Subject: Adult and Community Services Portfolio of Transformation Programmes update

Summary statement:

A report was brought to the Overview and Scrutiny Committee in November 2014 to show that a programme Team had been recruited, governance arrangements established and programme architecture put in place to ensure that Adult and Community Services delivered on both the necessary service transformation and the savings targets that were established as part of the budget setting process. This report is to update the Committee on the current position and progress since then.
1. **Summary**

A report was brought to the Overview and Scrutiny Committee in November 2014 to show that a programme Team had been recruited, governance arrangements established and programme architecture put in place to ensure that Adult and Community Services delivered on both the necessary service transformation and the savings targets that were established as part of the budget setting process. This report is to update the Committee on the current position and progress since then.

2. **Background**

In November 2014 the Portfolio was made up of the following programmes:-

- Great Places to Grow Old (GPGO) Programme – Rachel Holden Programme Lead
- Prevention and Wellbeing Programme (P & W) – Andrew Peterson Programme Lead
- Service Delivery and Market Shaping Programme (SD&MS) – Marcus Beacham Programme Lead

The Transformation Teams role is to support delivery of the transformation of Adult and Community Services, supporting the integration and joint working with health partners, whilst implementing the Care Act requirements and implementing the new ICT Systems to support the introduction of the new integrated digital care record. This work is being carried out in conjunction with delivering the savings required of Adult and Community Services.

During the last year two more programmes were added to the portfolio. Namely:

- The Integrated Digital Care Record (IDCR) Programme - Kathryn Lamb Programme Lead
- The Self Care and Prevention (SC&P) Programme – Tina Butler Programme Lead

And a number of additional projects have also been added to the existing Programmes:

- Information Governance
- Mind Mental Health Challenge
- Housing Options Transformation Project
- Fresh Start 4U
- OT Double Ups
- Integrated prevention Plan
- Personal Support Navigators Proof of Concept
- Advice Services Project
- Transactional Support Services Project
A number of other changes have also taken place:

- The Prevention and Wellbeing programme changed its name to Housing and Wellbeing as a result of the addition of the Self Care and Prevention Programme to the portfolio and to more accurately reflect the projects within its remit. A number of housing projects were added at the start of 2015/16 to reflect the addition of Housing Options Service to Adult and Community Services.
- The management of IDCR was moved to SD&MS in February 2015
- The Programme Lead and Project Officer for Self Care & Prevention Programme were recruited
- The Programme Lead for LD, PD & MH was successfully appointed to another post in September 15 and because of the current economic situation the opportunity to make a saving is being considered, so she has not as yet been replaced. The projects under this area were therefore divided between the other programmes, with Transactional Support moving to SD & MS and H & W taking over all aspects of Transport, the Supported Living Framework and Day Opportunities (where previous all aspects with the exception of LD, MH & PD were managed under this programme) and also High Cost Placements, with any remaining projects being an expansion within GPGO to include the additional client groups.

As a consequence of these changes the programme has essentially doubled, whilst the resource to deliver it has reduced by 50% for reasons including moving, to other roles, sickness and maternity leave).

However, it must be understood that although the Transformation Team provides support, challenge, direction and co ordination, the outcomes, achievements and benefits are achieved by the Department as a whole and accountability lies with appropriate Service Managers for changes in their service areas.

The 5 Year Forward View sets out the vision for the future of the NHS locally, articulating why change is needed, what change might look like and how it can be achieved. The key themes that have emerged from the need for transformational change include a radical upgrade in prevention and public health, providing greater control for people of their own care, a breakdown of barriers in how care is provided and support for new and innovative models of care.

Against the background of growing legislation and policy, there is recognition by both health and social care commissioners and providers that they need to take a more preventative approach to reduce demand for their services and a more innovative approach to service delivery based on integration.

