Gloucestershire County Council

Putting People First Programme
Programme Charter

Version 01
February 2009

CONTENTS   **PAGE**

Putting People First Programme in Gloucestershire

1   Introduction

The purpose of this document is to confirm the programme arrangements in Gloucestershire, up until March 2011, for the introduction and implementation of the Putting People First Concordat[1] and the requirements set out in the Local Authority Circular, LAC (DH) (2008)1, Transforming Social Care. Whilst there are national requirements to be met, this document sets out how they will be made to work for people in Gloucestershire.

2   Background

In January 2008, the government announced a radical reform of the adult social care system in England to be implemented between 2008 and 2011. When the Putting People First Concordat was published in December 2007, the Community & Adult Care Directorate Management Team recognised that the changes required to transform adult social care are much wider than the development of self directed support and the introduction of personal or individual budgets. The Putting People First Programme has been set up to deliver these changes in Gloucestershire.

The Concordat made a commitment to transforming care services by 2011, with the aim of improving the quality of life for older people and adults with disabilities, including those with mental health needs, and their carers. Transformation involves moving to a more person-centred or 'personalised' adult social care system. The emphasis is on the individual's dignity, right to self-determination, choice and control over their support services. The system will enable people to access good, quality support when needed, quickly and easily, and which fits with their lives.

Importantly, the Concordat also places emphasis on enabling people to participate as active and equal citizens both at work, education, home and at leisure. It identifies the importance of harnessing social capital and making best use of the natural support within people's own families and communities. Equally, it places emphasis on prevention, enablement and early intervention approaches that promote independence to reduce, or pre-empt, crises.

Underpinning all the elements of the Putting People First Concordat is access to good quality information and advice, and advocacy for those who need it, which will support everyone to make informed decisions and choices about their lives.

3   The National Objectives and expected outcomes

The three national strategic objectives are better health and well being, better care, and better value for all. These underpin the outcomes identified for individuals, who irrespective of disability or illness, should be supported to:

- o live independently
- o stay healthy and recover quickly from illness
- o exercise maximum control over their own life and, where appropriate the lives of their family members
- o sustain a family unit which avoids children being required to take on inappropriate caring roles
- o participate as active and equal citizens, both economically and socially
- o have the best possible quality of life, irrespective of illness or disability and
- o retain maximum dignity and respect

To support these outcomes for individuals and their families, by 2011, Councils are expected to have made significant steps in redesigning and reshaping adult social care services.

The programme objectives, defined by the Department of Health[2], include:

- o an integrated approach to working with the NHS and wider local government partners
- o a commissioning strategy which includes incentives to stimulate development of high quality services
- o universal, joined-up information and advice available for all individuals and carers, including those who self-assess and fund
- o a framework for contact and social care needs assessment, which are proportionate to the presenting problem and, which delivers more effective, joined-up processes
- o person centred planning and self-directed support to become mainstream approaches
- o a simple, straightforward personal budget system
- o mechanisms to involve family members and other carers as care partners
- o an enabling framework to ensure people can exercise choice and control with accessible advocacy, peer support and brokerage systems with strong links to user led organisations
- o an effective and established mechanism to enable people to make supported decisions built on appropriate safeguarding arrangements

Additionally, authorities are expected to work actively with local and regional networks to ensure access to, and use of, the latest information, advice and support around both personalisation and service efficiency; to have, started to develop a market development and stimulation strategy, either locally or

regionally; and to develop a workforce with the capacity and capability to deliver choice and support control.

As well as self-assessment against national and regional benchmarks, arrangements for independent, annual assessment of performance will be put in place, with performance assessed against the relevant outcome-focused measures set out in the National Indicator Set[3].

4 Setting the Programme in the Gloucestershire context

The new ways of working will mean significant change for all local authorities. It presents general challenges with regard to:

- o winning 'hearts and minds' of the social care workforce across the public, private and third sectors
- o raising awareness with service users, their carers, other stakeholders and the wider public
- o the requirement to make a strategic shift to provide a wider range of prevention and early intervention services
- o the expectation that adult social care services will work with a wider range of people without additional mainstream funding
- o increased demand arising from demographic change
- o developing a new operating model which includes changing systems and processes to support provision of personal budgets for those eligible for social care funding
- o supporting people to consider options to meet their needs beyond traditional service options whilst enabling people to stay healthy and safe
- o encouraging the market to offer a wider range of services whilst managing the resulting impact that more varied demands will place on it

The Department of Health recognises that authorities are starting from different points. In Gloucestershire, we already have some good foundations in place to support this change. Whilst these building blocks support transformation, many of the changes required are 'everybody's business' and depend on strong partnership working. In recognition of this, the multi-agency Healthy Gloucestershire Strategy 2008-2018[5] has Putting People First as one of its priorities.

The Gloucestershire position reflects:

- o a range of well established and integrated services with our health partners on which to build e.g. the Occupational Therapy service.

- o a focus in developing tertiary prevention for some years with established intermediate care services providing rehabilitation. Additionally, the in-house home care service, Community Steps, now also provides a service

for older people and people with physical disabilities, focused on enablement. Both services offer short term interventions, focused on supporting people to recover or regain skills and more independence, often following an acute episode of ill health.

- o changing services for adults of working age with mental health needs to support earlier intervention and to promote the 'recovery' model.
- o other early intervention services, which include the Village Agents service (primary and secondary prevention) and falls prevention (secondary and tertiary prevention).
- o some new secondary and tertiary preventative approaches, focused on enabling care homes to be hubs in their communities stimulated by the POPP[4] project in Gloucestershire.
- o well established Supporting People services, which offer secondary or tertiary prevention through housing related support.
- o programmes in place to modernise day services across all service user groups.
- o with regard to self directed support, the introduction of person-centered care planning in Learning Disability services.
- o the steady increase in take up in the Direct Payment Service.
- o the preparatory work completed through the fieldwork redesign project to support the introduction of a new customer journey pathway, which will meet the requirements of self-directed support.
- o that, in relation to information and advice, a single point of access to adult social care, the Adult Help Desk has been in place since 2001.
- o Work has already started to examine options to improve and rationalise information databases.
- o that we have successfully piloted Telecare.
- o that the Joint Health and Social Care Community Equipment Service is delivered under contract by the County Councils' arms length GIS, offering employment opportunities for people with disabilities.
- o that GIS provides support into, and also offers opportunities for, employment to people with disabilities and mental health needs.
- o that we have a range of services designed specifically to support carers, including the Carer's Emergency Scheme offering practical care and support for up to 48 hours which provides peace of mind

