



# Short Term Support Project – Design and Scope



# Scoping Document

## Programmes & Project Management

|                     |   |
|---------------------|---|
| <b>Project Name</b> | Short Term Support  |
| <b>SRO</b>          | Zena Dighton (Interim Director of Adult Social Care Commissioning)      |
| <b>PPM Officer</b>  | Pending Recruitment   |
| <b>Lead Officer</b> | Gemma Brooks (Strategic Commissioning Manager, Homecare and Reablement) |

### Project Purpose

The short-term support project is focused on the delivery of a new BCP Reablement Model.

Reablement is a goal-focused intervention that involves intensive, time-limited assessment and therapeutic work over a period of up to six weeks. It involves a process of identifying an individual's own strengths and abilities, by focusing on what they can safely do instead of what they cannot do.

It is delivered in the home, to rebuild and maintain strength and confidence following an admission to hospital or to prevent deterioration of circumstances that may result in a hospital admission.

Prior to the formation of the BCP unitary authority in 2019, reablement in Poole was provided by an in-house service: START. This service transferred across to Tricuro in January 2022 to enable harmonisation across Bournemouth, Christchurch and Poole.

The reablement service supports HomeFirst and enables patients to go home with a Discharge to Assess referral, avoiding the need for a full Care Act Assessment and expediting discharge.

The service also takes community referrals, including direct referrals from innovation sites trialling the 3 Conversations Model.

Significant investment has been made into the reablement service, which has enabled the recruitment of additional community therapy assistants. Tricuro have also employed Occupational Therapists and Occupational Therapy Assistants to identify patients to be discharged to Coastal Lodge or home with reablement, expediting discharge. However, Tricuro still have posts vacant which is impacting capacity and restricting them to an average of 335 reablement contact hours per week.

There is a need to increase the capacity of the reablement service so that it becomes the first option (default) for eligible residents; reducing, delaying, or preventing the need for long term care and support services. This will enable people to live independently in their communities for longer and reduce the pressure on ASC budgets. There are also opportunities at developing a new model that will further ensure the success and impact of reablement and reduce the need for long term packages of care and support.

| WS1 – Workstream (Development of a new reablement model) |   |
|--|---|
| <b>Description</b>                                       | Development of a new reablement model to ensure the service is able to meet the demands and needs of residents that would benefit from a period of reablement. The new model would be build based on national best practice and innovative ways of supporting residents back to independence and reducing the needs for long term services. |
| <b>Lead Officer</b>                                      | Gemma Brooks (Strategic Commissioning Manager, Homecare and Reablement)   |
| <b>Deliverables</b>                                      | <ul style="list-style-type: none"> <li>• Identification of national best practice models in relation to reablement</li> <li>• Development of new reablement model for BCP</li> <li>• Implementation and adoption of a new reablement model</li> <li>• Implementation of training for staff.</li> </ul>                                      |

| WS2 – Workstream (Development of Service Improvement Plan) |  |
|--|--|
| <b>Description</b>   | Implementing a service improvement plan to enhance the effectiveness of processes etc within the reablement service. This workstream will work in tandem with workstream 1 and explore the mechanics of the reablement service to identify areas of improvement to support greater efficiencies. Areas such as systems and processes would be included within this workstream. |
| <b>Lead Officer</b>  | Gemma Brooks (Strategic Commissioning Manager, Homecare and Reablement)  |
| <b>Deliverables</b>  | <ul style="list-style-type: none"> <li>• Completion of a service analysis – handoffs, journey mapping etc.</li> <li>• Develop improved processes, leading to greater efficiencies.</li> <li>• Improved system use.</li> </ul>  |

| WS3 – Workstream (Performance Measures) |  |
|---|--|
| <b>Description</b>                      | This workstream will look to build on existing performance measures to ensure that the reablement service has the most informative and insightful performance data available to support delivery of high quality services.   |
| <b>Lead Officer</b>                     | Gemma Brooks (Strategic Commissioning Manager, Homecare and Reablement)  |
| <b>Deliverables</b>                     | <ul style="list-style-type: none"> <li>• Current state analysis of performance and data measures</li> <li>• Identification of alternative methods of performance and data measures – how are other LA's measuring reablement performance and using data.</li> <li>• Development of new measures and insight data.</li> <li>• Embed performance measure and data use into BAU.</li> </ul> |

| Assessments, Agreements & Protocols |                                     |
|-------------------------------------|-------------------------------------|
| Item                                | Required                            |
| Equality Impact Assessment (EIA)    | <input checked="" type="checkbox"/> |

|   |                                     |
|---|-------------------------------------|
| Decision Impact Assessment (DIA)              | <input checked="" type="checkbox"/> |
| Data Protection Impact Assessment (DPIA)      | <input checked="" type="checkbox"/> |
| Personal Information Sharing Agreement (PISA) | <input type="checkbox"/>            |
| Internal Sharing Protocol (ISP)               | <input type="checkbox"/>            |
| Other   | <input type="checkbox"/>            |

| Stakeholders   |                      |
|--|----------------------|
| Stakeholder  | Level of Involvement |
| Hospital and community teams   | High                 |
| Tricuro  | High                 |
| Residents receiving reablement support   | High                 |
| Practitioners across Adult Social Care   | High                 |
| System Partners  | Medium               |
| Detailed stakeholder mapping outlining individuals will be included within the change management approach and plan, however, the above provides an indicative outline of stakeholder groups and potential involvement level. |                      |

| Risks   |            |        |       |
|---|------------|--------|-------|
| Title   | Likelihood | Impact | Score |
| Leadership capacity and coherence to support the project.   | 2          | 2      | 4     |
| Benefits realisation may be overstated within the initial business case.  | 2          | 3      | 6     |
| Resourcing challenges leading to delays in achieving project deliverables.  | 1          | 2      | 2     |
| External factors such as CQC inspection or legislative changes impacting project delivery.  | 2          | 2      | 4     |
| <b>Risk Key:</b><br><b>Definitions:</b> L = Likelihood (1-4) I = Impact (1-4) S = Score (I x L)<br><b>Priority Ratings:</b> 1-2 Low risk 3-6 Medium risk 8-16 High  |            |        |       |
| The above risks are early high-level risks for the project and wider programme. Further detailed risks will be identified, tracked and managed via individual project risk management tools and governance. |            |        |       |

## Assumptions

Stakeholders will actively participate and contribute to the project's success.

System partners will support the new approach to reablement

The project will work closely with the Urgent Care and Emergency Care programme (Newton)

## Dependencies

Alignment with the Council's overall transformation strategy.

Coordination with other ongoing projects within the Adult Social Care Directorate and specifically the Fulfilled Lives programme

Urgent and Emergency Care Programme

## Out of Scope

- Long-term care services that do not involve reablement support.
- Services that do not focus on maximising independence through short-term reablement.

## Key Messaging

- This project is focused on enhancing our reablement offer, working alongside the urgent and emergency care programme.
- It will not only deliver a new reablement model, but service efficiencies in process and system use.
- BAU demands will impact resource availability and this will be closely monitored throughout the project.

## Next Steps

- Recruitment of a project manager and 0.5 commissioning officer (strategic commissioning now in post).
- Develop critical path, confirm key milestones and establish project group.
- Develop clear links and understanding with the Urgent and Emergency Care programme.



# Outline Business Case

## Programmes & Project Management

|              |   |
|--------------|---|
| Project Name | Short Term Support  |
| SRO          | Zena Dighton (Interim Director of Adult Social Care Commissioning)      |
| PPM Officer  | Pending recruitment   |
| Lead Officer | Gemma Brooks (Strategic Commissioning Manager, Homecare and Reablement) |

### Project Description

The Short-Term Support project aims to maximise the use of reablement support services to help individuals remain independent without ongoing support.

This project is part of the broader Adult Social Care (ASC) Transformation programme, which seeks to address significant challenges faced by ASC services both locally and nationally. The project focuses on enhancing the reablement service to reduce the need for long-term care. Key elements of this project include:

- **Development of a new reablement model:** The project will look to explore and develop a new model for reablement, seeking national best practice and innovation on the use of reablement.
- **Service Improvement Plan:** Implementing a plan to improve the effectiveness of reablement services, understanding how best to deploy a new model of service delivery for maximum success and impact. This area will explore the mechanics of how the reablement service operate and areas of improvements i.e. systems
- **Performance Measures:** Establishing key performance and quality data metrics for reablement, building on existing measures in place – providing a robust approach to measuring the success of a new reablement service.

### Strategic Alignment

The project aligns closely with BCP Council's strategic objectives and the broader vision for Adult Social Care (ASC) transformation. The project supports the Council's commitment to modernising and improving ASC services to ensure they are fit for the future, preventative, and affordable.

