Straight line projection of supplier savings from year 3 to 4% by year 10 | **Financial cashable** | £30,305 |
| Continuous improvement | Internal Capability | Electronic assessment project

Self managed care project

Customer First and EPM | A 30% saving (typical saving resulting from lean operation initiatives) is possible among Directorate admin and IT support staff as a result of the implementation of the various elements of front end of the solution | Ramp up to 30% saving between years 3 and 6 | **Financial cashable** | £9,330 |

These benefits translate, in financial terms to the benefits identified in the tables below:

Benefit type	Demand reduction		08/'09	09/'10	10/'11	11/'12	12/'13	13/'14	14/'15	15/'16	16/'17	17/'18	10 year total
Cost avoidance	Enablement, rehabilitation and assistive technology	Avoiding care demand through enablement and assistive technology	£145	£298	£709	£1,255	£2,046	£2,509	£4,165	£4,863	£6,456	£8,132	**£30,580**
Cost avoidance	Predictive	Avoiding care demand through predictive activities	£0	£0	£0	£697	£891	£1,092	£2,065	£2,411	£2,772	£3,147	**£13,076**
Cost avoidance	Preventative	Avoiding care demand through preventative activities	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	**£0**
Cost avoidance	Informed citizen decision making and management of own care	Avoiding care demand through informed citizen decision making and management of own care	£0	£0	£0	£116	£672	£1,466	£2,514	£3,832	£4,410	£5,014	**£18,023**
Subtotal			*£145*	*£298*	*£709*	*£2,068*	*£3,609*	*£5,067*	*£8,744*	*£11,106*	*£13,639*	*£16,293*	*£61,679*
Cashable	**Income maximisation**	Maximising income from self funders	£496	£502	£1,015	£1,021	£1,534	£1,534	£2,023	£2,015	£2,504	£2,499	**£15,143**
Cashable	**Policy decisions relating to individual budgets**	Shaping the place and the market	£44	£135	£687	£4,311	£6,738	£14,018	£15,840	£22,904	£23,834	£24,807	**£113,317**
Cashable	**Supplier**	Shaping the place and the market	£0	£0	£185	£629	£1,970	£2,804	£4,752	£5,214	£7,230	£7,522	**£30,305**
Cashable	**Continuous improvement**	Admin and IT support	£0	£139	£418	£696	£1,114	£1,392	£1,392	£1,392	£1,392	£1,392	**£9,330**
Subtotal			*£540*	*£776*	*£2,305*	*£6,657*	*£11,356*	*£19,748*	*£24,008*	*£31,525*	*£34,960*	*£36,221*	*£168,096*
TOTAL			**£686**	**£1,074**	**£3,014**	**£8,725**	**£14,965**	**£24,815**	**£32,752**	**£42,631**	**£48,599**	**£52,514**	**£229,775**
					£4,774		£28,464					£229,775	
After consideration of data quality +10%			£754	£1,182	£3,315	£9,598	£16,461	£27,296	£36,027	£46,895	£53,459	£57,765	£252,752
After consideration of data quality +5%			£720	£1,128	£3,164	£9,162	£15,713	£26,056	£34,389	£44,763	£51,029	£55,140	£241,264
After consideration of data quality -5%			£651	£1,021	£2,863	£8,289	£14,217	£23,574	£31,114	£40,500	£46,169	£49,888	£218,286
After consideration of data quality -10%			£617	£967	£2,712	£7,853	£13,468	£22,333	£29,476	£38,368	£43,739	£47,263	£206,797

8 Programme Resource Requirements

The programme resource requirements identified in the table below have been derived from activity within the Programme Plan. Common design will lead to a revised resource requirement for the Programme contained in a revised full business case.

The table below also identifies the mix of BCC internal, Service Birmingham and external staff.