If the vision of integrated care is to be achieved, it must be underpinned by a commitment from all partners working within the system and led by people who use services, their families, carers and the public and supported by staff at every level and in every care setting, whether they are Local Authority, NHS, private or voluntary sector providers. Integrated care will only work if it keeps the person who uses the services at the centre of all decisions and design processes. Care therefore needs to be reorganised to focus on the holistic needs of people and appear as a single, seamless system to people who use services, regardless of the underlying organisation of the system.
With the stated intention of the NHS 5 Year Forward View to be to have a fully accountable care system by 2018, ACS needs to remodel its services to be ready for the scale of the transformation needed (a report is currently being prepared for Health and Wellbeing on how this will be achieved). Added to this the scale of savings to be made (subject to the outcome of the budget setting and consultation process) and the real and immediate need to integrate more effectively with health, there is a need to review the programme governance and architecture to ensure that it is future proofed and appropriate, ensuring resources are targeted where most needed and priorities are clearly understood.

Savings Targets

The savings for 2014/15 were 95% achieved with any shortfall being mitigated.

In 2015/16 the position in November 2015 is:

- £582,000 Shortfall on Older People Residential Care (the requirement to reduce the number of people going into long term residential and nursing placements)
- £431,000 Shortfall on LD, MH & PD High Cost placements (plans are in place to ramp up this work to achieve target)
- £1,013,000 total
- However, based on income to date, it is forecasting that the Direct Payments saving will increase by £150,000
- Further, the overall ACS budget bottom line is £350,000 under spent

Adult and Community Services Portfolio of Transformation Programmes progress December 2014 – November 2015

1. Service Delivery and Market Shaping Programme

Adult and Community Services are driving a new approach to commissioning for new services, exemplified by the new frameworks that are being undertaken (Supported Living Framework (H&W), Residential and Nursing Framework (GPGO), Personal Support Framework (GPGO) and Advocacy, Day Opportunities and Advice (H&W). This work is supported by strengthening our relationships with the market supported by the Making it Real Event held with over 75 stakeholders attending, leading to an action plan that is on track with implementation underway (Commissioning for Outcomes Project) and the new Market Position Statements (Managing the Market Project) that have and are being developed, setting out for the market the true position in Bradford and increased joint commissioning with other Council Departments such as Public Health and Children’s Services in addition to our NHS partners.

This work will support the sustainability and quality of provision within our care markets for example through the development of the Joint Embargo Policy and the soon to be implemented Personal Support Navigator Proof of Concept (Customer Pathways Project) developed by ACS working in co production with the third sector and within the Airedale Wharfedale and Carven Pioneer, to pilot a whole new way of working. Furthermore, having ensured that Connect2Support is now free to providers to register and receive referrals, ACS will by January 2016 have fully implemented the E-Marketplace and supporting modules on Connect2Support, making it a far more user friendly and dynamic service (Options for Personal Budgets Project). Also in
development within Customer Pathways Project is the Integrated Prevention plan which will underpin much of the work to be undertaken. Once finalised consideration is being given to the possibility of passing this work to the Self Care and Prevention Programme for implementation and management.

Other practical steps on the journey that have been achieved in Customer Pathways Project this year include:-

- Front Door web page and mobile app launched
- Access Business Process Re-engineering (BPR) Review completed and service revisions implemented
- Learning Disability BPR review completed and recommendations being implemented
- BPR completed on the BEST/BEST+ service and implementation plan in place

The Customer Pathways project is underpinned by the Support Infrastructure Project which provides the tools to ‘feed’ the customer journey work such as the New Assessment, Support Planning and Review Tools developed ready for SystmOne, including the new Resource Allocation Systems (RAS).

It is because this project is at the heart of the transformational change within ACS that it has been selected to be the subject of the 100 Day Review commissioned by CMT. A number of officers from across the Council will be led to undertake a review delving into the achieved and planned work of this project to reassure CMT of the viability of the work undertaken within ACS. Working alongside the 100 Day Review, ACS are commissioning an external agency to undertake an independent fast track LEAN review of the end to end customer journey commencing with the Occupational Therapy service and Care Management. In this way there will be two approaches making recommendations that can be approved for prompt implementation.