Key alignments include:

- **Social Care Future Vision:** The project aims to maximise the use of reablement support services, helping individuals remain independent without ongoing support, which is a core aspect of the social care future vision.
- **Corporate Strategy 2024 - 2028:** The project supports the Council's corporate strategy and specifically the corporate priority 'out people and communities'
- **Corporate Transformation Objectives:** The project contributes to the Council's transformation objectives by improving customer understanding and service delivery, adopting modern and efficient ways of working, and achieving financial sustainability.
- **National Best Practice:** The project draws on national best practice examples to ensure a robust and effective transformation programme.

| Option 1 – Do Nothing |   |
|-----------------------|---|
| Description           | This option would result in the ongoing reablement model continuing in its current form with no transformative changes.   |
| Pros                  | <ul style="list-style-type: none"> <li>This option would not require any additional funding or resource as the existing service model would remain in place.</li> </ul>   |
| Cons                  | <ul style="list-style-type: none"> <li>This option would result in the ongoing challenges that are inherent with the current service model available. It would result in ongoing issues with reablement capacity and not deliver the opportunities that have been identified in creating a more efficient and effective reablement model.</li> <li>Doing nothing would result in missed opportunities for financial savings to be achieved by a more effective reablement model.</li> </ul> |
| Resources             | <ul style="list-style-type: none"> <li>This option would not require any direct additional resource, and the current model would remain in place.</li> </ul>  |
| Cost                  | <ul style="list-style-type: none"> <li>No additional cost is required in the event the current service model remains in place.</li> </ul>   |

| Option 2 – Development of a new reablement model and service transformation |  |
|---|--|
| Description   | This option would build on the Adult Social Care diagnostic assessment completed in early 2024, which identified significant opportunity for a transformed reablement service. This option would seek to explore national best practice in models of reablement, and ultimately improve the impact of reablement and access to reablement services, resulting in a greater number of people reaching independence and a reduction in individuals requiring long term services. |
| Pros  | <ul style="list-style-type: none"> <li>Improved effectiveness of reablement services, better outcomes for service users, and potential cost savings through more efficient support options.</li> </ul>   |
| Cons  | <ul style="list-style-type: none"> <li>Initial implementation costs and potential resistance to change.</li> </ul>   |
| Resources   | <ul style="list-style-type: none"> <li>0.5 x Commissioning Officer</li> <li>0.5 Strategic Commissioning</li> <li>1 x Project Manager</li> </ul>  |
| Cost  | <ul style="list-style-type: none"> <li>The costs to implement this option relate to resourcing costs only.</li> <li>Over a 3-year period the costs for the above resource would be approx. £187,660</li> <li>Year 1 funding for the project has already been signed off via Cabinet and Council in July 2024. Further funding to support the project may be requested for year 2. Please see July 2024 business case for full cost breakdown.</li> </ul>                       |



## Project Governance Structure

Project Board



## Recommendation

### Option 2 – Development of a new reablement model and service transformation

The reason option 1 is being recommended is as follows:

1. **Improved Outcomes:** By developing a new reablement model, establishing a service improvement plan, and development of new performance measures, this option will allow better outcomes for individuals and improve the effectiveness of reablement services, leading to a greater number of people being supported by the service and reaching independence.
2. **Cost-Effective:** While there are initial implementation costs, Option 1 is expected to result in cost savings through a reduction of individuals requiring long term services. This makes it a financially sustainable choice and one that can support growing demand needs.
3. **Alignment with Strategic Goals:** This option aligns with the social care future vision, the Council's operating model, and the Councils 24-25 corporate strategy.

## Indicative Milestones

| Milestones  | Month / Year                 |
|---|------------------------------|
| <b>Project initiation:</b> Formal project kick-off, establishment of project team, and initial stakeholder engagement.  | January 2025                 |
| <b>Develop understanding of best practice models relating to reablement and future approach to be taken:</b> Clearly defining future vision for reablement service.   | Jan 2025 – April 2025        |
| <b>Service improvement plan development:</b> Development of a comprehensive service improvement plan, including stakeholder consultations and initial drafts. This will work in tandem with the new delivery model workstream and will explore the components of how the service operates a new model i.e. systems. | May 2025 – August 2025       |
| <b>Implementation of new reablement model:</b> Development of Roll-out of the new reablement model, including the introduction of new processes and systems.  | May 2025 - September 2025    |
| <b>Performance and Quality Data establishment:</b> Establishment of key performance and quality data metrics for reablement services.   | August – September 2025      |
| <b>Service improvement plan execution:</b> Execution of the service improvement plan, including ongoing monitoring and adjustments as needed.   | November 2025 - January 2026 |
| <b>Review and evaluation:</b> Comprehensive review and evaluation of the new reablement model and service improvement plan, including stakeholder feedback and performance data analysis.   | February 2026 - April 2026   |
| <b>Final Adjustments and Sustainability Planning:</b> Final adjustments to the reablement model and service improvement plan, and development of a sustainability plan to ensure long-term success.   | May 2026 - July 2026         |



## Approval Process

|    |  |
|----|--|
| 1. | <b>Council and Cabinet:</b> This project has in effect already been approved via Council and Cabinet in July 2024, with funding agreed to support the development and implementation of a new self-direct support offer.   |
| 2. | <b>Project Board Approval:</b> The Project Board, chaired by the Senior Responsible Officer (SRO), will review and approve key project documents, including the business case, project plan, and major deliverables. Project Board is due to be established in January 2025 where key documents will look to be signed off by the board in relation to the delivery phase. |



# Project Initiation Document (PID)

## Programmes & Project Management

|              |   |
|--------------|---|
| Project Name | Short Term Support  |
| SRO          | Zena Dighton (Interim Director of Adult Social Care Commissioning)      |
| PPM Officer  | Pending Recruitment   |
| Lead Officer | Gemma Brooks (Strategic Commissioning Manager, Homecare and Reablement) |

### Project Objectives

The Short-Term Support project focuses on improving access to reablement services and that the delivery of reablement has maximum impact, ensuring that all appropriate individuals can achieve their goals and have the best possible chance at independence.

This approach aims to reduce the need for long-term services by providing effective short-term reablement support.

#### Key Objectives:

1. **Enhance Reablement Services:** Improve the availability and effectiveness of reablement services to help individuals regain independence after a period of illness or hospital stay.
2. **Improve Community Access:** Increase awareness of reablement services, simplify referral processes, and ensure timely access to support within the community.
3. **Outcome-Focused Approach:** Implement an outcome-focused approach where the success of reablement services is measured by the individual's ability to achieve their personal goals and maintain independence.
4. **Collaboration and Integration:** Promote collaboration between different service providers, including health and social care, to ensure a holistic approach to reablement.
5. **Reduce Long-Term Dependency:** Provide effective short-term support to reduce the need for long-term services, enabling individuals to live independently for as long as possible.

These objectives align with the broader goals of the ASC Transformation Business Case, which aims to modernise and improve the efficiency of Adult Social Care services while achieving financial savings.

### Project Approach

This project forms part of the wider ASC Fulfilled Lives programme, which was formally signed off by BCP Cabinet and Council in July 2024.

As part of the full transformation delivery plan and business case (July 24), a detailed diagnostic assessment was completed between January 24 and April 24. This informed and help shape the final transformation proposal that was put forward to Cabinet and Council.

| Quality Approach                        |   |  |  |
|---|---|--|--|
| Workstream                              | Deliverable   | Quality Activity   | Responsible                                |
| Development of a new reablement model   | <ul style="list-style-type: none"> <li>Development of new reablement model for BCP leading to increasing in reablement packages and impact of service.</li> </ul> | <ul style="list-style-type: none"> <li>Regular audits and analysis of performance measures</li> </ul>              | Project Manager and Strategic Commissioner |
| Development of Service Improvement Plan | <ul style="list-style-type: none"> <li>Improved process and greater efficiencies</li> </ul>   | <ul style="list-style-type: none"> <li>Staff surveys</li> <li>Analysis of performance measures</li> </ul>          | Project Manager and Strategic Commissioner |
| Performance Measures                    | <ul style="list-style-type: none"> <li>Development of new performance measure supporting greater insight and intelligence of reablement service.</li> </ul>       | <ul style="list-style-type: none"> <li>Staff/Management Survey</li> <li>Improvement in service activity</li> </ul> | Project Manager and Strategic Commissioner |
| Stakeholder Approach                    |   |  |  |
| Stakeholder                             | Impact  | Influence  | Engagement Approach                        |
| Hospital and Community Teams            | High  | High   | Engagement at existing forums/meetings     |
| Residents receiving reablement support  | High  | Medium   | Surveys and focus groups                   |
| Tricuro                                 | Medium  | Medium   | Engagement at existing forums/meetings     |
| Social Care Practitioners               | Medium  | High   | Workshops and training sessions            |
| System providers                        | Medium  | Medium   | Engagement at existing forums/meetings     |

| Communications Approach |   |           |  |
|-------------------------|---|-----------|--|
| Channel                 | Content   | Frequency | Responsible                            |
| Email/Teams Updates     | Project progress, key milestones, and upcoming activities | Monthly   | Project Manager                        |
| Project Board Meetings  | Detailed project updates, decisions, and risk management  | Monthly   | Project Manager                        |
| BCP Intranet            | Project progress, key milestones, and upcoming activities | Monthly   | Project Manager/Strategic Commissioner |

|                      |   |  |                                       |
|----------------------|---|--|---------------------------------------|
| Training Sessions    | Training session on new approached being adopted and service delivery improvements      | As and when required in line with critical path. | Service Leads                         |
| System wide meetings | Update on strategic progress of the project and links towards other areas of the system | Monthly  | Project Manager/Programme Manager/SRO |

| Funding Approach  |   |  |           |
|---|---|--|-----------|
| Item  | Cost  | Budget   | Cost Code |
| Project Resource: <ul style="list-style-type: none"> <li>0.5 x Commissioning Officer</li> <li>0.5 x Strategic Commissioning</li> <li>1 x Project Manager</li> </ul> | <ul style="list-style-type: none"> <li>Over a 3-year period the costs for the above resource would be approx. £187,660</li> </ul> | <ul style="list-style-type: none"> <li>£187,660</li> </ul> | AW7002    |

| Highlight Report                            |                                      |                                 |                                |
|---|--------------------------------------|---------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Monthly | <input type="checkbox"/> Fortnightly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Other |

| Project Governance |  |  |
|--------------------|--|--|
| Body               | Members  | Reporting  |
| Project Board      | <ul style="list-style-type: none"> <li>To be determined</li> </ul> | <ul style="list-style-type: none"> <li>Project Manager produces highlight report in advance</li> <li>Chair / SRO includes highlight report in Transformation Board update</li> </ul> |

| Handover Approach  |
|--|
| <p>The handover approach for the project ensures a smooth transition of deliverables from the project phase to business-as-usual (BAU) operations.</p> <ol style="list-style-type: none"> <li><b>Planning and Preparation:</b> <ul style="list-style-type: none"> <li>Develop a detailed handover plan.</li> <li>Identify key stakeholders involved in the handover process.</li> </ul> </li> <li><b>Documentation and Training:</b> <ul style="list-style-type: none"> <li>Ensure all project documentation is complete and up-to-date.</li> <li>Provide training sessions for BAU staff.</li> </ul> </li> <li><b>Handover Meetings and Workshops:</b> <ul style="list-style-type: none"> <li>Conduct handover meetings and workshops with BAU staff.</li> <li>Gather feedback and make necessary adjustments.</li> </ul> </li> <li><b>Support and Monitoring:</b></li> </ol> |

- Establish a support mechanism for BAU staff during the transition period.
  - Monitor the performance of new processes and systems.
5. **Benefits Realisation:**
- Define metrics and KPIs to measure the success of the handover.
  - Conduct regular reviews to assess the impact on BAU operations.
6. **Project Closure:**
- Complete a formal project closure report.
  - Ensure all deliverables are formally handed over to BAU.