The programme areas where Gloucestershire has more distance to travel include:
- o Enabling and supporting the development of user led organisations that uses peoples knowledge and experience and which can support service planning and delivery, known as co-production, to better meet the needs of older people, adults with disabilities and mental health needs
- o Implementation of self directed support and personal budgets as Gloucestershire was a national pilot site for individual budgets
- o Development of further preventative approaches and services

o   Addressing the challenges of Gloucestershire's varied communities

Planning in Gloucestershire already recognises that its population is growing at a greater rate than in other parts of England and that meeting the needs of the ageing population in Gloucestershire within available resources presents particular challenges. The County Council recognises that new, efficient and effective ways of working must be introduced to ensure we can live within our means for the foreseeable future and ensure resources are released for spending on front line services. The Building Our Future Programme[6] has been established across the council to address this need. The Putting People First Programme will work closely with Building Our Future in support of these aims to ensure the successful delivery of both programmes and to ensure that ways of addressing better spending of the planned budget are implemented.

5   Links with Corporate and Directorate Objectives

The programme sits well with key Gloucestershire County Council's corporate plan[7] aims. Principally this focuses on: -

Aim 2: Supporting communities and vulnerable people

o   Promoting independence for all
o   Enabling more people to stay in their own homes
o   Strengthening communities and enabling people to live safe and satisfying lives
o   Encouraging healthy lifestyles
o   Developing strong and positive relationships between people from different backgrounds and circumstances

but, there are also links with Aim 1: Making our communities safer; Aim 4: Making transport work; and Aim 5: Managing a thriving economy

The programme is integral to the Directorate priorities, which are: -

o   To increase the proportion of older people supported at home and enhance the quality of care for those requiring residential and nursing care, enabling residents to maintain community involvement.
o   Work with individuals and communities to increase well-being and develop services that respond flexibly to individual needs

6   The Vision for Putting People First in Gloucestershire

The vision is a statement of the way adult social care will look in future. The vision has been developed with a range of stakeholders including service users and carers, health and social care staff, and the private and third sector. During a three month period from November 2009 – February 2009, almost 500 people

participated in a range of stakeholder events to develop the vision. We expect there to be continued involvement of our stakeholders, and particularly users and carers, in the programme, planning and service development.

Living Your Life, Your Way:
Gloucestershire's Vision for Putting People First

We want to work together to improve the quality of life for all Gloucestershire people. Our aim is to support older people and those adults with disabilities and mental health needs to be active, stay healthy and live independently for as long as they can.

By working together with our partners we will tackle those barriers that cause social disadvantage and promote the role that communities can play to improve their own well-being.

In the future we'd like services to:

- be easy to access with good and clear information, advice and support available for everyone
- support people to decide on how they live their lives
- promote long-term well being and independence to enable people to stay in their own homes
- be coordinated, flexible and readily available when help is needed
- be of good quality and offer a wider range of options so that people have a better quality of life
- focus on recovery and seek out all opportunities to enable people to regain their independence
- offer more choice and control for people over the support they need and their spending

We will do this by:

- working as active community leaders with our partners and communities
- developing active participation by service users and carers in the planning and development of solutions that meet their needs
- ensuring with our partners that vulnerable people are safe and protected from abuse
- supporting and training staff to encourage and promote an enabling approach in their work
- actively managing risks with individuals so that they are able to exercise choice and control and be kept safe

7   How will we know we have been successful?

Success will be demonstrated by our having worked together with service users, carers and our stakeholders to co-produce and put in place a system that:

- o provides easily accessible information, advice and support to give people real choice and enable them to make informed decisions
- o delivers support to help people plan ahead with service options which promote independence and wellbeing, keep them safe and which help them before they reach a crisis
- o enables people to decide on their own needs through 'self assessment' with support as required
- o offers a wider range of accessible community services to choose from, regardless of someone's means, and that are 'customer centred' and promote the right outcome for the individual
- o informs everyone who is eligible for social care funding how much they have to spend on services through a personal budget
- o provides better advice and support for carers
- o has a workforce confident that they have the skills to work in different ways
- o deliver more and integrated services across health and social care
- o directs more funding to frontline service delivery and support
- o works with local communities and partners to support development of local opportunities to help people maintain their health and well being
- o addresses the barriers to inclusion in everyday life and community activities

Some of these elements will continue to develop beyond the life of the formal programme, in line with the Healthy Gloucestershire Strategy.

8   The Strategic Blueprint for the future

The blueprint defines the changed organisation required to succeed in delivering the vision. The diagram below represents the process required to deliver new ways of working, which:

- o support access to universal services
- o support the use and development of social capital
- o deliver preventative approaches and services and;
- o enable self directed support.

This is known as the target operating model and shows how the customer journey, or pathway, is underpinned by back office services and an overarching commissioning framework.

Approaches to prevention and early intervention [8] can helpfully be categorised in a number of ways and are reflected in the target operating model:

- o **Promoting well being amongst** people who have little or no need for social care (primary prevention)
- o **Early intervention** for people identified as being at risk in order to actively work to improve their situation and halt or slow down deterioration (secondary prevention); and
- o **Rehabilitation and enablement** to minimise disability or deterioration and maximise functioning for people with established or acute health conditions and complex social care needs (tertiary prevention)

Within the model most people will maintain their independence and well being through use of general services available in their community. Others who make initial contact may maintain their well being through signposting to low level services that promote their continued independence and they will have no further contact. Those with more significant needs will benefit from a short period of appropriate help to actively enable their independence. Whilst some will regain sufficient independence to manage without further social care support, a number will have continuing need for support. Those who are eligible will then receive a personal budget to assist them with their care and support needs, which will be reviewed regularly.