A major part of this ‘transformation’ is underway in the form of the implementation of the Care Act training being delivered to all senior staff and across partner agencies before being cascaded to all front line staff, backed up by online training that has been a requirement for all ACS staff and offered to our providers and the third sector. This training was in preparation for the new duties imposed by the Care Act and the change of culture required when taking an asset based and personalised approach to care (a separate report is being taken to Overview and Scrutiny together with this report).

One of these duties requires us to ‘ramp up’ our Direct Payments take up. Currently Bradford is in the bottom quartile with only 10% of older people receiving a Direct Payment. But in order to make Direct Payments and Individual Service Fund’s (a person’s individual budget managed by a provider of their choice) more attractive and thereby increase take up we need to stimulate the market to provide a better range of quality services and have a brokerage service available.

A step in the direction of this work was the Direct Payments BPR and the implementation of its recommendations which eradicated the waiting list and increased the speed and productivity of the service ahead of the training that is being rolled out to staff until December 2015.
A further dependency for both the transformation needed and the Care Act in particular is the project to establish Integrated Digital Care Records (IDCR) across the District, to enable ACS and Health to all be working on the same platform and sharing information

IDCR continues to progress on target to the project plan with all system build requirements on track. The new ‘to be’ process maps (which will support the Customer Pathways Project by providing a map of the customer journey) are complete and the integration elements with ConntrOcc (our payments and provider portal system) are ready to be tested. Our internal trainers are now recruited and full training will take place between January – March 2016. The Safeguarding module will also be released in January 2016 and full testing of the payment system will also take place. Final review of all the tools against the ‘to be’ maps and making any necessary changes is currently being completed ready for build into the system.

The training for ContrOCC will take place in April 2016 and it is planned to ‘go live’ with SystmOne, ContrOCC and the Provider Portal simultaneously in July 2016.

Underpinning this work is the need to have a District Wide Information Sharing Agreement. Work is underway on this using an implied consent approach. Phase one of this work will be NHS organisation to NHS organisation and we will join in phase 2, which is planned to be ahead of ‘go live’ but does allow for some necessary amendments to be agreed between NHS England and TPP (the SystmOne provider).

Work has been undertaken, working closely with the Information Governance Service to prepare ACS for the information Commissioners Office Audit in December, by taking stock, establishing a data asset register and developing an improvement plan ready for prompt implementation in the new calendar year. All staff have again been actively encouraged to undertake the online Information Management Training made available in November before the end of the month.

A further area that has been advanced this year is the Integrated Transitions Project. Following joint work across ACS, Children’s Services and Health a BPR on the existing services highlighted a number of concerns, issues and need for improvement. Not least that co location is not enough. As a result a decision was made for an integrated service to be established, looking into areas such as different legislation, different RAS, working practices and protocols that need to be aligned so that we have a consistent 14 – 24 year old service, allying the fears of Children, their parents and carers and enabling greater understanding of what is available to support an individuals aspirations utilising their assets and working on an enablement approach. A service blue print is in final draft and the work of the project is to implement it, so that there is an integrated Transitions Team with effect from May 2016.

Other projects that are in this programme include projects that are essentially savings projects that simply require monitoring and are on track for delivery e.g.:

- Community Care Finance and Welfare Rights
- Community Alarms
2. Housing and Wellbeing Programme

The Gateway to Housing Related Support Services Project has been put in place to establish an in-house (with Housing Options) single point of access and control of who receives a service for how long, ensuring that support is targeted to those who most need it. At the start of the project ACS had contracted with 28 different providers of Housing Related Support, comprising 89 different contracts. Referrals routes into services were fragmented and varied between services with providers controlling who received a service and retaining people far beyond the scope of the contract.

The new Gateway Service will receive all referrals and undertake an initial assessment to check that the person qualifies for Housing Related Support, both in terms of eligibility and threshold. If they meet these criteria the Service will then assess which services could potentially meet the needs of the customer, and how much support they will need. They will then refer to the appropriate provider(s).