This approach will help manage expectations around project closure and ensure the business is prepared to take over the deliverables when the project exits.

Supporting Documentation

[Adult Social Care Transformation Business Case](#)  
[Adult Social Care Transformation Delivery Plan](#)

Approval

|          |  |
|----------|--|
| Approver | Zena Dighton (Interim Director of Adult Social Care Commissioning) |
| Date     | 25/11/2024   |



# Support at Home Project – Design and Scope



# Scoping Document

## Programmes & Project Management

|                     |   |
|---------------------|---|
| <b>Project Name</b> | Support at Home   |
| <b>SRO</b>          | Zena Dighton (Interim Director of Adult Social Care Commissioning)      |
| <b>PPM Officer</b>  | Pending Recruitment   |
| <b>Lead Officer</b> | Gemma Brooks (Strategic Commissioning Manager, Homecare and Reablement) |

### Project Purpose

The current care and support at home framework was awarded in 2017 and operates to September 2026. The service specification relates to the Bournemouth and Poole legacy councils.

The main objective of the provision is:

- Supporting vulnerable services users aged 18+
- Maintenance of wellbeing and maximising independence
- Meeting outcomes identified in Care and Support or Health Outcome Plans – for people receiving council managed or individual budgets, or NHS Continuing Healthcare

There are 94 Homecare providers operating in the BCP area, with 20 of whom are on the council's framework although BCP Council currently commissions care from 45 providers in total.

Since 2020 purchasing of packages of care from providers who are not on the framework (off-framework providers) has taken place to ensure that capacity can meet demand, especially to support flow through the health and social care systems. The use of off-framework providers has a direct impact on budget as prices are often higher than payment rates for framework providers. Furthermore, service users who are financially assessed and contribute to their cost of care will be charged at framework rates, not at cost, so there is also an income impact.

The start of 2023 capacity for home care with framework providers improved, in part due to international recruitment, to the point that framework providers have consistently been able to accept new packages of care and take-over packages of care previously delivered by off-framework providers.

This project will look to explore a transformed approach to the delivery of home care and complete a tendering exercise for the new agreed model. It is vital the new model aligns and support other key emerging direction of travel and addressing challenges faced by the current delivery model.

- Care Tech transformation, how can we ensure care technology is the default offer before a long-term package of care is sourced?
- ICS Place based Partnerships Neighbourhood Teams
- 3 Conversations model
- Cease off framework provision.
- Support and commissioning of VSE on low level care
- Enablement with an outcomes
- Intermediate Care



### WS1 – Workstream (Home Care Strategy)

|                     |  |
|---------------------|--|
| <b>Description</b>  | Develop a home care strategy to inform future model and provision. Future model to be co-production through engagement with providers and wider stakeholders including health partners.  |
| <b>Lead Officer</b> | Gemma Brooks (Strategic Commissioning Manager, Homecare and Reablement)  |
| <b>Deliverables</b> | <ul style="list-style-type: none"><li>• To include market view of how to address ongoing issues including capacity for small and large/complex packages, reaching difficult to source localities and workforce development.</li><li>• Agree key principles and value base of model of care, strength based and person-centred care</li><li>• Explore in detail a trusted assessor model for the effective review of people's needs and adjustment to packages of care.</li></ul> |

### WS2 – Workstream (Analysis and Research)

|                     |  |
|---------------------|--|
| <b>Description</b>  | To complete a deep dive of current market provision and what alternative methods of home care provision, frameworks and specifications are being provided on a national level with high degrees of success.                                      |
| <b>Lead Officer</b> | Gemma Brooks (Strategic Commissioning Manager, Homecare and Reablement)  |
| <b>Deliverables</b> | <ul style="list-style-type: none"><li>• Analysis of the homecare market and potential impact of a new framework on the stability and sustainability of the market.</li><li>• Research modelling and case example of alternative models</li></ul> |

### WS3 – Workstream (Procurement)

|                     |  |
|---------------------|--|
| <b>Description</b>  | Development and implementation of procurement approach to new homecare framework   |
| <b>Lead Officer</b> | Gemma Brooks (Strategic Commissioning Manager, Homecare and Reablement)  |
| <b>Deliverables</b> | <ul style="list-style-type: none"><li>• Market Testing to inform procurement decision</li><li>• Specification development and performance and QA frameworks and processes</li><li>• Agree future commissioned capacity</li><li>• Agree final procurement process</li><li>• Develop and implement detailed procurement process, including award and appropriate governance processes and mobilisation plan to include risk register</li></ul> |

| Assessments, Agreements & Protocols           |                                     |
|---|-------------------------------------|
| Item  | Required                            |
| Equality Impact Assessment (EIA)              | <input checked="" type="checkbox"/> |
| Decision Impact Assessment (DIA)              | <input checked="" type="checkbox"/> |
| Data Protection Impact Assessment (DPIA)      | <input checked="" type="checkbox"/> |
| Personal Information Sharing Agreement (PISA) | <input type="checkbox"/>            |
| Internal Sharing Protocol (ISP)               | <input type="checkbox"/>            |
| Other   | <input type="checkbox"/>            |

| Stakeholders   |                      |
|--|----------------------|
| Stakeholder  | Level of Involvement |
| Home care providers  | High                 |
| People receiving home care   | High                 |
| Voluntary and community sector   | Medium               |
| System Partners  | Medium               |
| Detailed stakeholder mapping outlining individuals will be included within the change management approach and plan, however, the above provides an indicative outline of stakeholder groups and potential involvement level. |                      |

| Risks   |            |        |       |
|---|------------|--------|-------|
| Title   | Likelihood | Impact | Score |
| Not achieving new framework/model by the end of the current framework end date  | 2          | 3      | 6     |
| Leadership capacity and coherence to support the programme.   | 2          | 2      | 4     |
| Benefits realisation may be overstated within the initial business case.  | 2          | 3      | 6     |
| Resourcing challenges leading to delays in achieving programme deliverables.  | 1          | 2      | 2     |
| External factors such as CQC inspection or legislative changes impacting programme delivery.  | 2          | 2      | 4     |
| <b>Risk Key:</b><br><b>Definitions:</b> L = Likelihood (1-4) I = Impact (1-4) S = Score (I x L)<br><b>Priority Ratings:</b> 1-2 Low risk 3-6 Medium risk 8-16 High  |            |        |       |
| The above risks are early high-level risks for the project and wider programme. Further detailed risks will be identified, tracked and managed via individual project risk management tools and governance. |            |        |       |

| Assumptions  |
|--|
| Stakeholders will actively participate and contribute to the project's success.                  |
| Homecare providers will work collaboratively with the Council in development of a new framework. |

| Dependencies   |
|--|
| Alignment with the Council's overall transformation strategy.                      |
| Successful delivery of the Care Technology Project                                 |
| Coordination with other ongoing projects within the Adult Social Care Directorate. |

| Out of Scope  |
|---|
| <ul style="list-style-type: none"> <li>Homecare services that do not align with the new commissioning framework.</li> <li>Reablement Support and development</li> <li>Direct Payments</li> <li>Development of residential services</li> </ul> |

## Key Messaging

- This project will deliver a new model for commissioned home care, utilising innovative methods and support individuals to be as independent as possible.
- The project will ensure available capacity is a vital component of any project outcome.
- The project will work collaboratively with homecare providers

## Next Steps

- Recruitment of 1 FT project manager and 0.5 commissioning officer (strategic commissioning manager now in post).
- Develop critical path, confirm key milestones dates and establish project group
- Develop a Home Care strategy: Inform future model and provision.
- Model co-production: Engage with providers and wider stakeholders including NHS.
- Agree key principles and value base of model of care: Strength-based, person-centred care.
- Explore trusted assessor model: For the effective review of people's needs and adjustment to PoC.
- Market Testing: Inform procurement decision e.g., preferred number of framework providers.
- Specification development and performance and QA frameworks and processes.
- Agree future commissioned capacity.
- Develop and implement detailed procurement process: Including award and appropriate governance processes and mobilisation plan.
- Regular monitoring of activity and costs for home care: Impact of procurement.
- Further review of emerging models of home care: Development of potential integrated health and social care teams addressing locality-based population health.



# Outline Business Case

## Programmes & Project Management

|              |   |
|--------------|---|
| Project Name | Support at Home   |
| SRO          | Zena Dighton (Interim Director of Adult Social Care Commissioning)      |
| PPM Officer  | Pending recruitment   |
| Lead Officer | Gemma Brooks (Strategic Commissioning Manager, Homecare and Reablement) |

### Project Description

The Support at Home project focuses on developing future thinking about how home care is commissioned. This initiative is part of the broader Adult Social Care (ASC) Transformation programme, addressing significant challenges faced by ASC services.

The project aims to enable people to remain as independent as possible in their own homes. Key elements include:

- **Review of current provision:** Assessing the existing Support at Home services to identify areas for improvement.
- **Development of a new home care model:** Implementing a new model to enhance the quality and effectiveness of home care services.
- **Future commissioning plans:** Developing plans for future commissioning to ensure sustainable and high-quality home care.

### Strategic Alignment

The Support at Home project aligns closely with BCP Council's strategic objectives and the broader vision for Adult Social Care (ASC) transformation. The project supports the Council's commitment to modernising and improving ASC services to ensure they are fit for the future, preventative, and affordable.