TARGET OPERATING MODEL
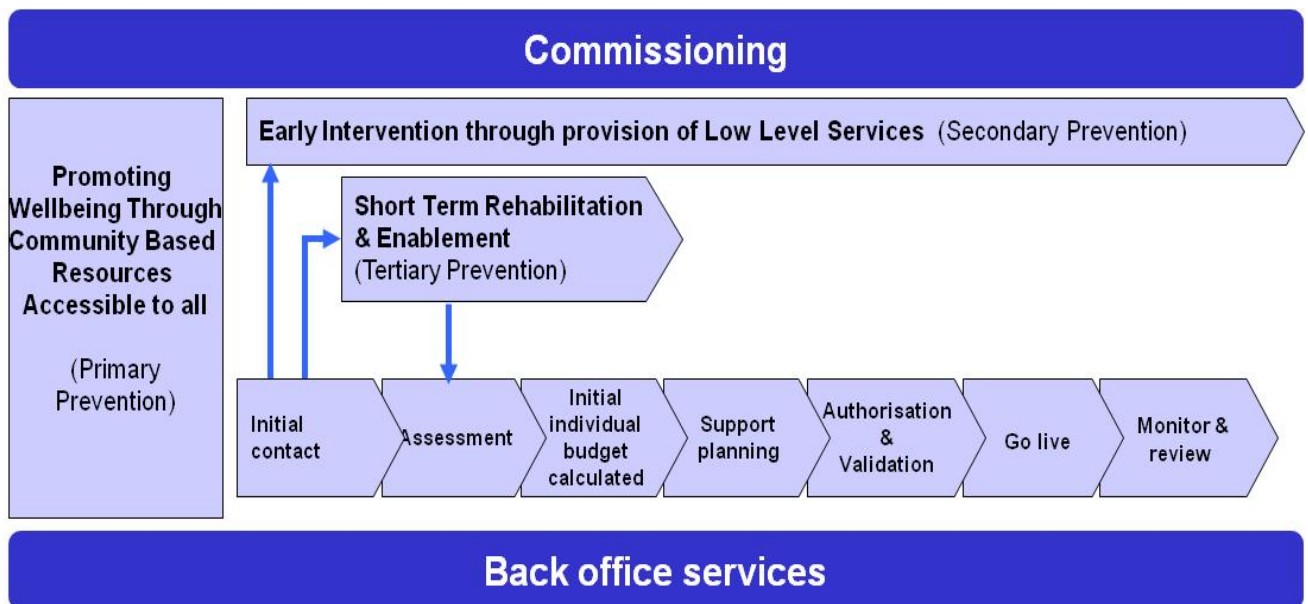
The critical success factors to deliver the strategic blueprint through the programme are:

o Enabling and supporting the development of a user led organisation to enable co-production and greater involvement in service commissioning, planning and delivery
o An agreed cross agency prevention strategy, action plan and service development
o Development of the GCC website to incorporate a user friendly portal that will guide people through informed decision making and which links with NHS, housing and other service providers
o A guided self assessment process accessed either via the web or delivered through the Adult Help Desk or face to face
o Introduction of the common assessment framework
o Co-ordinated and integrated assessment, rehabilitation and enablement services across health and social care
o Development of advocacy and brokerage support for personal budget holders and their support teams and a direct service for people funding their own care and support
o A staged introduction of personal budgets for those who are eligible and care and support plans that proactively promote people to keep healthy, safe and well
o A work force that is committed and skilled to deliver customer- driven personalised care services
o A commissioning strategy which enables new, quality services to be commissioned in response to customer demand
o Modernised in-house, independent and third sector provider services, which are flexible and responsive to changing customer demand
o Back office systems that support efficient and effective work and which are user friendly

9 The programme approach and structure

The delivery of this programme is being supported at both a national and regional level. Nationally, through the Department of Health, a toolkit has been developed to share the learning around the country[9] and a range of national pilots are taking place with a range of participating local authorities. Regionally, within the SW, through the Regional Improvement and Efficiency Partnership (RIEP) and Joint Improvement Programme for Adult Social Care(JIP)[10], a regional network for PPF leads has been established and a range of meetings, events and regional pilots have been established to also support local programmes.

The programme methodology suggested by the Department of Health has been adopted for the programme in Gloucestershire[11]. The structure of the programme

will be delivered in stages and managed and coordinated through the Programme team:

1. Investigating and identifying the programme (**this stage**). Key outputs are:

    1.1 Engagement with stakeholders to shape the vision and strategic blueprint for the new target operating model to deliver Putting People First in Gloucestershire
    1.2 Approved brief
    1.3 Programme preparation and action plan (for the next stage)
    1.4 Confirmation of the Senior Responsible Owner/Programme Sponsor and membership of the Programme Board
    1.5 Marketing and Communications Strategy
    1.6 Recruitment to the Programme Team

2. Defining the operational blueprint and implementation plan for the new target operating model (**next stage**). Key outputs are:

    2.1 Operational blueprint design
    2.2 Programme Work Stream implementation plans and project dossier
    2.3 Financial sustainability model for adult social care
    2.4 Benefits realisation plan
    2.5 Communications plans
    2.6 Outline business case
    2.7 Approved business case

3. Phased Implementation plan and programme delivery
    3.1 Project delivery and closure
    3.2 Managing transition planning and operational change
    3.3 Benefits monitoring
    3.4 Managing phases

4   Programme closure

The programme is made up of a number of Work Streams. Each will have an identified lead, who is responsible for delivery in their area of the programme and for effective co-ordination to ensure the integrity of the whole programme is maintained. Each Work Stream lead will have effective governance arrangements in place for their areas of responsibility.

There are five Work Streams which are customer facing:

- o Information, advice, advocacy and brokerage
- o Self-directed support and the customer journey for users, carers, family and friends

- o Prevention, early intervention, enablement, access to work
- o Universal services: Everybody's business
- o In-house services

and four Work Streams, which are system, people, and process, focused:

- o Financial sustainability (including unit costs, Resource Allocation System and charging)
- o Changing the way we do business (including workforce development)
- o Developing the market place (commissioning for quality and choice)
- o Back office services (information and financial management, use of technology)

The Work Streams will be kept under review as the programme progresses.

To successfully achieve this change, involvement of, and partnership with, users and carers and other stakeholders will be integral to all aspects of the programme's work. We will seek corporate ownership by Members and senior managers within GCC and beyond. We will apply a 'customer-centered' approach within the programme and will seek to use evidence-based practice and lean process design techniques to deliver efficient systems and practice. The programme will be led by the agreed vision, underpinned by the plan, with agreed timescales. It will be supported by a clear communications strategy and implementation plan.