To date the pathway has been devised and agreed, new eligibility criteria drawn up and agreed, equality impact assessment completed, demand analysis work completed, assessment and referral tool/procedures completed, staff resource plan devised and agreed, recruitment completed and commenced in role November 2015 with pilot commencing 25 November 2015. Assessment, management information, performance information and outcome requirements mapped. Homelessness and Multiple Needs Specification work completed and call off specifications returned by providers, week commencing 16 November 2015.

The IT solution has been identified and agreed (development work being undertaken by In-Communities) with testing from December 2015 and engagement work with providers and service users (including confirming in writing that access is only permissible via the Gateway) is underway. The project brief, equality impact assessment and provider impact assessments for planned 2016/17 decommissioning have been completed and longer term module/s are to be added to Housing Options Case Management System, web-based solution. The Gateway to Service IT system aims to be fully operational from February 2016.

The Housing Options Transformation project has been established because during September 2014 the Bradford Housing Options service underwent a ‘Gold Standard’ Diagnostic Peer Review (DPR) by representatives from Leeds and Kirklees Local Authorities. The National Practitioner Support Service develops and administers this framework for providing continuous improvement in front line housing options services through the development and delivery of the Gold Standard Challenge.

The results of the DPR highlighted a number of service improvements and other changes that the local authority were recommended to consider. Therefore, following the DPR a Housing Options Service improvement action plan was formulated. The action plan also includes learning outcomes from a joint staff event, local service audits and training courses.

Key project benefits include overall improvement in service experience by customers and enhanced staff morale / motivation. The Housing Options Transformation Project is due to be completed by end of March 2016 with the evaluation, tranche review and lessons learned due to take place in April 2016.
To date the project brief and plan have been finalised, the customer pathway mapped out and agreed (integrating with Customer Services, including triage and self help system) and the Housing Options Team moved into Britannia House, providing integrated support with Customer Services.

Bradford’s Fresh Start 4U project aims to support a cohort of offenders to resettle in their communities and to become more employable by building their capacity to support themselves, motivating them to get involved, improving their ability to self help and to sustain their own future. The primary outcome is for participants to lead a life free of crime and instead of harming society and being a financial drain to society, to benefit it by contributing through participation and add to it through taxes by being gainfully employed.

The primary focus of Fresh Start 4U will be the local food industry (and associated supply chain) and the food sector as a whole, using the opportunities available from that sector in terms of skills enhancement, employment prospects, and community activity; and to tackle food poverty, poor nutrition and food waste.

The benefits are wide ranging: to the individual, who will lead a better quality of life; to society as a whole with reduced crime levels; to insurance companies and businesses with reduced payouts and insurance premiums; to public services (Local Authority, Police, Probation, NHS, etc) which should see reductions in support provision and crisis interventions.

To date the project brief and plan have been completed, support staff recruited and referrals are being received. The possibility of replicating the model for people with a learning disability is being looked into.

Recent arrangements for the assessment and allocation of Transport provision to service users in both Adults and Children’s Services have been deemed unsustainable. In line with a growing child population and increasing numbers of children with complex needs the demand for travel support across both Departments is growing and will continue to grow based on current practice.

There is a need for a significant culture change in both practitioners and service users over their expectations in relation to the form of travel support the Council must and can provide. The mode of travel support will need to change as those individuals work towards independence and their capabilities alter and improve.

ACS and Children’s Services worked together on new Travel Frameworks that were approved by Executive. The ACS Travel Framework has been implemented from January 2015 and monitored this year. The Framework covers greater independence and choice for service users/parents/carers; appropriate use of Disability Living Allowance/ other funding in terms of travel plans; a focus on users’ wellbeing through greater involvement in deciding on travel support solutions.