Key alignments include:

- **Social Care Future Vision:** The project aims to develop a new home care model, enabling individuals to remain as independent as possible in their own homes, which is a core aspect of the social care future vision.
- **Corporate Strategy 2024 - 2028:** The project supports the Council's corporate strategy and specifically the corporate priority 'out people and communities'
- **Corporate Transformation Objectives:** The project contributes to the Council's transformation objectives by improving customer understanding and service delivery, adopting modern and efficient ways of working, and achieving financial sustainability.
- **National Best Practice:** The project draws on national best practice examples to ensure a robust and effective transformation programme.

This alignment ensures that the project not only addresses immediate challenges, but also contributes to the long-term strategic goals of BCP Council.

### Option 1 – Do Nothing

|             |  |
|-------------|--|
| Description | This option would result in the ongoing use of the current framework to 2026, with no intention of a renewal or extension.   |
| Pros        | <ul style="list-style-type: none"><li>• This option would not require any additional funding or resource as the existing service model would remain in place.</li></ul>  |
| Cons        | <ul style="list-style-type: none"><li>• This option would result in BCP not having a legally compliant homecare framework to draw upon, as the current framework expires in 2026.</li><li>• Packages of care would need to be spot purchased outside of an agreed framework.</li><li>• Doing nothing would result in missed opportunities for financial savings to be achieved by a more effective and innovative homecare model</li></ul> |
| Resources   | <ul style="list-style-type: none"><li>• This option would not require any direct additional resource, and the current framework would remain in place.</li></ul>   |
| Cost        | <ul style="list-style-type: none"><li>• No additional cost is required in the event the current framework remains in place; however, there may be potential for a significant increase in costs as a result of spot purchasing packages of care.</li></ul>   |

### Option 2 – Implement new home care model

|             |   |
|-------------|---|
| Description | Developing and implementing a new home care model to enhance service quality and effectiveness, this would involve exploring innovative and creative alternative models from a national perspective and understanding current gaps within the existing provision that could be improved. Alongside this, there would be further development of performance measures and strategy for home care. |
| Pros        | <ul style="list-style-type: none"><li>• Improved effectiveness of home care services, better outcomes for service users, and cost savings through more efficient homecare delivery.</li></ul>   |
| Cons        | <ul style="list-style-type: none"><li>• Initial implementation costs (resource) and potential resistance to change.</li></ul>   |
| Resources   | <ul style="list-style-type: none"><li>• Dedicated project team, funding for homecare model development, and support for service improvement.</li></ul>  |
| Cost        | <ul style="list-style-type: none"><li>• 0.5 x Commissioning Officer</li><li>• 0.5 x Strategic Commissioning</li><li>• 1 x Project Manager</li></ul> <p>Over a 3-year period the costs for the above resource would be approx. £187,660.</p>   |

### Option 3 – Implement a like for like homecare model based on the current framework

|             |  |
|-------------|--|
| Description | This option would involve procurement of a like for like homecare model that is currently in place.  |
| Pros        | <ul style="list-style-type: none"> <li>This option would not require significant additional investment</li> <li>The current model is known and both BCP and care providers are familiar with how it operates.</li> </ul>   |
| Cons        | <ul style="list-style-type: none"> <li>The current model is one that has been in place for a number of years and is heavily time and task focused, leading to missed opportunities to have a greater focus on independence and meeting residents' outcomes.</li> <li>Missed opportunities for potential cost savings through a more effective and efficient homecare service.</li> </ul> |
| Resources   | <ul style="list-style-type: none"> <li>This option would likely be implemented using current resource available.</li> </ul>  |
| Cost        | <ul style="list-style-type: none"> <li>No additional cost is required as delivery of this option would be managed within existing budgets.</li> </ul>  |

### Project Governance Structure

|               |                                     |
|---------------|-------------------------------------|
| Project Board | <input checked="" type="checkbox"/> |
|---------------|-------------------------------------|

### Recommendation

The recommend option is:

#### Option 2 – Implement new home care model.

- Improved Outcomes:** By developing a new home care model based on best practice, it is anticipated the service will deliver better outcomes for residents with a higher focus on maximising independence and a move away from time and task approaches.
- Cost-Effective:** While there are initial implementation costs, Option 1 is expected to result in cost savings through more efficient support options. This makes it a financially sustainable choice and able to manage future demand needs.
- Manageable Risks:** The risks associated with Option 1, such as potential resistance to change and resource constraints, are more manageable compared to that of 'doing nothing'.
- Alignment with Strategic Goals:** This option aligns well with the social care future vision and the Councils 24-28 corporate strategy

### Indicative Milestones

| Milestones  | Month / Year               |
|---|----------------------------|
| <b>Project Initiation:</b> Formal project kick-off, establishment of project team, and initial stakeholder engagement.                          | January 2025               |
| <b>Current state analysis:</b> Development of a comprehensive service improvement plan, including stakeholder consultations and initial drafts. | February 2025 - April 2025 |



|   |                            |
|---|----------------------------|
| <b>Development of new home care model:</b> Exploring and defining new home care model based on national best practice and opportunity. Ensuring the new model will be fit for the future demands. | April 2025 – July 2025     |
| <b>Implementation of New Home Care Model:</b> Procurement process, Roll-out of the new home care model, including the introduction of new processes etc.  | July 2025 – September 2026 |

| Approval Process |  |
|------------------|--|
| 1.               | <b>Council and Cabinet:</b> This project has in effect already been approved via Council and Cabinet in July 2024, with funding agreed to support the development and implementation of a new self-direct support offer.   |
| 2.               | <b>Project Board Approval:</b> The Project Board, chaired by the Senior Responsible Officer (SRO), will review and approve key project documents, including the business case, project plan, and major deliverables. Project Board is due to be established in January 2025 where key documents will look to be signed off by the board in relation to the delivery phase. |



# Project Initiation Document (PID)

## Programmes & Project Management

|              |   |
|--------------|---|
| Project Name | Support at Home   |
| SRO          | Zena Dighton (Interim Director of Adult Social Care Commissioning)      |
| PPM Officer  | Pending Recruitment   |
| Lead Officer | Gemma Brooks (Strategic Commissioning Manager, Homecare and Reablement) |

### Project Objectives

The Support at Home project focuses on developing future thinking about how home care is commissioned. This initiative is part of the broader Adult Social Care (ASC) Transformation programme, addressing significant challenges faced by ASC services. The project aims to enable people to remain as independent as possible in their own homes. Key objectives include:

- 1. Develop a Home Care Strategy:** Create a comprehensive strategy to inform the future model and provision of home care services, ensuring they are person-centred and strength based.
- 2. Development of a new homecare framework that is fit for the future – this includes:**
  - Enhance the quality and efficiency of home care services by addressing workforce challenges, implementing best practices, and ensuring timely access to care.
  - Implement and promote the use of assistive technology to support individuals in their homes, reducing the need for traditional care services.
  - Develop and embed plans to engage and utilise the VCS for non-care needs, providing additional support to individuals in their homes.
  - Establish robust performance monitoring and quality assurance frameworks to ensure the effectiveness of home care services and make necessary improvements.

These objectives align with the broader goals of the ASC Transformation Business Case, which aims to modernise and improve the efficiency of Adult Social Care services while achieving financial savings

### Project Approach

This project forms part of the wider ASC Fulfilled Lives programme, which was formally signed off by BCP Cabinet and Council in July 2024.

As part of the full transformation delivery plan and business case (July 24), a detailed diagnostic assessment was completed between January 24 and April 24. This informed and help shape the final transformation proposal that was put forward to Cabinet and Council in July 2024.

| Quality Approach                                       |   |   |   |
|--|---|---|---|
| Workstream   | Deliverable   | Quality Activity  | Responsible                                 |
| Home Care Strategy                                     | Development of a new strategy for home care.  | <ul style="list-style-type: none"> <li>Formal relevant sign off of strategy by corporate boards.</li> </ul> | Senior Responsible officer and Project Team |
| Analysis and Research                                  | To explore and research alternative models of homecare delivery and ensure any new model is based on best practice models | <ul style="list-style-type: none"> <li>Assessment and review of research undertaken</li> </ul>              | Senior Responsible officer and Project Team |
| Procurement  | A legally compliant approach to a new homecare framework.   | <ul style="list-style-type: none"> <li>Compliance with formal procurement regulations</li> </ul>            | Senior Responsible officer and Project Team |
| Stakeholder Approach                                   |   |   |   |
| Stakeholder  | Impact  | Influence   | Engagement Approach                         |
| Project Board  | High  | High  | Regular meetings and progress reports       |
| Residents in receipt of commissioned homecare services | High  | Medium  | Surveys and focus groups                    |
| Social Care Practitioners                              | Medium  | High  | Workshops and engagement sessions           |
| Health and Social Care Providers                       | High  | High  | Meetings and workshops                      |
| Community Organisations                                | Medium  | Medium  | Focus groups and meetings                   |
| General Public   | Low   | Low   | Public consultations and online surveys     |

| Communications Approach  |   |           |  |
|--------------------------|---|-----------|--|
| Channel                  | Content   | Frequency | Responsible                            |
| Email/Teams updates      | Project progress, key milestones, and upcoming activities | Monthly   | Project Manager                        |
| Project Board Meetings   | Detailed project updates, decisions, and risk management  | Monthly   | Project Manager                        |
| BCP intranet             | Project progress, key milestones, and upcoming activities | Monthly   | Project Manager/Strategic Commissioner |
| Surveys and Focus Groups | Feedback from residents in receipt of homecare services   | Quarterly | Project Manager                        |

|                   |  |  |              |
|-------------------|--|--|--------------|
| Provider Meetings | Updates on project, procurement and new framework. | Quarterly minimum (likely to increase during key stages) | Project Team |
|-------------------|--|--|--------------|