10   Areas outside the programme scope

There are, or will be, a range of activities that need to be aligned with the programme, but fall outside the scope of the Putting People First Programme's responsibility:

- ➢ The Estates Strategy programme
- ➢ Work Streams of the Building Our Future programme
- ➢ Further development of integrated working with the NHS
- ➢ Supporting People

The Programme Board will examine and agree others as necessary.

11   Programme benefits

A range of benefits will be derived through changes to the way we work including:

- o An increase in earlier intervention will enable people to receive support before they reach crisis point, which will lead to a reduction in emergency

interventions such as hospital admissions and expenditure on high cost care packages.

o Access to universal information, advice and support will enable some people to make informed choices for themselves without further intervention.

o Self assessment by service users and carers will mean that some service users and carers will require less practitioner intervention, releasing time to enable more time to be spent on those who do need support.

o Service users will benefit from a short period of support to enable them to recover and regain abilities, which will support reduction in longer-term support funded through a personal budget.

o The self directed support process will enable easier and quicker access to services and promote contingency planning to avoid or reduce future crises and promote increased user satisfaction.

o Support planning is outcome focused, enabling service users and carers to have more choice and control, and will stimulate service development and improved quality in response.

o Reviews will be undertaken regularly to ensure that care and support plans continue to be relevant and appropriate and focused on outcomes.

12   Programme risks (as at February 2009)

An initial analysis of the risks has been completed. A formal risk register will be maintained though the life of the programme in line with Council policy, ranking the risks to enable effective management.

Description	Type	Countermeasure
Lack of high level support for the programme	Strategic	Work with senior officers and members to secure buy-in
Links with other programmes are not effectively established, resulting in duplication of work or opposing projects	Strategic	Ensure decisions are made at a senior level to join up work programmes
The scale of change is significant and will require partnership working within and beyond the County Council	Strategic	Stakeholder engagement strategy Programme governance arrangements linked with Gloucestershire Health & Community Well Being Partnership and the Healthy

		Gloucestershire Strategy
Managing stakeholder expectations	Strategic	Stakeholder engagement strategy Effective communications strategy
The new service blueprint fails to remove existing barriers to access or creates new ones	Strategic	Involve users and carers in design Undertake Equality Impact assessments
New operating model does not meet local authority legal obligations	Legal	Involve legal and audit teams in development. Ensure DoH guidance is applied
Failure to understand the implications of the new operating model for managing the adult social care budget and MTFS assumptions	Financial	Develop financial sustainability model Understand the RAS, charging and financial model interdependencies
The new service blueprint fails to best match how customers want/need to interact with ASC	Strategic	Ensure users and carers are involved in governance and planning arrangements
New processes are not robust, efficient and effective	Strategic	Apply lean techniques Involve front line staff in development
Resistance to change from staff	HR	Effective communications and involvement strategy Workforce development strategy and training programme, which is developmental in nature Develop champions network Programmed change to ensure there is not too much change all at once
Lack of leadership from managers	HR	Support for leaders to manage change Ensure opportunities for leading projects
There is a sudden increase in demand for social care as service quality increases	Financial	Make use of financial forecasts Make contingencies for further unexpected demand
Dip in performance as change is planned and implemented	Operational	Ensure backfill arrangements are funded and in place
The complexity of commissioning increases as the market develops to met new demand	Strategic	Accept
Potential financial pressure if	Financial	Services change to meet new

the cost of in-house services is not competitive and Service Users and Carers choose not to use them	and operational	business need
The private and voluntary sector are unable or fail to respond to demand and are unable to offer alternative services	Strategic	Proactively work with the sectors to encourage and support moves to more personalized approaches
Safeguarding – risk may increase with personalisation	Strategic and Operational	Develop systems to support informed risk taking Ensure professional support and reviewing is targeted at the most vulnerable
Adverse media attention as use of personal budgets may challenge public perceptions of how social care funding should be used	Reputational	Proactive marketing and communications for the wider public
Potential misunderstanding about the changes amongst people	Strategic	Proactive marketing and communications strategy Awareness raising programme for staff and other stakeholders Staff Training programme
Challenging timescales in which to deliver the programme, given the scale and complexity	Strategic	Programme management approach taken Dedicated and adequately resourced team recruited to manage the programme
Market IT systems have not been sufficiently developed to support PPF requirements	IT	Work closely with IT suppliers from an early stage to identify options Use IT expertise to ensure required functionality is procured and offers value for money Ensure unavoidable adjustments to current systems are planned and budgeted
IT and Information infrastructure does not support joint working	Strategic and IT	Work with Health to ensure a joint approach to recording and sharing information Work with other corporate projects to ensure sufficient priority and attention is given to developing an appropriate IT,

		recording and information governance infrastructure

13   Resourcing the programme

The DoH has made available a specific grant, Social Care Reform (Transforming Social Care Grant (LAC (DH) (2008)), for three years and the allocations for Gloucestershire are:

2008/09	£0.847m
2009/10	£1.989m
2010/11	£2.461m

The grant is specifically intended to support the range of process re-engineering, capability and capacity building activities required to design and support delivery of the entire system. This includes:
- o Developing leadership capacity
- o Developing programme and project capacity
- o Preparing the workforce for change
- o Promoting user, carer and third sector engagement
- o Support for new back office systems including financial and administration systems
- o Providing seed funding for new services
- o Provide funding to support transition to personal budgets

The following roles and resources are in place, or planned, to enable the programme to be managed and delivered but will be kept under review as the programme progresses. The following list is not exhaustive, as many staff will be involved in contributing to the programme.

Roles	Resources
Programme management	1 FTE Programme Manager* from Sept 2008 – end programme 1 PT Business Process Manager** seconded from Sept 2008 – end programme 1 FTE Programme Support Manager* 1 FTE Secretary*
Finance, Performance/management information and workforce development	3 FTE posts* (1 in post)
ICT development	1 FTE post*
Programme and project marketing and communications	1 FTE Marketing/Comms Manager* (in post)
Leadership at all levels	Key operational and support staff**
Work Stream leads	3 FTE posts for 4 Work Streams*

|	6 GCC managers** to assume lead within current role
Project management and project work support	2 FTE Business Process Improvement Officers** seconded from Sept 2008 – end of programme 1 Evidence Based Practice Co-ordinator** seconded from Sept 2008 – end of programme 3fte project officers*
Service user involvement	Access to Participation Officer**
Carer involvement	Access to Carers Planning, Policy & Project Officer**
Policy development	Access to Strategic Planning and Policy Officers**

* New fixed term posts
** Existing members of staff

Current full year costs committed from the grant (2009/10) are £840k. Whilst initial investment has been in staffing to initiate the programme, funds will also be available to pump prime service changes. The full spending plan will be developed and presented to the Programme Board for approval as part of the implementation stage of the programme.