Work has also taken place to reduce the number of dedicated buses, with two having been given up as users found alternative and more appropriate means of transport, some with travel training support, following review. Travel training resource itself has been increased and work with Children’s Services and the Transitions Team has been undertaken to ensure training has taken place before moving into ACS.
The need to transform service and to remodel services to achieve better quality and value for money has been established earlier in this report. Three such areas sit within this programme. Namely, Advice Services, Day Opportunities and Independent Advocacy. These three projects/tenders are primed and ready to go but on hold until the current tenders underway are further along the process.

In terms of the Advice Services Project a joint project group has been set up with Public Health. The needs analysis has been completed and the project brief and plan completed. Market engagement activity has commenced and the plan is to re-commission the current grant services using a tender process with 3 year contracts.

The Day Opportunities Project has developed the principles and direction of travel, the needs analysis has been completed and the first year of planned closures of in-house day care is complete. A draft revised service specification for spot contracts has been completed. Work is underway on reviewing Day Opportunities grants for older people. The analysis and benchmarking is also complete for older people’s day opportunities. Work will soon commence on engaging with the sector.

The Independent Advocacy Project has undertaken analysis and reported on the likely increased demand for independent advocates and a plan devised to address shortfalls. Independent advocacy pilot activity has been completed leading to a new specification. The Personal Support Navigator work will also need to be factored into this work.

The Transactional Support Project was previously a corporate savings project that was divided and passed back to individual Departments. In ACS the savings for 2015/16 were achieved via a voluntary redundancy and reduced hours, together with streamlining of processes and the training of remaining staff in tasks to support/cover workloads. A new structure has been developed to come into effect 1 January 2016. This is currently awaiting finalisation of job profile, grading and agreement with unions.

The Supported Living Framework was put in place for a number of reasons; amongst them to ensure a list of quality approved supported living providers that could operate in line with Council required standards and within an agreed commercial framework. The framework will be used to “call-off” supported living services. In July 2015 the Department awarded the Supported Living Framework comprising 8 lots of supported living services for a period of 3 years with an option to extend for a further 1 year period. The lots are as follows:

- Lot 1 Homelessness
- Lot 2 Multiple Needs
- Lot 3 Young People at risk
- Lot 4 Learning disabilities
- Lot 4a Learning disabilities complex needs
- Lot 5 Mental health
- Lot 5a Mental Health complex needs
- Lot 6 Physical & sensory needs

This approach will entail calling for competition from those framework providers who are eligible to provide the relevant services under the specific lot. This could result in current providers being unsuccessful and the services being transferred to a new provider. Call-off specification and mini-tender evaluation work is currently underway and the framework will be fully rolled out by April 2016.
The High Cost placements Project purpose is to review all packages of care that the cost the Council £1000 per week or more. Such packages are largely within Learning Disabilities but some also exist within Mental Health Services. Work took place jointly with the Commercial Team to look at reducing the ‘hotel’ cost aspects of packages but this did not yield significant savings. Review teams have been recruited (with mixed success) and a good proportion of residential reviews have been completed to date, with Supported Living Reviews now being undertaken. However, the figures showing a failure to achieve of £431,000 are slightly skewed because of a number of cases requiring Continuing Health Care decisions or involving discussion with other authorities and these are being followed up.

3. Great Places to Grow Old Programme

The Extra Care Including Dementia Project has undertaken analysis to map strategic need and demand across the District and established a generic operating model and specification. A new Extra Care facility, Elm Tree Court, Thackley opened in May 2015. It was quickly filled and now has a waiting list and lessons learned are being drawn up and reviewed ahead of the potential development that is currently being considered for Saltaire.

Under the Residential Care including Dementia and Nursing Project Harbourne Residential Home (Home A) was decommissioned in January 2015 as part of the plan at that time to reduce in house provision. As a result of this change in the market, the Executive made the decision not to go ahead with the closure of Home B. However, the savings required were nonetheless mitigated within the residential budget.

In 2014/15 ACS exceeded the target to reduce residential and nursing placements by 50 external places and 30 in-house places per year. However, under the current market conditions this is proving more difficult as testified by the current savings shortfall.