| Funding Approach  |   |  |           |
|---|---|--|-----------|
| Item  | Cost  | Budget   | Cost Code |
| Project Resource: <ul style="list-style-type: none"> <li>0.5 x Commissioning Officer</li> <li>0.5 x Strategic Commissioning</li> <li>1 x Project Manager</li> </ul> | <ul style="list-style-type: none"> <li>Over a 3-year period the costs for the above resource would be approx. £187,660</li> </ul> | <ul style="list-style-type: none"> <li>£187,660</li> </ul> | AW7002    |

| Highlight Report                            |                                      |                                 |                                |
|---|--------------------------------------|---------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Monthly | <input type="checkbox"/> Fortnightly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Other |

| Project Governance |  |  |
|--------------------|--|--|
| Body               | Members  | Reporting  |
| Project Board      | <ul style="list-style-type: none"> <li>To be determined</li> </ul> | <ul style="list-style-type: none"> <li>Project Manager produces highlight report in advance</li> <li>Chair / SRO includes highlight report in Transformation Board update</li> </ul> |

| Handover Approach   |
|---|
| <p>The handover approach for the project ensures a smooth transition of deliverables from the project phase to business-as-usual (BAU) operations.</p> <ol style="list-style-type: none"> <li><b>Planning and Preparation:</b> <ul style="list-style-type: none"> <li>Develop a detailed handover plan.</li> <li>Identify key stakeholders involved in the handover process.</li> </ul> </li> <li><b>Documentation and Training:</b> <ul style="list-style-type: none"> <li>Ensure all project documentation is complete and up-to-date.</li> <li>Provide training sessions for BAU staff.</li> </ul> </li> <li><b>Handover Meetings and Workshops:</b> <ul style="list-style-type: none"> <li>Conduct handover meetings and workshops with BAU staff.</li> <li>Gather feedback and make necessary adjustments.</li> </ul> </li> <li><b>Support and Monitoring:</b> <ul style="list-style-type: none"> <li>Establish a support mechanism for BAU staff during the transition period.</li> <li>Monitor the performance of new processes and systems.</li> </ul> </li> <li><b>Benefits Realisation:</b> <ul style="list-style-type: none"> <li>Define metrics and KPIs to measure the success of the handover.</li> <li>Conduct regular reviews to assess the impact on BAU operations.</li> </ul> </li> <li><b>Project Closure:</b></li> </ol> |

- Complete a formal project closure report.
- Ensure all deliverables are formally handed over to BAU.

This approach will help manage expectations around project closure and ensure the business is prepared to take over the deliverables when the project exits.

## Supporting Documentation

[Adult Social Care Transformation Business Case](#)  
[Adult Social Care Transformation Delivery Plan](#)

## Approval

|          |  |
|----------|--|
| Approver | Zena Dighton (Interim Director of Adult Social Care Commissioning) |
| Date     | 25/11/2024   |



# Self-Direct Support Project – Design and Scope



# Scoping Document

## Programmes & Project Management

|                     |   |
|---------------------|---|
| <b>Project Name</b> | Self-Directed Support   |
| <b>SRO</b>          | Siobain Hann (Head of Strategic Commissioning for Disabilities Quality and Commissioning) |
| <b>PPM Officer</b>  | Pending Recruitment   |
| <b>Lead Officer</b> | Kate Garner (Interim Commissioning Manager for Self-Directed Support)                     |

### Project Purpose

BCP Council's Adult Social Care (ASC) and ASC Commissioning is committed to strengths-based practice, and the principles that underpin our practice are set out in our Fulfilled Lives and Connected Communities framework.

The framework is closely linked to the BCP Council Corporate Strategy, our Adult Social Care Strategy, and "Our Big Plan", BCP Council's initiative to create a world class city region -- one of the best coastal places in the world in which to live, work, invest and play.

The council's priority is to support residents to live fulfilled lives within vibrant communities and to have an outstanding quality of life where everyone plays an active role. We have adopted the Social Care Future vision "*We all want to live in the place we call home, with the people and things we love, in communities where we look out for each other, doing the things that matter to us.*" Embedding our strengths-based approach is fundamental to this, echoing the philosophy of social care legislation and policy.

The Care Act 2014 has firmly established the principles of choice and control into the ways eligible care and support needs are met, delivered through personal budgets. Our strengths-based approach uses different thinking about how we fundamentally support people, their carers and their wider family.

Financial pressures faced by local government plays a part too, and we need to carefully manage our budgets—embracing technology and innovation—if we are to continue to provide high quality support for everyone who needs it.

As a result, the purpose of this project is to ensure our strengths-based practice results in positive changes and good outcomes for the people we are supporting. To achieve this, a number of workstreams have been identified to support our ambition and future vision for how we offer personalised care and support.



## WS1 – Workstream (Development of Personal Budget Options)

|                     |   |
|---------------------|---|
| <b>Description</b>  | <p>This workstream will increase and enhance the personal budget options for individuals. It will create more opportunities for self-directed support and provide new opportunities for people to have choice and control over how their care and support is provided and paid for.</p> <p>Personal budget options include Individual Service Funds (ISF) and Direct Payments (DP).</p> <p>ISFs will allow individuals to work with their support provider to create a bespoke care and support plan and decide how their budget is used to make the plan a reality. ISF providers use a treasury management system to hold and manage ISFs on behalf of individuals, which gives the necessary security and transparency.</p> <p>DPs are used to empower people to make choices about their care and support that best suits their circumstances and preferences. Reviewing and enhancing the current DP model will enable individuals to feel confident taking this personal budget option and increasing their choice and control.</p> <p>There is a co-dependency between the development of micro-providers and our ability to successfully offer and establish Direct Payments. Micro-providers are self-employed and are directly employed by their client, If the client has a personal budget this has to be through a Direct Payment.</p> |
| <b>Lead Officer</b> | Kate Garner/Lindsay Warren (Interim Commissioning Manager for Self-Directed Support) & (ASC Finance Manager)  |
| <b>Deliverables</b> | <ul style="list-style-type: none"><li>• Increased options for personal budgets.</li><li>• Implementation of ISFs.</li><li>• Development of a marketplace of creative and flexible ISF providers.</li><li>• Review current hierarchy of reporting to support the delivery of Personal Budgets.</li><li>• Enhanced and improved Direct Payment model.</li><li>• Relaunch of our Direct Payments model</li><li>• New practitioner guidance.</li><li>• Practitioner training and development.</li><li>• Public facing information and guidance about personal budget options.</li><li>• Co-production of a corporate policy for personalisation and self-directed support.</li></ul>  |

## WS2 – Workstream (Community Micro-Enterprises)

|                    |   |
|--------------------|---|
| <b>Description</b> | <p>Community micro-enterprises are self-employed individuals or very small, community-based organisations that provide personalised care and support services to their local residents. These providers focus on delivering high-quality, person-centred care that responds directly to the unique needs of the individuals they serve.</p> <p>Developing our marketplace of micro-enterprises will support our day opportunities transformation, providing solutions for people with Direct Payments looking for 1:1 support either with daytime activities or low-level domiciliary care.</p> |
|--------------------|---|

|                     |  |
|---------------------|--|
|                     | <p>The benefits of community micro-provision include -</p> <ul style="list-style-type: none"> <li>• Enhanced quality of care: offering personalised and consistent support will result in higher levels of client satisfaction and well-being.</li> <li>• Economic impact: community micro-provision contributes to the local economy through increased enterprise and supporting other local businesses and services.</li> <li>• Social inclusion: micro-providers help reduce social isolation by building community connections and providing opportunities for friendships and spending time with other people.</li> <li>• Empowerment: working with micro-providers empowers people to make their own decisions about their care, promoting autonomy and independence.</li> </ul> |
| <b>Lead Officer</b> | Kate Garner (Interim Commissioning Manager for Self-Directed Support)  |
| <b>Deliverables</b> | <ul style="list-style-type: none"> <li>• A local diagnostic report</li> <li>• Engagement with local people and established community-based providers</li> <li>• Support for the development of sole traders and community-based groups.</li> <li>• Creation of new micro provision support and activities.</li> <li>• Practitioner awareness raising and development.</li> <li>• Creation of policy and practitioner guidance</li> </ul>   |

| <b>WS3 – Workstream (Trusted Reviewers)</b> |  |
|---|--|
| <b>Description</b>                          | <p>The Trusted Reviewers Programme will support both the delivery of the other Self-Directed Support project workstreams and our Day Opportunities Strategy.</p> <p>The Trusted Reviewers will talk with people who currently have support plans and their families to work out what they need, like and want to lead a good and fulfilled life. The Trusted Reviewers will then work with social care practitioners to ensure they have a social care review so their support plan can be updated to reflect new activities.</p> <p>They will also help people with a personal budget to find out what is available in their communities that will make this happen. They will then make this into a plan that is shared with the social care teams so they can work with the people and their families to put the plan into action. People will be offered a personal budget in the form of either an ISF or a Direct Payment. They can then choose what activities they wish to buy and exercise control over how they take part.</p> |
| <b>Lead Officer</b>                         | Kate Garner (Interim Commissioning Manager for Self-Directed Support)  |
| <b>Deliverables</b>                         | <ul style="list-style-type: none"> <li>• Creation of the Trusted Reviewers Team.</li> <li>• Conversations and continued engagement with the people who use Tricuro day opportunities and their families.</li> <li>• Comprehensive information about community-based daytime activities.</li> <li>• A programme of activity taster sessions.</li> </ul>   |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>Supported social care reviews that lead to changes in people's daytime activities.</li> <li>Intelligence that will inform our community micro-provision and the future commissioning of day opportunities.</li> </ul> |
|--|--|

| Assessments, Agreements & Protocols           |                                     |
|---|-------------------------------------|
| Item  | Required                            |
| Equality Impact Assessment (EIA)              | <input checked="" type="checkbox"/> |
| Decision Impact Assessment (DIA)              | <input checked="" type="checkbox"/> |
| Data Protection Impact Assessment (DPIA)      | <input checked="" type="checkbox"/> |
| Personal Information Sharing Agreement (PISA) | <input type="checkbox"/>            |
| Internal Sharing Protocol (ISP)               | <input type="checkbox"/>            |
| Other   | <input type="checkbox"/>            |