14   Programme governance, key roles and responsibilities

Co-production with service users and carers is about them actively shaping and commissioning their services and is a key feature of the programme. Service user and carer representation at all levels of programme governance will be sought. The Programme Board will report in and work with the Gloucestershire Health and Community Well Being Partnership. Other significant external links where progress needs to be aligned are with the PCT's Care Services Community Excellence Programme and with the 2Gether NHS Foundation Trust, who are responsible for social care delivery for adults of working age with mental health needs.

The governance arrangements and key supporting roles and responsibilities are outlined below:
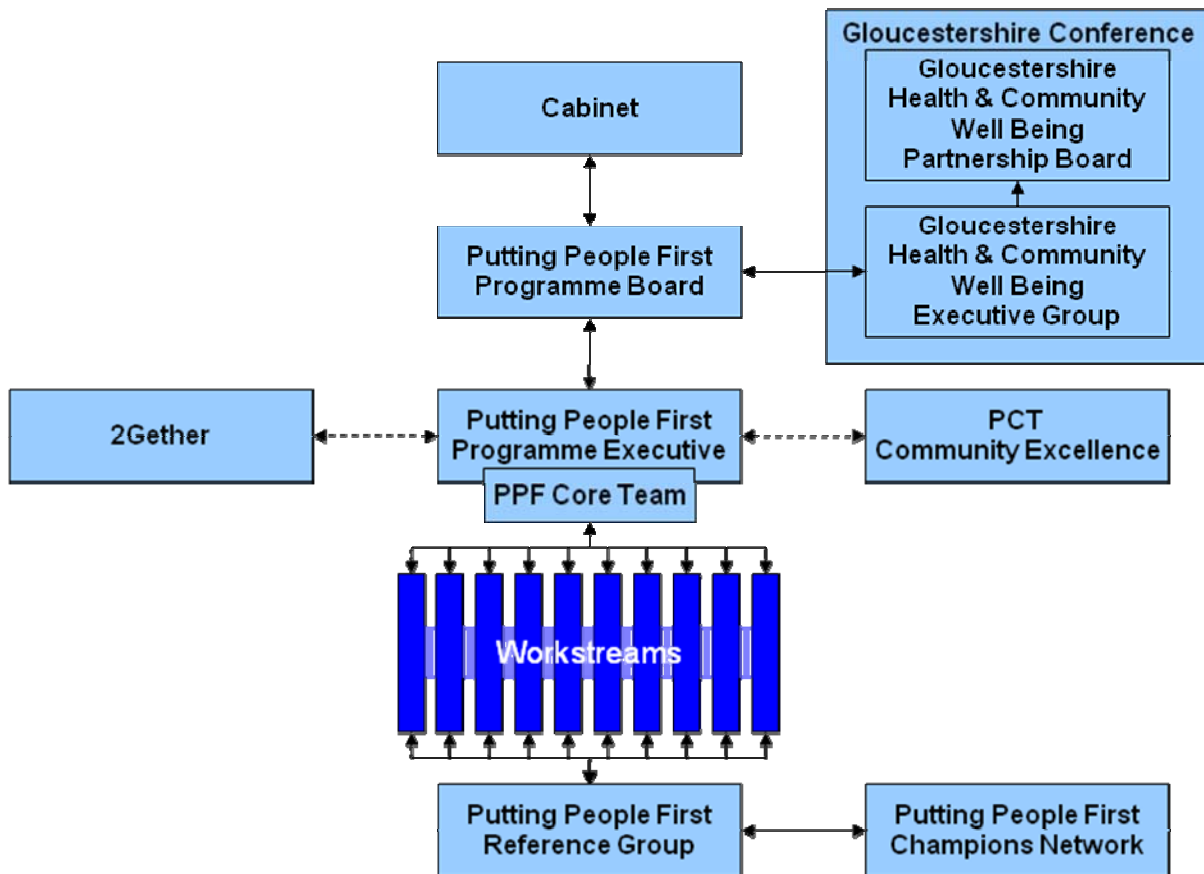
Programme Board
Responsible for steering and performance managing the programme.
Accountable for determining whether or not projects sit within the programme
Accountable for monitoring and approving overall resource levels for the Programme
Responsible for promoting the principles of Programme Governance
Accountable for alignment between major stakeholder groups
Accountable for relationship with external partners
Accountable for reporting to the Gloucestershire Health & Community Well Being Executive and Board
Membership:
Margaret Sheather, Executive Director C&ACD, Programme Sponsor and Chair
Service user representative and support
Carer representative and support
Gloucestershire LINk representative
Cllr Tony Hicks, Lead Member (C&ACD), PPF sponsor for Healthy Gloucestershire
Cllr Ron Allen, Lead Member (Libraries and Learning Disabilities)
Mark Branton, Director of Strategic Commissioning & Performance

Karen Reilly, Interim Director of Operations & Development
Carey Wallin, Programme Manager
Nicola Ratcliffe, Head of Customer Services
David Paynter, Head of Libraries
Tina Reid, Head of Care Provision
Work Stream sponsors

Programme Executive
Responsible for programme co-ordination and operational delivery and decision making according to agreed programme plan and resources including identifying and resolving issues and risks
Agreeing key performance measures and monitoring delivery against them
Reporting on programme progress and making recommendations to, and seeking approval from, the Programme Board
Reviewing and agreeing Business Cases for proposed projects
Propose alignment of existing relevant projects and integration of any relevant new initiatives to the programme
Providing progress reports for the Health & Community Wellbeing Partnership
Responsible for performance management and evaluation of work stream activity and projects
Responsible for managing stakeholder engagement
Responsible for ensuring alignment with associated programmes within and outside the Council
Membership:
Carey Wallin, Programme Manager (Chair)
Service user representation and support
Carer representation and support
Work Stream leads
Programme Team (as required)