ACS are in the process of developing Intermediate Care services with the NHS to offer additional specialist care and support to people in their own home for as long as possible.

Two major tenders are currently underway that will support the transformation of ACS. Firstly, the Integrated Personalised Support and Care Framework which will work across ACS, Children’s Services and Health to support better ways of working between commissioners and services, acting as the basis for joint cohesive relationships and whole systems working. Contracts are due to be awarded post tender in June 2016.

Secondly the Residential and Nursing Framework, will support a consistent approach to contracting and will focus on driving up quality in the market, with contracts due for award in April 2016.

The specification for short term spot placements for residential and nursing care has also been developed.

A Care fees review and re-review of residential care for older people has been completed and work is underway with legal support to determine the outcome. Similarly, a Domiciliary care fee review has been undertaken and an increase in hourly rate from £12.50 – £13.00 per hour with effect from 01.10.15 has been agreed with Providers with further financial modelling being undertaken as part of the Integrated Personalised Support and Care Framework.
Under the Domiciliary Care and Reablement Project the Bradford Enablement and Support Team (BEST) has been reconfigured resulting in 2 community based night teams providing planned care and support 24/7 for times of crisis and illness, with the equipment being installed at Mary Seacole Court to release resource for an additional night team. All carried out within existing budgets. Additional staff have then been recruited in the BEST team to increase the number of people being reabled and discharged home with a more appropriate and reduced support package.

It was understood that a portfolio of transformation programmes will lead to highlighted or additional training requirements. It was also understood that the workforce will be undergoing major change whilst continuing to deliver essential services. It is therefore important to ensure that the workforce development plan takes operational needs into consideration when planning training and that training is spread. A workforce and training plan has therefore been developed at a strategic level in conjunction with workforce development and a local workforce plan has been developed to capture training requests. A strategic working group has been established and meets quarterly and links have been made with colleagues in health to look at integrated workforce training and development.

Mind Mental Health time to Change is a new addition to the programme. Bradford Council has signed up to the Mental Health Challenge, with Cllr Berry taking the role of Mental Health Champion and Mark Trewin the role of Mental Health Lead. Work is currently underway with Human Resources to produce a workforce strategy. A briefing note for the Chief Executive is also being written to ensure that the project is recognised as a Council wide project with full corporate backing.

4. Self Care and Prevention Integrated Programme

The Self Care and Prevention Programme is a relatively new addition to the portfolio, with funding from Public Health to support its infrastructure, funding from the Clinical Commissioning Group’s (CCGs) to support delivery and managed within Adult and Community Service portfolio of Transformation Programmes. The Board is chaired by a Lay Chair and there is representation from the Expert Reference Group (ERG) also on the board. The programme is made up of strategic partnership across CCG’s, the Council and the Voluntary and Community Sector (VCS), and forms a key part of the Integration and Change Board’s (ICB) enabling work streams, helping to deliver against our local Five Year Forward View and supporting the ethos of the New Deal, in particular Better Health Better Lives. Although operating in some form for the last 3 years, it has become much more visible in the last year.

The Self Care and Prevention Programme takes an asset based approach to promote the health, wellbeing and independence of people in Bradford District and Craven, working in partnership with stakeholders, based on the principles of co-production.

The scope includes all ages, carers, families, communities and employers, as well as the statutory and voluntary workforce. The programme considers health, wellbeing and independence – not just from a medical perspective, but also a social one, recognising the role of social capital, personalised care and support, and having choice and control over the care and support people receive, in helping people remain well, healthy and independent. Accordingly, physical health and mental health and wellbeing are all within the scope of the Programme.
There are three main priorities of the Self Care and Prevention Programme:

1. The Self Care Project

Although plans are still being formed clear progress can be seen by Self Care Week 2015 (week commencing 16 November 2015) which had a wide range of events and activities across Bradford and Craven, supported by representatives of the third and public sectors, with the conga across City Park being led by the Lady Mayor and supported by a number of Councillors such as Cllr Berry. The event was filmed by two film crews from Bradford University Media Department and is to be made into a short film which will be used as part of wider films for the district to celebrate good work in the district.