| Stakeholders   |                      |
|--|----------------------|
| Stakeholder  | Level of Involvement |
| Individuals who have Direct Payments   | High                 |
| Practitioners across Adult Social Care   | High                 |
| Direct Payment Team  | High                 |
| Providers of care and support  | Medium               |
| Community Catalysts  | High                 |
| Self-Directed Futures  | High                 |
| Policy and Service Improvement Teams   | High                 |
| Detailed stakeholder mapping outlining individuals will be included within the change management approach and plan, however, the above provides an indicative outline of stakeholder groups and potential involvement level. |                      |

| Risks   |            |        |       |
|---|------------|--------|-------|
| Title   | Likelihood | Impact | Score |
| Leadership capacity and coherence to support the project.   | 2          | 2      | 4     |
| Benefits realisation may be overstated within the initial business case.  | 2          | 3      | 6     |
| Resourcing challenges leading to delays in achieving project deliverables.  | 1          | 2      | 2     |
| External factors such as CQC inspection or legislative changes impacting project delivery.  | 2          | 2      | 4     |
| <b>Risk Key:</b><br><b>Definitions:</b> L = Likelihood (1-4) I = Impact (1-4) S = Score (I x L)<br><b>Priority Ratings:</b> 1-2 Low risk 3-6 Medium risk 8-16 High  |            |        |       |
| The above risks are early high-level risks for the project and wider programme. Further detailed risks will be identified, tracked and managed via individual project risk management tools and governance. |            |        |       |

| Assumptions   |
|---|
| The project will receive the necessary support and resources from the Council.                        |
| Stakeholders will actively participate and contribute to the project's success.                       |
| The Council will continue to support an approach of self-direct support                               |
| There will be no significant legislative changes that may impact the approach to self-direct support. |

| Dependencies   |
|--|
| Alignment with the Council's overall transformation strategy.  |
| Coordination with other ongoing projects within the Adult Social Care Directorate and the Fulfilled Lives Programme. |
| Successful recruitment to key roles  |

| Out of Scope   |
|--|
| <ul style="list-style-type: none"> <li>Activities that do not directly contribute to the implementation of individual service funds, micro provision, and trusted reviewers.</li> <li>Support services that are not aligned with the principles of self-directed support.</li> </ul> |

## Key Messaging

- This project is focused on enhancing self-directed support, maximising reablement opportunities, support for people, and improving homecare services.
- Improving our ways of working will be a subsequent project.
- BAU demands will impact resource availability and this will be closely monitored throughout the project.

## Next Steps

- Continue the delivery of the project: Focus on embedding the outputs into social work and commissioning practice.
- Design and develop Individual Service Funds (ISFs): Develop the provider accreditation process.
- Ensure clarity around our Direct Payment offer and ensure practitioners and people understand Direct Payments as part of the wider self-directed support landscape. Deliver the Trusted Reviewers Programme: Work closely with Community Action Network, day opportunities commissioning, and the Learning Disabilities SW team.
- Commission external support: Deliver the community and micro provision development programme.
- Ensure coproduction: Embed coproduction into the design and delivery of the programme.
- Connect the project to social work practice: Use the opportunity of the Learning Disability, Mental Health, Autism, and Preparing for Adulthood teams starting their 3 Conversations approach.
- Continue with the ISF Task & Finish Group and restart the Day Opportunities Strategy Working Group – Day Opportunities Review.
- Coproduce a corporate policy: Set the approach to personalisation and self-directed support.
- Support the redesign of the personal budget model for unpaid carers.
- Develop a revised and comprehensive training package: For personal budgets implementation.



# Outline Business Case

## Programmes & Project Management

|              |   |
|--------------|---|
| Project Name | Self-Directed Support   |
| SRO          | Siobain Hann (Head of Strategic Commissioning for Disabilities Quality and Commissioning) |
| PPM Officer  | Pending recruitment   |
| Lead Officer | Kate Garner (Interim Commissioning Manager for Self-Directed Support)                     |

### Project Description

The Self-Directed Support project aims to enhance how individuals direct their own social care. This initiative is part of the broader Adult Social Care (ASC) Transformation programme 'Fulfilled Lives', addressing significant challenges faced by ASC services.

The project focuses on enabling people to live fulfilled lives based on what is important to them. Key elements and workstreams include:

- **Developing Personal Budget Options:** Implementing flexible and personalised support through Individual Support Funds and Direct Payments.
- **Community micro-providers:** Creating a market of local and flexible support providers.
- **Corporate Policy:** Co-producing a policy for personalisation and self-directed support.

### Strategic Alignment

The project aligns closely with BCP Council's strategic objectives and the broader vision for Adult Social Care (ASC) transformation.

The project supports the Council's commitment to modernising and improving ASC services to ensure they are fit for the future, preventative, and affordable.

Key alignments include:

- **Social Care Futures vision:** the project aims to enable individuals to live fulfilled lives based around what is important to them. This a core aspect of the Social Care Futures vision.
- **BCP Council's operating model:** the project supports the Council's operating model by promoting person-centred and strengths-based approaches, enhancing the flexibility and personalisation of support options.
- **Corporate Transformation objectives:** the project contributes to the Council's transformation objectives by improving customer understanding and service delivery, adopting modern and efficient ways of working, and achieving financial sustainability.
- **National Best Practice:** the project draws on national best practice examples to ensure a robust and effective transformation programme.
- **Corporate Strategy 2024 - 2028:** The project supports the Council's corporate strategy and specifically the corporate priority 'out people and communities'

This alignment ensures that the project not only addresses immediate challenges but also contributes to the long-term strategic goals of BCP Council.

### Option 1 – Do Nothing

|             |  |
|-------------|--|
| Description | This option involves maintaining the current approach to self-directed support without any changes or improvements.  |
| Pros        | <ul style="list-style-type: none"> <li>No additional costs or resource allocation required, minimising expenditure.</li> </ul>   |
| Cons        | <ul style="list-style-type: none"> <li>Continued inefficiencies, lack of personalisation, and missed opportunities for improved outcomes. Inability to achieve potential opportunity of savings by delivering a transformative approach to self-directed support.</li> </ul> |
| Resources   | <ul style="list-style-type: none"> <li>No additional resources required.</li> </ul>  |
| Cost        | <ul style="list-style-type: none"> <li>No additional cost</li> </ul>   |

### Option 2 – Delivery of an enhanced Self-Directed Support offer

|             |  |
|-------------|--|
| Description | <p>Implementing new flexible and personalised support options, including developing personal budget options of Individual Service Funds (ISFs) and Direct Payments, and growing the community micro-enterprise market. The creation of a Trusted Reviewers programme will support people to take up the opportunity of these self-directed support options.</p> <p>Implementation of the above would deliver a wide-ranging change in approach for how BCP deliver self-direct support. It would enable BCP to continue to meet its statutory requirements, however, in addition, go beyond this and deliver a truly transformation and progressive self-directed support offer. This would enable a larger number of residents access to self-direct support and provider a more cost-effective way of meeting residents' outcomes.</p> |
| Pros        | <ul style="list-style-type: none"> <li>Improved personalisation and flexibility, better outcomes for people, including options for personal budget recipients. Anticipates cost savings through more efficient support options.</li> </ul>   |
| Cons        | <ul style="list-style-type: none"> <li>Initial implementation costs and resource costs, potential resistant to change from internal teams.</li> </ul>  |
| Resources   | <ul style="list-style-type: none"> <li>1 x Project Manager</li> <li>1 x Senior Commissioner</li> <li>1 Community and Microenterprise Development costs</li> </ul>  |
| Cost        | <ul style="list-style-type: none"> <li>£301k over the 3-year programme timeline. Year 1 funding for the project has already been signed off via Cabinet and Council in July 2024. Further funding to support the project may be requested for year 2</li> </ul>  |



## Project Governance Structure

Project Board



## Recommendation

### Option 2 – Delivery of an enhanced Self-Directed Support offer.

This option is being recommended for the following reasons:

4. **Improved outcomes:** by introducing and developing personal budgets and community micro-enterprises, this option aims to provide better options for self-directed support, flexibility, choice and control leading to improved outcomes for people.
5. **Cost-effective:** while there are initial implementation costs, Option 1 is expected to result in cost savings through more efficient support options. This makes it a financially sustainable choice.
6. **Alignment with strategic goals:** this option aligns well with the Social Care Futures vision and the Council's operating model, supporting a robust transformation programme based on national best practice.

## Indicative Milestones

| Milestones   | Month / Year   |
|--|----------------|
| <b>Project Initiation:</b> Formal project kick-off, establishment of project team, and initial planning activities.  | November 2024  |
| <b>Development of Individual Service Funds (ISFs):</b> Design and development of the ISF framework, including stakeholder engagement and consultation.                           | January 2025   |
| <b>Review of the Direct Payments (DPs) model:</b> Review of the model, engagement with people who use DPs and practitioners, gathering examples of best practice from elsewhere. | January 2025   |
| <b>Establishment of Community micro-enterprises:</b> Identification and support for the creation of innovative and localised support solutions.                                  | March 2025     |
| <b>Co-production of Corporate Policy:</b> Development and approval of a corporate policy for personalisation and self-directed support.  | May 2025       |
| <b>Training and Development:</b> Implementation of training programs for staff to support the new self-directed support framework.   | July 2025      |
| <b>Technology and Systems Integration:</b> Upgrading and integrating technology systems to support the new framework.  | September 2025 |

## Approval Process

|    |  |
|----|--|
| 1. | <b>Council and Cabinet:</b> This project has in effect already been approved via Council and Cabinet in July 2024, with funding agreed to support the development and implementation of a new self-direct support offer.   |
| 2. | <b>Project Board Approval:</b> The Project Board, chaired by the Senior Responsible Officer (SRO), will review and approve key project documents, including the business case, project plan, and major deliverables. Project Board is due to be established in January 2025 where key documents will look to be signed off by the board in relation to the delivery phase. |



# Project Initiation Document (PID)

## Programmes & Project Management

|              |   |
|--------------|---|
| Project Name | Self-Directed Support   |
| SRO          | Siobain Hann (Head of Strategic Commissioning for Disabilities Quality and Commissioning) |
| PPM Officer  | Pending recruitment   |
| Lead Officer | Kate Garner (Interim Commissioning Manager for Self-Directed Support)                     |

### Project Objectives

The Self-Directed Support project aims to ensure that more people are in control of their own support. This involves developing more community-based options for people to access through Direct Payments or Individual Service Funds (ISFs). The goal is to reduce the reliance on traditional services, which are often more expensive, and to provide more flexible and creative support options that meet individual needs.