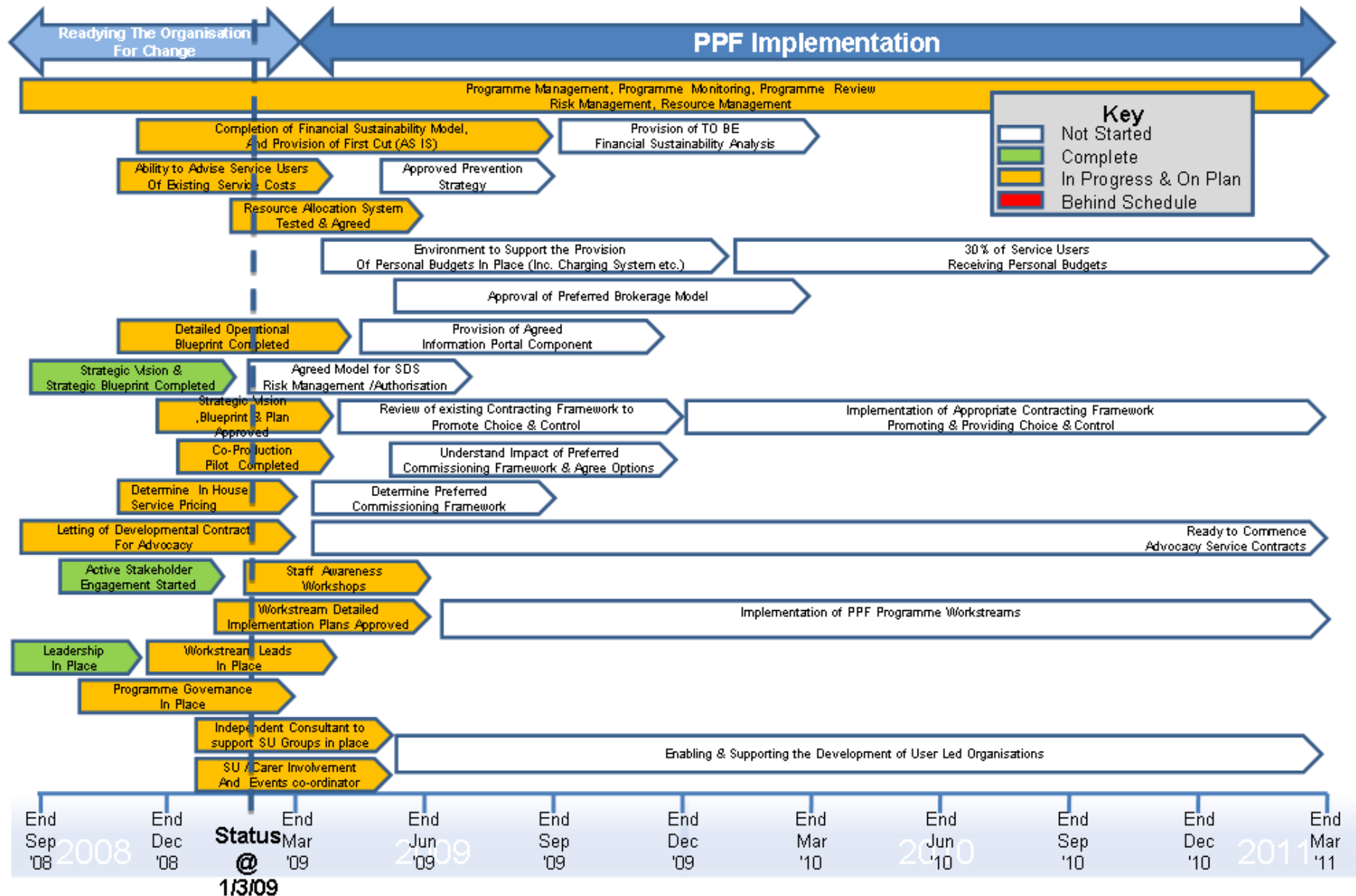| **Stakeholder Reference Group** |
|---|
| Responsible for receiving information on progress |
| Responsible for acting as advisers to the programme on behalf of their constituents |
| Responsible for reporting back to constituent groups |
| Responsible for supporting stakeholder engagement in work stream activities |
| **Membership:** |
| Carey Wallin, Programme Manager (Chair) |
| Marketing & Communications Manager, PPF |
| Stakeholder representatives |
| Work Stream leads (as required) |
| Programme Team (as required) |

Programme Sponsor Proactive driving force behind the programme	**Programme Manager** Leading/managing programme through to delivery
Work Stream Sponsors Proactive driving force behind the Work Stream	**Programme Support Manager** Responsible for programme organisation and support
Work Stream Leads Leading/managing assigned responsibilities and projects Ensuring the integrity of the programme is maintained	**Programme Team** Supporting work stream leads with programme delivery Managing assigned activities

15   Programme plan

The high level plan for the programme highlights activities that have been identified in the initiation and investigation phase of the programme and sets high level milestones for the next phase. The work undertaken from September 2008 to March 2009 has been focused on readying the organisation for change. Phased implementation activity, including testing, will begin in April 2009.

Putting People First: High Level Milestone Plan

Readying The Organisation For Change

PPF Implementation

Programme Management, Programme Monitoring, Programme Review
Risk Management, Resource Management

Key
- Not Started
- Complete
- In Progress & On Plan
- Behind Schedule

Completion of Financial Sustainability Model, And Provision of First Cut (AS IS)

Provision of TO BE Financial Sustainability Analysis

Ability to Advise Service Users Of Existing Service Costs

Approved Prevention Strategy

Resource Allocation System Tested & Agreed

Environment to Support the Provision Of Personal Budgets In Place (Inc. Charging System etc.)