Representatives of the programme were invited to be guest speakers at the Self Care Forum Conference in London in November 2015, presenting Bradford and Craven’s approach to joint working and the programme has been invited to take part in the prestigious self care week awards.

A Self care networking site has been set up in Airedale, Wharfedale and Craven for staff and volunteers and the Self Care First Contact (signposting service) is to re-commence alongside Warm Homes Partnership.

The Better Health Better Lives event held 17 November 2015 also focussed on Self Care and Prevention and a service user redesign group has been planned for early November 2015 to test and evaluation questionnaire designed to get ideas on service improvement and promote person centred care.

2. Self Management Project

This project aims to promote health, wellbeing and independence for people with long term conditions or care and support needs, preventing deterioration, delaying dependence and supporting recovery. To date a number of self management ‘packs’, postcards, business cards and booklets have been developed that convey the key self help messages e.g. the Self Care Stroke pack.

Top tips for patients for use in GP Surgeries is being finalised by the Expert Reference Group made up of but not limited to largely Voluntary and Community Service providers, and pre-engagement work is taking place in communities in the form of short focus groups to help gain a better understanding of how local people perceive the term ‘self care’, what people need to be able to self care better, followed by a survey that is currently in development.

3. The Overarching Strategic Offer Project

This project will link with health and social care areas of work in a designed offer of support around self care, self management and prevention.

Work is also underway with Bradford University, linking with the DHEZ (Digital Health Enterprise Zone) health and wellbeing hub, to enable joint working – focussed on Compassionate Cities.
To support all of this, work is now underway to develop a Self Care and Prevention Outcomes Framework to monitor the impact of the Self Care and Prevention Programme and also to monitor and evaluate the self care packs.

3. **Report issues**

With the scale of savings to be made (subject to the outcome of the budget setting and consultation process) and the real and immediate need to integrate more effectively with health, there is a need to review the programme governance and architecture to ensure that it is future proofed and appropriate, ensuring sufficient resources and that resources are targeted where most needed and priorities are clearly understood.

4. **Options**

4.1 The Committee may wish to comment on the content of the report.

5. **Contribution to corporate priorities**

5.1 The work of the programme fully supports both the corporate priorities and the New deal.

6. **Recommendations**

6.1 That the report be noted

7. **Background documents**

None

8. **Not for publication documents**

None

9. **Appendices**

9.1 Appendix 1: Adult and Community Services Portfolio of Transformation programmes Picture
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<th>ICB Programme Board</th>
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<td><strong>Savings Target 2015/16 £8,519,800</strong></td>
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### Transformation Programme Board

- **Assets and Resources**
  - Clear messages and accessible information
  - Empowerment and Engagement
  - Workforce Development & Integrated Framework – Residential Care inc. Dementia & Nursing Services including New Models of Care (MMoC)
  - Residential Care inc. Dementia & Nursing - Care fees review
  - Strategic need for intermediate care
  - Placement panel process
  - Future of in-house services
  - Framework – Residential Care – Transformation for residential & Nursing Services including New Models of Care (MMoC)

- **Self Care**
  - Clear messages and accessible information
  - Empowerment and Engagement
  - Workforce Development & Integrated Framework – Integrated Personalised Support & Care
  - Framework – Integrated Personalised Support & Care – Self Care and Prevention
  - Self Care – Clear messages and accessible information

- **Workforce Development**
  - Monitoring income
  - Set up an ex-offenders resettlement project
  - Enlist, train and place into employment

### Great Places to Grow Old

- **15/16 Savings £2,844,000**
- **S: Susan Anderson-Carr**
- **B: Lynda Sowerby**
- **PL: Rachel Holden**

### Housing & Wellbeing

- **15/16 Savings £3,675,800**
- **S: Susan Anderson-Carr**
- **B: Lynda Sowerby**
- **PL: Andrew Peterson**