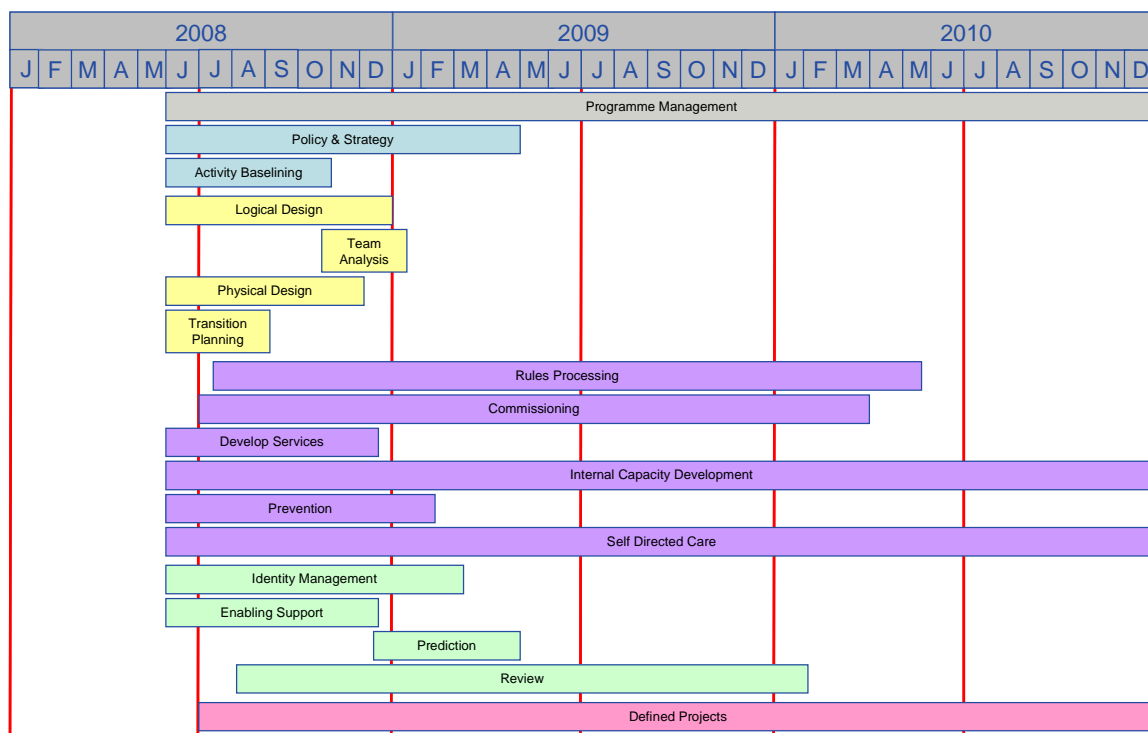| Days	Year 1 2008/9	Year 2 2009/10	Year 3 2010/11	Year 4 2011/12	Year 5 2012/13	Year 6 2013/14	Year 7 2014/15	Year 8 2015/16	Year 9 2016/17	Year 10 2017/18	Year11 2018/19	TOTAL
BCC	6,211	4,784	1,077	3,092	3,132	3,132	3,132	3,132	3,120	3,132	260	**34,204**
External	4,776	6,094	1,973	530	0	0	0	0	0	0	0	**13,373**
Insourced	543	685	390	0	0	0	0	0	0	0	0	**1,618**
Secondee	44	416	249	2	0	0	0	0	0	0	0	**710**
Secondee/Insourced	561	548	710	236	0	0	0	0	0	0	0	**2,055**
TOTAL	**12,135**	**12,526**	**4,398**	**3,860**	**3,132**	**3,132**	**3,132**	**3,132**	**3,120**	**3,132**	**260**	**51,960**

Days by type
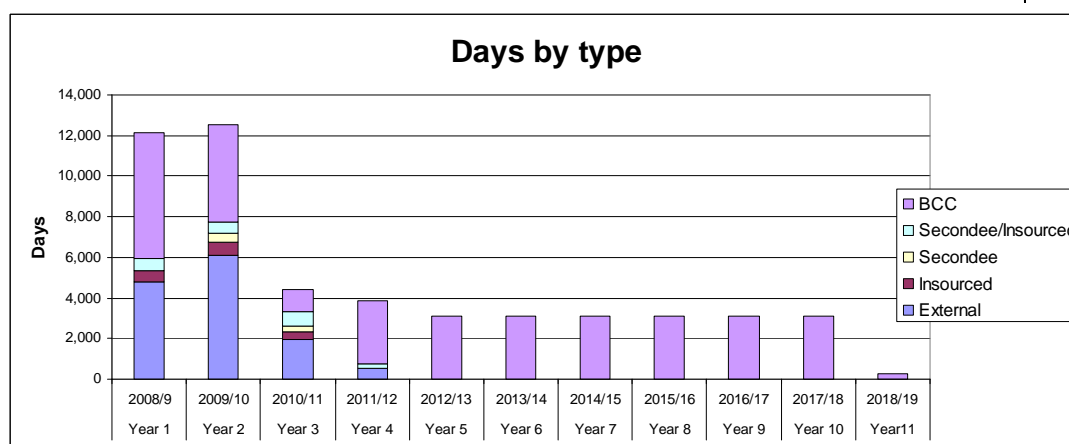
9 Risks

Each project will maintain its own risk register which will be integrated at the programme level by the Programme Management Office.

At this stage a number of programme level risks have been identified:

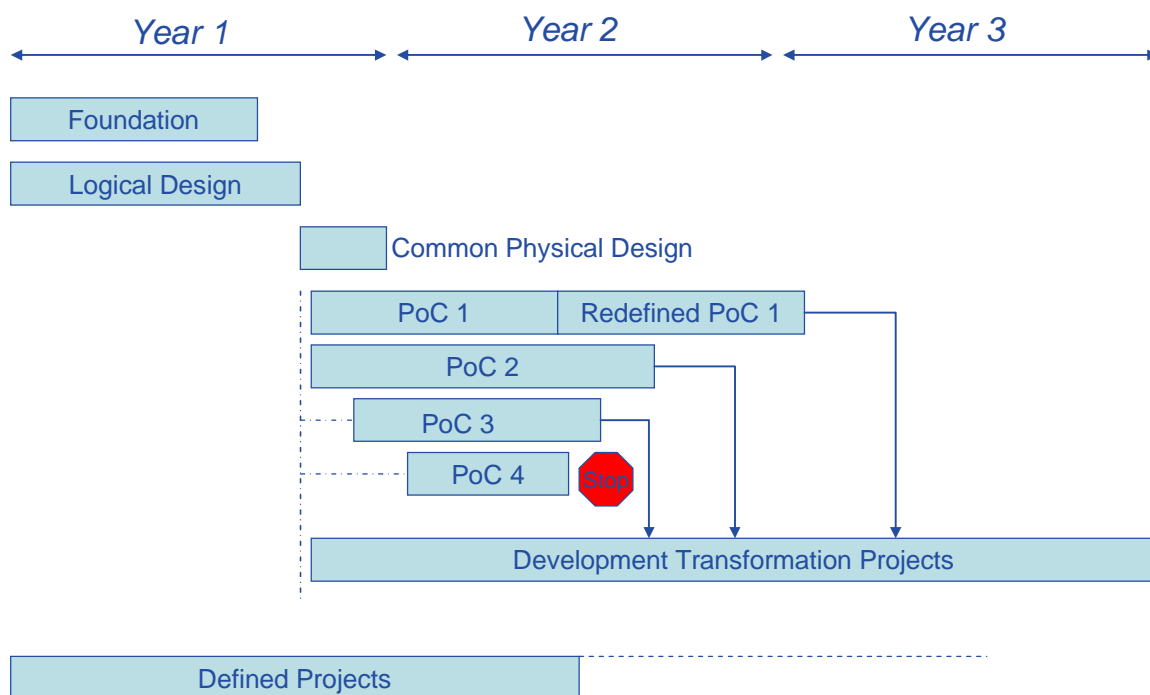| Risk	Mitigation
Insufficient internal resources with the right skills will not be available to implement the programme	Work with the Business Support Unit to identify correct resources internally or to source resources from the market
Directorate projects will not deliver on time	Manage dependencies and reflect project delays in the programme plan, highlighting events to the Programme Board for decisions and resolution
Staff will not react well to changes	Continuous communication with staff, seeking feedback. Management buy-in and championing of changes is essential
Benefits will not be realised	Proof of concept projects will be set up where necessary to determine and validate benefits profiles
The market will not react or be able to react to changes	Early market communications and supplier feedback sessions will be undertaken
Technology solutions will be too expensive to derive benefits	Alternative methods of delivery will be evaluated within the remit of each project
Delays in policy setting will delay the programme	Manage the foundation elements of the programme closely to deliver on time
HR consultation periods will impact on the delivery timescales of the projects	Early identification of roles in the new operating model and matching of current to future roles, early in the project
Changes of core operational systems will impact on delivery	Build flexibility into the build of individual components to minimise effect of change
Results of May election will change policy	Review delivery if policy changes
PCTs will not engage fully	Active management of relationships
Customer insight will change the requirements of the transformation	Manage policy development in line with customer insight results

10 Programme Plan Overview

The diagram below represents a high level view of the overall Programme Plan. This overview is summarised at the level of foundation projects, themed development projects and currently included in-flight projects.

	2008	2009	2010
	J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D

Programme Management

Policy & Strategy

Activity Baselining

Logical Design

Team Analysis

Physical Design

Transition Planning

Rules Processing

Commissioning

Develop Services

Internal Capacity Development

Prevention

Self Directed Care

Identity Management

Enabling Support

Prediction

Review

Defined Projects

It should be noted that by their very nature, proof of concept project may result in a number of outcomes from their initial implementation phase:

- The results of the proof of concept (PoC) may be inconclusive or it may be decided, at any point during the proof of concept project, to redefine the requirements of the project. In this case the proof of concept will be extended and another iteration undertaken;
- The concept may be proven and the project absorbed into the development project portfolio; or
- The concept may fail to be proven and the project stopped. In this case, an alternative approach to delivery of that component of the programme will be implemented. It is important, during definition of the proof of concept projects, that alternative methods of delivery should be considered in case of failure. This will provide a fall-back position for the Programme and avoid unnecessary delay.

The diagram below illustrates these options in the context of overall Programme delivery:

Year 1	Year 2	Year 3

Foundation

Logical Design

Common Physical Design

PoC 1	Redefined PoC 1

PoC 2

PoC 3

PoC 4 Stop

Development Transformation Projects

Defined Projects

11 Detailed Programme Plan

The programme plan contained the **Appendix** covers all activity required to deliver the Programme. At this stage, the plan provides detailed breakdown of activity required to deliver the Programme through to the end of the Common Design phase. Further detail is provided for each project within the Programme however, during the next phase of activity on the Programme, these projects will be subject to formal project management. Each constituent project will be represented by its own plan, consolidated to for the revised Programme Plan.