Key objectives:

1. **Empower individuals:** enable individuals to have more control over their support by offering flexible and creative options through Direct Payments and Individual Service Funds.
2. **Enhance community-based options:** develop and expand community-based support options to reduce the need for traditional, higher-cost services.
3. **Improve systems and processes:** simplify and streamline the Direct Payment process to make it more efficient and user-friendly.
4. **Diversify our provider market:** increase the availability of Personal Assistants and other creative support providers to offer a more diverse range of services.
5. **Promote person-centred approaches:** foster a culture that supports person-centred and strengths-based approaches in practice across Adult Social Care.
6. **Co-production and feedback:** Involve people with lived experience in the design and delivery of the programme to ensure it meets their needs and preferences.

These objectives align with the broader goals of the ASC Transformation Business Case, which aims to modernise and improve the efficiency of Adult Social Care services while achieving financial savings.

## Project Approach

This project forms part of the wider ASC Fulfilled Lives programme, which was formally signed off by BCP Cabinet and Council in July 2024.

As part of the full transformation delivery plan and business case (July 24), a detailed diagnostic assessment was completed between January 24 and April 24. This informed and help shape the final transformation proposal that was put forward to cabinet and agreed.

Whilst the transformation business case did not set out a number of options for approach specifically to the self-directed support project, it provided detailed evidence and assessments as to the approach being recommended. This approach can be seen within option 1 of the outline business case for the self-direct support project.

## Quality Approach

| Workstream                    | Deliverable   | Quality Activity  | Responsible                             |
|-------------------------------|---|---|---|
| Personal Budget Options       | Person-centred and strengths-based approaches<br>Improved flexibility in budget usage | <ul style="list-style-type: none"> <li>Regular training sessions and workshops</li> <li>Surveys and focus groups</li> </ul> | Project Manager<br>Feedback Coordinator |
| Community and Micro Provision | Simplified Direct Payment process.  | <ul style="list-style-type: none"> <li>Process audits and user feedback</li> </ul>  | Project Manager                         |
| Trusted Reviewers             | Diverse marketplace of creative and flexible providers                                | <ul style="list-style-type: none"> <li>Provider accreditation and performance reviews</li> </ul>                            | Provider Market Lead                    |

## Stakeholder Approach

| Stakeholder                     | Impact | Influence | Engagement Approach                           |
|---------------------------------|--------|-----------|---|
| Project Board                   | High   | High      | Highlight reports via monthly board meetings. |
| Personal Budget Holders         | High   | Medium    | Surveys and focus groups                      |
| Social Care Practitioners       | Medium | High      | Workshops                                     |
| Social Care Providers           | Medium | Low       | Meetings and workshops                        |
| Community and Micro-Enterprises | Medium | Medium    | Focus groups and meetings                     |
| General Public                  | Low    | Low       | Public consultations and online surveys       |

| Communications Approach  |  |                     |                               |
|--------------------------|--|---------------------|-------------------------------|
| Channel                  | Content  | Frequency           | Responsible                   |
| Email/Teams Updates      | Project progress, key milestones, and upcoming activities                  | Monthly             | Project Manager               |
| Project Board Meetings   | Detailed project updates, decisions, and risk management                   | Monthly             | Project Manager               |
| Surveys and Focus Groups | Feedback from Direct Payment Holders and other stakeholders                | Quarterly           | Project Team and lead officer |
| Training Sessions        | Training on person-centred and strengths-based approaches                  | Monthly/As required | Project Team and lead officer |
| Public Consultations     | Information on project objectives and progress, and gathering public input | As needed           | Communication Lead            |

| Funding Approach      |                          |          |           |
|-----------------------|--------------------------|----------|-----------|
| Item                  | Cost                     | Budget   | Cost Code |
| Senior Commissioner   | Y1 £94,500<br>Y2 £35,190 | £204,690 | AW7002    |
| CME Development Costs | £75,000                  |          |           |

| Highlight Report                            |                                      |                                 |                                |
|---|--------------------------------------|---------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Monthly | <input type="checkbox"/> Fortnightly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Other |

| Project Governance |  |  |
|--------------------|--|--|
| Body               | Members  | Reporting  |
| Project Board      | <ul style="list-style-type: none"> <li>To be determined</li> </ul> | <ul style="list-style-type: none"> <li>Project Manager produces highlight report in advance</li> <li>Chair / SRO includes highlight report in Fulfilled Lives Programme Board</li> </ul> |

## Handover Approach

The handover approach for the project will ensure a smooth transition of deliverables from the project phase to business-as-usual (BAU) operations. The following will be developed during the delivery phase of the project and drawn upon during the closure stage:

**13. Planning and Preparation:**

- Develop a detailed handover plan.
- Identify key stakeholders involved in the handover process.

**14. Documentation and Training:**

- Ensure all project documentation is complete and up-to-date.
- Provide training sessions for BAU staff.

**15. Handover Meetings and Workshops:**

- Conduct handover meetings and workshops with BAU staff.
- Gather feedback and make necessary adjustments.

**16. Support and Monitoring:**

- Establish a support mechanism for BAU staff during the transition period.
- Monitor the performance of new processes and systems.

**17. Benefits Realisation:**

- Define metrics and KPIs to measure the success of the handover.
- Conduct regular reviews to assess the impact on BAU operations.

**18. Project Closure:**

- Complete a formal project closure report.
- Ensure all deliverables are formally handed over to BAU.

This approach will help manage expectations around project closure and ensure the business is prepared to take over the deliverables when the project exits.

## Supporting Documentation

[Adult Social Care Transformation Business Case](#)  
[Adult Social Care Transformation Delivery Plan](#)

## Approval

|          |                    |
|----------|--------------------|
| Approver | Siobain Hann (SRO) |
| Date     | 26/11/2025         |



# How we work Project – Design and Scope



# Scoping Document

## Programmes & Project Management

|                  |   |
|------------------|---|
| Project Name     | How We Work   |
| SRO/Lead Officer | Tim Branson (ASC Fulfilled Lives Transformation Lead) |
| PPM Officer      | Maria Bourton (Senior Project Manager)                |

### Project Purpose

BCP Council's Adult Social Care (ASC) is committed to strengths-based practice and the principles that underpin our practice are set out in our Fulfilled Lives Business Case and Delivery Plan 2024.

Feedback from residents and engagement with staff has told us that our current ways of working are complex, bureaucratic, and process orientated. People can be moved around the system, and don't know where they are and what is happening next. Practitioners spend too much time filling out forms. As a result, Adult Social Care is overwhelmed by demand and waiting lists, and often we are unable to start our work with individuals until they reach a crisis, at which point the likelihood of providing long term expensive care and support has increased.

How We Work is a project established to deliver and embed changes with how we operate and how we respond through our front door when people seek support, the project will deliver benefits through two sub-projects/aspects:

- **3-Conversations** – embed the strengths-based practice model for all teams following a number of innovation sites within Adult Social Care to trial a new way of working which aims to intervene earlier, provide more continuity for people, build on people's strengths as well as simplifying ways of working and reducing bureaucracy.
- **First Response Improvement** – improve how we respond to queries, questions and requests from people, or their representatives, utilise digital tools in our way of working and also promote use of 24x7 access to online tools and information



### WS1 – Vision and communications (3Cs and First Response)

|              |  |
|--------------|--|
| Description  | <p><b>Vision and communications</b> – Combined workstream for 3Cs Strengths Based and First Response where the overall ambition for the project and specific deliverables for implementation need to meet the ASC service vision.</p> <p>Embedding the strengths-based practice model for all teams following a number of innovation sites within Adult Social Care with objectives to intervene earlier, provide more continuity for people, build on people's strengths as well as simplifying ways of working and reducing bureaucracy</p> <p>Engage with key stakeholders to determine 'what good looks like' within a First Response function, to share and agree our understanding and measure achievements that will be reported.</p> <p>Development of an overarching communications approach and plan for the delivery phase.</p> |
| Lead Officer | Tim Branson – ASC Fulfilled Lives Transformation Lead  |
| Deliverables | <ul style="list-style-type: none"><li>• Determine ambition and timeline for 3Cs and First Response</li><li>• Engage ASC Senior Management Team and supporting teams on what changes are required, how this could impact their teams and ensure buy-in to the concepts and delivery plan</li><li>• Establish governance arrangements to check on progress, resolve escalations and mitigate risks, reporting progress and appropriate challenges into the HWW Project Board</li><li>• Establish communications mechanisms and update Intranet, Newsletter and/or BLOG items periodically as per the communications plan</li></ul>   |

### WS2 – Data, Insight and Benefit Realisation (3Cs and First Response)

|              |   |
|--------------|---|
| Description  | <p><b>Data, Insight and Benefit Realisation</b> – A combined workstream for 3Cs Strengths Based and First Response to establish data and tracking dashboards to capture performance and improvement compared with anticipated benefits and predictions. Develop a culture within teams of using information based on qualitative and quantitative data for operational performance, data quality and transformation.</p>  |
| Lead Officer | Tim Branson – ASC Fulfilled Lives Transformation Lead   |
| Deliverables | <ul style="list-style-type: none"><li>• Establish data and BI dashboards for tracking agreed key measures within ASC service delivery teams – Localities, First Response, others as identified to measure operational performance, data quality and improvement progress</li><li>• Develop BI dashboards for visibility and tracking – available to teams</li><li>• Embed use of data and dashboard within culture of operational service delivery, improvement of data quality capture and input into prioritisation and improvement plans from the scrutiny of data</li></ul> |