### Service Delivery & Market Shaping

- **15/16 Savings £1,960,000**
- **S: Susan Anderson-Carr**
- **B: Lynda Sowerby**
- **PL: Marcus Beacham**

### Customer Pathways

- **Access**
  - Eligibility
  - Assessment & referral
  - Workforce development
  - IT solution
  - Proof of concept personal support navigators
  - Integrated Prevention Plan 100 Day Review / Marcus Beacham Yr2 £0

### Support Infrastructure

- **Service tools**
  - Roles & functions
  - Staffing structure
  - Market engagement
  - Market intelligence
  - Making it real
  - Block contracts

### Commissioning for Outcomes

- **Market engagement**
  - Market intelligence
  - Making it real
  - Block contracts

### Options for Personal Budgets

- **Direct Payments**
  - ISP
  - Connect 2 Support
  - TBC
  - Yr 2 (A14) £230,000 DELIVERED

### Managing the Market

- **Market oversight**
  - Quality Assurance and managing failure
  - Deborah Green Yr2 £0

### Market Shaping

- **Children & adults**
  - SEND
  - SEN

### Community Care Finance & Welfare Rights

- **Welfare Rights**
  - Advice & Information
  - IDCR
  - Compliance & Audit
  - SystmOne
  - Provider Portal
  - B: Lyn Sowerby

- **IDCR Project**
  - SystmOne
  - ContOCC
  - Marcus Beacham Yr2 £1,005,000 DELIVERED

- **Community Alarms**
  - Charging policy
  - Pat Cole Yr2 £266,000 DELIVERED

- **Communication**
  - Commissioning for Outcomes
  - Connected 2 Support
  - TBC

- **Community Care Finance & Welfare Rights**
  - Waseem Ahmed Yr2 (A16) £448,000
  - Review of LD nursing demand
  - Fred Bascombe Yr2 £0

### Workforce Development & Integrated Training

- **Care Act**
  - DCIQ
  - Programme Integration
  - Wider Adult Services

- **Rachel Holden** Yr2 £0

### The Mental Health Challenge

- **Mark Trewin** Yr2 £0

### Extra Care Inc, Dementia

- **Elm Tree Court**
  - Salisbury scheme
  - Kingsley scheme

- **Simon Baker** Yr2 £0

### HRS Gateway

- **Eligibility**
  - Assessment & referral
  - Workforce development
  - IT solution

- **Dimitrios Tollos** Yr 2 (A11) £1,700,000 DELIVERED

### Advice & Information

- **Engagement/consultation with advice sector**
  - Commission advice services

- **Julie Robinson-Joyce** Yr 2 £0

### All Client Group Day Opps

- **In-house day centres (IPPO)**
  - Day opportunities framework
  - Short breaks
  - Implementation of assessment tool (Sophie Tweed)

- **Julie Robinson-Joyce** Yr 2 (A6) £617,000 DELIVERED

### Transport

- **Monitoring impact of framework**
  - 12 PTS buses linked to Ht contract (LD)

- **Andrew Peterson** Yr 2 (A21) £290,000 DELIVERED

### Independent Advocacy

- **Develop & roll out new Care Act arrangements**
  - Commission service

- **To be allocated** Yr2 £0

### Housing Options Transformation Project

- **Transformation plan**
  - Revised customer journey
  - Revised set of housing options
  - Customer service improvements

- **Dimitrios Tollos** Yr 2 £0

### Translational Support

- **Streamlining services**
  - Staffing efficiencies

- **Andrew Peterson** Yr 2 £36,800 DELIVERED

### Fresh Start 4U

- **Set up an ex-offenders resettlement project**
  - Enlist, train and place into employment

- **Alison Bunn** Yr 2 £0

### Supported Living Framework

- **Developing supported living opportunities**

- **Chris Cobb** Yr 2 (A12) £17,000 DELIVERED

### High Cost Placements

- **Fred Bascombe** Yr 2 £2,105,000

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