30% of Service Users Receiving Personal Budgets

Approval of Preferred Brokerage Model

Detailed Operational Blueprint Completed

Provision of Agreed Information Portal Component

Strategic Vision & Strategic Blueprint Completed

Agreed Model for SDS Risk Management /Authorisation

Strategic Vision ,Blueprint & Plan Approved

Review of existing Contracting Framework to Promote Choice & Control

Implementation of Appropriate Contracting Framework Promoting & Providing Choice & Control

Co-Production Pilot Completed

Understand Impact of Preferred Commissioning Framework & Agree Options

Determine In House Service Pricing

Determine Preferred Commissioning Framework

Letting of Developmental Contract For Advocacy

Ready to Commence Advocacy Service Contracts

Active Stakeholder Engagement Started

Staff Awareness Workshops

Workstream Detailed Implementation Plans Approved

Implementation of PPF Programme Workstreams

Leadership In Place

Workstream Leads In Place

Programme Governance In Place

Independent Consultant to support SU Groups in place

Enabling & Supporting the Development of User Led Organisations

SU / Carer Involvement And Events co-ordinator

End Sep '08	End Dec '08	Status @ 1/3/09	End Mar '09	End Jun '09	End Sep '09	End Dec '09	End Mar '10	End Jun '10	End Sep '10	End Dec '10	End Mar '11

2008 2009 2010 2011

16   Communications Strategy

The communications strategy will aim to engage and involve all stakeholders and Gloucestershire citizens for whom Putting People First is relevant. It will inform and seek influence from key decision makers in order to:

Maintain confidence – It is important that GCC staff have confidence in Putting People First. The programme will introduce a considerable amount of change including procedural, structural, cultural and practical change. It will be important to promote the opportunity that such changes bring and minimise the perception of threat.

Provide clear strategic plans for communication – Appropriate and effective two-way communication is needed at each stage of the programme. Each plan will be tailored to address the concerns and needs of the audience and will be updated and reviewed during the length of the initiative.

Provide a clear strategic plan for engagement – It is important that stakeholders are informed and involved in the decision-making process.

Defend the proposal – It is anticipated that there may be some anxiety and resistance to the changes on the part of fieldwork staff, managers and partner agencies. It is key that the changes can be explained and fully substantiated.

Overall Communication Objectives

The following objectives have been identified as being central to our communication strategy.

o   Awareness that the way in which social care is viewed and delivered is changing in Gloucestershire to offer more choice and control to service users and their carers.
o   Provide information to ensure that they have a good understanding of what the changes are likely to mean everyone.
o   Guide them through the change process as smoothly as possible and allay any fears and concerns that they may have.
o   Promote the benefits of person-centered adult care system. Personal and Individual Budgets will now be part of the service delivered to everyone receiving long-term support from Adult and Community Services.
o   Encourage the use of community networks and resources – social care is everybody's business.

Key Messages

The following key messages have been identified to help stakeholders understand why these changes are necessary and how they can participate fully in the process.

- o Adult social care is changing to help everyone live a full life.
- o We're here to support you to stay healthy and live independently (for as long as you can).
- o Everyone will have easy access to information, advice and support about services available locally e.g. transport, leisure, education, health, housing, community safety etc.
- o The new system will ensure that Gloucestershire citizens continue to be safe and protected.
- o It gives you choice and puts you in control of the support you need to live your life.
- o If we get involved and use our local community we can make it a better place for everyone.
- o Don't worry, the change won't happen over night, it will be phased approach.

They will be tailored to address the key concerns expressed by each stakeholder group.

Audiences and Key Stakeholders

The following key stakeholder groups have been identified as being targets for this project. Separate communications plans have been drawn up to target each group. An initial stakeholder analysis and management table is included in Appendix 1.

Internal:
- o Elected Members
- o Fieldwork staff – e.g. social workers, day centre staff and their managers
- o Directorate Management and staff.
- o Other GCC staff groups e.g. Human Resources and Finance
- o Trades Unions
- o Those in the Building our Future programme.

External:
- o Gloucestershire citizens
- o Current users (and their families) of our adult care services
- o Carers
- o Service Providers – both existing and those who could potentially offer services in the future.
- o Partner Organisations – PCT, 2gether Foundation
- o Community and voluntary sector groups
- o The media

Communications Tools and Channels

A range of communications tools will be utilised to deliver information and our key message these include the following:

- o Workshops and information briefing sessions
- o Q&As / FAQs
- o Internal and external newsletters
- o Staff meetings
- o Open meetings
- o Webpages
- o Case studies
- o Posters
- o Leaflets
- o Team briefs
- o Press releases

A range of channels will be utilised to target our key stakeholders.

Planned Communications

A wide range of communication activities will take place throughout the development of this project. The purpose of these activities will be to promote the key messages to the relevant stakeholder groups in an appropriate and timely fashion. Comprehensive communications action plans targeting each stakeholder group will be drawn up once the strategic blueprint has and key milestones have been agreed.

All communications will adhere to corporate standards. However given our target audience, where necessary materials will also be produced in different languages and formats (large print and easy read) to allow access to the information to those from ethnic minority groups or who are visually impaired or have learning difficulties.

Media Enquiries and Identifying key Spokespeople

During the project planning phase media interest is unlikely to be strong; however as the programme moves forward into the implementation phase and key milestones are reached local media interest will grow. As key implementation plans become publicly available and decisions are reached about the allocation of personal budgets public interest will grow locally. All media enquiries should go, in the first instance to the press office.

As services and approaches associated with the programme become operational, proactive press releases will be necessary to support and respond to increasing media interest.

17   Programme Monitoring and Evaluation

We will be monitoring and measuring our success through a range of measures, including programme monitoring and evaluation against the critical success factors using a performance measurement framework. We will use a range of tools and these include CSED's cultural readiness tool and CSIP Personalisation self-assessment tool. Arrangements for evaluations of individual projects will be addressed at project set up.

The Council's own performance reporting arrangements and Scrutiny will apply. The National Performance Indicators relevant to the Programme have been identified (See Appendix 2). Requirements to report on performance to the Department of Health at both a regional and national level will also take place during the course of the programme, as well as to CSCI and its successor organisation.

References

1   Putting People First Concordat, HM Government, December 2007
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

2   LAC (DH) (2008)1 Transforming Social Care
http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_081934

3   National Indicator Set
http://www.communities.gov.uk/localgovernment/performanceframeworkpartnerships/nationalindicators/

4   POPPS Project in Gloucestershire
http://www.gloucestershire.gov.uk/index.cfm?articleid=16210

5   Healthy Gloucestershire Strategy 2008-2018
http://www.gloucestershirehlp.nhs.uk/userfiles/docstore/ReportCover220908.pdf

6   Building Our Future Programme
http://ww2.gloucestershire.gov.uk/documents/cabinet/2009/09feb4r6.pdf

7   GCC Corporate Strategy
http://www.gloucestershire.gov.uk/index.cfm?articleid=7224

8   Making a Strategic Shift Towards Prevention and Early Intervention ,
        DoH, October 2008

9   Personalisation toolkit
http://networks.csip.org.uk/_library/Resources/Personalisation/Personalisation_advice/Planning_for_transformation_framework_-_Stage_summaries.ppt

10   Regional Improvement and Efficiency Partnership/Joint Improvement
        Programme
www.southwestiep.gov.uk

11   Programme methodology
http://networks.csip.org.uk/_library/Resources/Personalisation/Personalisation_advice/Planning_for_transformation_framework_-_Stage_summaries.ppt

Stakeholder Management Table

Stakeholder	Understanding	Concerns	Key Messages	How to Engage	Desired Outcomes
Users and Carers	Limited knowledge. Suspicious as to what it will mean.	Worries about change: Will I loose everything? Can I manage? How will it all work? Will it cost me more?	You will have more control. Everyone gets a budget – but it may take time. You will be safe. You don't to change existing care completely. There will be more information, advice & advocacy.	Involvement in Blueprint and work stream developments Service User Forum Carers Forum Case studies Family & Carer networks Council Website Social Care newsletters	Ownership of the new system they helped shape. Positive experiences & word of mouth. More people living well & independently.
General Public	Little or no awareness or understanding.	Value for money – impact on council tax. People being cared for properly.	Users will have more control. Resources are allocated more fairly. People will be still be safe & protected.	Press releases Newsletters & Parish Mags Council website	General awareness of PPF & its principles.
Council Members	Varied – some will know a lot. Others will know very little.	Duty of care. Affordability within council budget. Potential for negative news stories.	Users will have more control. Resources are allocated more fairly. People will be safe & protected.	Members briefing session. Cabinet presentation. Members Matters newsletter.	Cabinet sign off on blueprint. All members have awareness of PPF & it's principles.
Staff – Managers	Broad awareness of principles.	Duty of care. Will their role change? Will there changes / losses to jobs? Losing control.	Users will have more control. Resources are allocated more fairly. People will be safe & protected. You will be involved in shaping the new system.	Involvement in Blueprint Training & workshops. C&AC newsletter. Team meetings. Intranet.	Managers sign up to blueprint. Good awareness of PPF & its principles. New system is fit for purpose.

Staff – Social Worker & Support Staff	Varied awareness.	Duty of care. Will their role change? Will there changes / losses to jobs? Losing control.	Users will have more control. Resources are allocated more fairly. People will be safe & protected. You will be involved in shaping the new system.	Training & workshops. C&AC newsletter. Team meetings. Intranet.	Ownership of the blueprint. Good awareness of PPF & its principles. Positive experiences of it working in practice. Positive word of mouth.
Current Service Providers	General understanding. Fear of the implications. Confusion & denial.	Uncertainty. Potential for loss of business & jobs. Costs. Threatened by competition?	Users will have more choice & control of their care. You will need to ensure your services are desirable & offer value for money.	Provider briefings & workshops. Involvement in programme planning. Letters to all providers. Website.	Quality services at affordable prices. Offer advice for customers. Generate buy in to self-directed support.
Potential Future Service Providers	Varied understanding of the implications.	Whether there will be a market for them to enter.	Users will have more choice & control of their care. There is potential for new suppliers to enter the market and introduce innovative services.	Provider briefings & workshops – consultation meetings. Letters to all providers. Website.	New & different quality services at affordable prices. Offer advice for customers. Generate buy in to self-directed support
Partners & 3rd Sector	Varied understanding of the implications.	Impact on joint initiatives – What will happen to teams, governance, budgets?	Users will have more choice & control of their care. We will work with partners to ensure the new system is as joined up as possible.	Partner briefings & workshops – consultation meetings.	Key partners involved in developing the blueprint. Generate buy in to self-directed support.

National Performance Indicators linked to Putting People First

	PI	Description	2008/09 highest plan	2009/10 highest plan	Quarterly report	OHOCOS outcome area
Independence related PIs	NI 136	People supported to live independently through social services (all adults)	LAA	LAA	Y	IQofL
	NI 141	Percentage of vulnerable people achieving independent living	LAA	LAA	Y	IC&C
	NI 146	The percentage of adults with learning disabilities known to Councils with Adult Social Services Responsibilities (CASSRs) in paid employment at the time of their assessment or latest review.	LAA	LAA	Y	IQofL
	NI 125	Achieving independence for older people through rehabilitation/intermediate care	C	C	Y	IH&W
	NI 130	Social care clients receiving Self Directed Support per 100,000 population	C	C	Y	IC&C
	NI 142	Percentage of vulnerable people who are supported to maintain independent living	C	C	Y	IC&C
	NI 145	Adults with learning disabilities in settled accommodation	C	C	Y	EW
	NI 149	Adults receiving secondary mental health services in settled accommodation	C	C	Y	IQofL
	NI 150	Adults receiving secondary mental health services in employment	C	C	Y	EW
PIs which PPF should improve	NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	LAA	LAA	Y	IQofL
	NI 131	The average weekly rate of delayed transfers of care from all NHS hospitals, acute and non-acute, per 100,000 population aged 18+.	C	C	Y	IH&W
	C72	Older people aged 65 or over admitted on a permanent basis in the year to residential or nursing care	C	L2	Y	IC&C
	C73	Adults aged 18-64 admitted on a permanent basis in the year to residential or nursing care	C	L2	Y	IC&C
	NI 14	Reducing avoidable contact: Minimising the proportion of customer contact that is of low or no value to the customer (Adult Care only)	C	L2	Y	C&UOR
Relevant survey-based outcomes (can't be in Council Plan)	NI 124	People with a long-term condition supported to be independent and in control of their condition	C	?	N	EC&C
	NI 128	User reported dignity and respect in their treatment	-	?	N	MPD&R
	NI 127	Self reported experience of social care	-	?	N	IQofL
	NI 139	The extent to which older people receive the support they need to live independently at home	C	?	N	IQofL

Glossary

LAA	Local Area Agreement
C	Council Plan
L2	Level 2 plan
OHOCOS	Our Health, Our Care, Our Say
IQofL	Improved Quality of Life
IC&C	Increased Choice and Control
IH&W	Improved Health and Emotional Well-being
EW	Economic Well-being
C&UOR	Commissioning and Use of Resources