### WS3 – Mosaic Improvement (3Cs and First Response)

|             |  |
|-------------|--|
| Description | <p><b>Mosaic Improvement</b> – A combined workstream to deliver improvements to the forms, workflows and best practice use of Mosaic as a recording system for case work.</p> <p>Improvements to streamline data capture, improve consistency, reduce and capture only proportionate information are proposed for use by practitioners and for those within the First Response function.</p> |
|-------------|--|

|              |   |
|--------------|---|
|              | Mosaic is used throughout Adult Social Care as a way of recording essential personal information, passing requests and referrals from one team to another, for notes and ad-hoc or regular reviews.   |
| Lead Officer | Tim Branson – ASC Fulfilled Lives Transformation Lead   |
| Deliverables | <ul style="list-style-type: none"> <li>• Improvements to reduce and simplify Contact forms and workflows – to harmonise initial capture of information</li> <li>• Introduce a digital portal for the provider payment mechanism</li> <li>• Implement and deliver improved C1 forms and workflows – to capture proportionate information on requests for support</li> <li>• Implement and deliver improved C2 forms and workflows – to capture short-term or crisis arrangements</li> <li>• Review and develop simplified C3 to replace the care act assessment (CAA), care and support plan (CSP) and CSP reviews</li> <li>• Simplify the use of Mosaic forms and workflows for carers, OT, safeguarding and for other service areas as identified</li> </ul> |

#### WS4 – Approach to Practice Change (3Cs)

|              |   |
|--------------|---|
| Description  | <p><b>Approach to Practice Change</b> – Our 3Cs Innovation Lead Officer has been coaching Innovation Sites to develop their practice from a deficit-based approach to strengths and relationship-based ways of working.</p> <p>Also, in-reach to Bournemouth University Social Work Degree and Masters students and working with newly-qualified social workers and current cohort of students on placement</p> |
| Lead Officer | Chrissie Beatty – 3Cs Innovation Lead   |
| Deliverables | <ul style="list-style-type: none"> <li>• Introduce practice tools to support a conversational approach to assessment and planning utilising community offerings and care technology</li> <li>• Work closely with practitioner groups to develop skills in 3Cs</li> <li>• Review practice, recording and where audits highlight areas of improvement and develop consistency in approach</li> </ul>              |

#### WS5 – Full Rollout – Making it happen (3Cs)

|              |  |
|--------------|--|
| Description  | <p><b>Full Rollout - Making it Happen</b> – the main workstream co-ordinating all services in their adoption of the 3Cs as a way of working. This workstream discusses the expectations of managers, the challenges within the service and details the planning behind all teams operating in a 3Cs strengths-based way of working</p> <p>Innovation sites undertake a 13-week trial and preparation period where they embark on a co-design phase and consider how to adopt 3Cs for their specific service areas</p> <p>Making it Happen meetings are held during and after the 13-week trial period for those involved to learn from other implementations and consider challenges</p> |
| Lead Officer | Tim Branson – ASC Fulfilled Lives Transformation Lead  |
| Deliverables | <ul style="list-style-type: none"> <li>• Develop plans for the roll-out and adoption of 3Cs strengths-based way of working for all ASC teams</li> </ul>  |

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>Establish co-design groups and schedule discussion points throughout the Innovation Site 13-week cycle</li> <li>Ensure the lessons learned are shared amongst existing 3Cs workers and those new to the co-design phases</li> <li>Gain feedback from people we have helped to gain access to the support they need, capture and realise benefits in the adoption of 3Cs ways of working</li> </ul> |
|--|---|

## WS6 – Connectors (3Cs)

|              |   |
|--------------|---|
| Description  | <p><b>Connectors</b> – engaging with teams that are providers or have relationships with provider communities such as Housing, Communities and Brokerage.</p> <p>Connectors need to help build community assets and can access the Wellbeing Collaborative – a marketplace of locally available activities, services and support.</p>                                   |
| Lead Officer | Chrissie Beatty – 3Cs Innovation Lead   |
| Deliverables | <ul style="list-style-type: none"> <li>Develop links and relationships with colleagues from Housing and other community organisations</li> <li>Promote the use of the Wellbeing Collaborative and its directory of available, local services and activities</li> <li>Raise the awareness of practitioners to also promote the use of Wellbeing Collaborative</li> </ul> |

## WS7 – Ways of Working (First Response)

|              |   |
|--------------|---|
| Description  | <p><b>Ways of working</b> – workstream to focus on improvements within First Response as a function can impact Business Support, Contact Centre and other teams within Adult Social Care:</p> <ul style="list-style-type: none"> <li>- Streamlined ways of working that make us more efficient – harmonise how we operate to speed things up or make it simpler to operate</li> <li>- Improvements that make the best use of technology now available to us and remove manual processes where we can</li> <li>- Harmonised ways of working so we work with others in a single agreed way, rather than having multiple ways of referring onto teams</li> <li>- Maximise the use of our systems, including Mosaic, to ensure we are capturing accurate data quality for reporting purposes</li> <li>- Improve how we respond to queries, questions and requests from people, or their representatives</li> <li>- Review and clarify how roles and responsibilities can be deployed differently to improve the function and reduce the referral waiting lists in long-term teams by resolving more of the enquiries (where relevant) at the first point of contact.</li> </ul> |
| Lead Officer | Tim Branson – ASC Fulfilled Lives Transformation Lead   |
| Deliverables | <ul style="list-style-type: none"> <li>Establish Service Standards for day-to-day operational expectations within the Service</li> <li>Develop coaching and champion roles to support new ways of working</li> <li>Explore opportunities for how initial contact queries are managed and processed (from Business Support) with recommendations for change presented at HWW Project Board</li> <li>Clarify structure for managing incoming enquiries within First Response function including roles and responsibilities for all teams (all levels) to increase number of enquiries resolved at First Response with</li> </ul>  |

|  |   |
|--|---|
|  | <p>recommendations presented at HWW Project Board ahead of implementation</p> <ul style="list-style-type: none"> <li>• Streamline and harmonise ways of working within First Response and with how enquiries are referred onto teams</li> <li>• Set clear expectations of knowledge and skills needed for all levels of staff involved in First Response function</li> <li>• Develop training plan to ensure First Response knowledge and skills exceed minimum standards</li> <li>• Ensure all First Response staff know how to use Microsoft 365 apps appropriately to maximise efficiency</li> </ul> |
|--|---|

## WS8 – Resources (First Response)

|              |   |
|--------------|---|
| Description  | <p><b>Resources</b> – within First Response deploy short-term additional capacity (as approved) to build capacity into the team whilst changes are implemented. Short-term funding has been agreed through the Business Case to assist as development and transition to more sustainable ways to maintain good service delivery.</p>  |
| Lead Officer | Kirsten Flanagan – Interim Head of ASC Contact Centre   |
| Deliverables | <ul style="list-style-type: none"> <li>• Recruit to agreed roles (Contact Officers, Outreach Officers, Team Leader and project support resources including Project Mgr, Mosaic development and Business Analysis/Design capacity)</li> <li>• Establish how service will meet requirements of First Response – as a structure, as a way of working or a combination of these depending on service specialism</li> <li>• Develop roles and responsibilities that align to the First Response objectives</li> <li>• Develop data and insight (linked to WS above) to deliver efficient service and resolve more within First Response</li> <li>• Linked with data and insight – ensure service levels can be maintained once short-term resources are removed</li> </ul> |

## WS9 – Digital Tools (First Response)

|              |  |
|--------------|--|
| Description  | <p><b>Digital Tools</b> – improvements to utilise and benefit from digital tools now available and encourage use of 24x7 access to online information and tools.</p> <p>We aim to improve and promote the use of digital tools for those confident in using them and, through contacts we receive, will use digital tools within First Response to support those who are not.</p>  |
| Lead Officer | Tim Branson – ASC Fulfilled Lives Transformation Lead  |
| Deliverables | <ul style="list-style-type: none"> <li>• Develop an approach to improve the base content of the BCP website drawing on the queries raised through First Response – to include indexing and searching tools that will support the First Response team in their service delivery and aid the promotion of self-service via the website for people and professionals.</li> <li>• Extend the use of our telephony tools to introduce warm handover to teams, AI/Chat bot functionality to improve search results and enable digital contact with First Response and other manage other channel requests using digital tools</li> <li>• Introduce digital replacement for supplier returns with providers to maintain cash flow, improve accuracy of payments and reduce overpayments</li> <li>• Review options, procure and implement Support and Guidance at Home online support tools</li> </ul> |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>• Review options for full self-serve assessment to identify local support options and activities – for use by First Response and also, when promoted, to aid the digital self-serve options offered by the Council.</li> <li>• Review and implement a linkage from self-serve assessment to the Community Action Network directory of options available with improved look and feel using maps</li> <li>• Review options, procure and implement self-serve financial calculator and assessment capability working closely with financial assessment team</li> </ul> |
|--|--|

| Assessments, Agreements & Protocols           |                                     |
|---|-------------------------------------|
| Item  | Required                            |
| Equality Impact Assessment (EIA)              | <input checked="" type="checkbox"/> |
| Decision Impact Assessment (DIA)              | <input checked="" type="checkbox"/> |
| Data Protection Impact Assessment (DPIA)      | <input checked="" type="checkbox"/> |
| Personal Information Sharing Agreement (PISA) | <input type="checkbox"/>            |
| Internal Sharing Protocol (ISP)               | <input type="checkbox"/>            |
| Other   | <input type="checkbox"/>            |

| Stakeholders   |                      |
|--|----------------------|
| Stakeholder  | Level of Involvement |
| Managers across Adult Social Care who will help to lead the change   | High                 |
| Practitioners across Adult Social Care who will be impacted by the change  | High                 |
| People who contact us (or their representatives) requesting information or support   | High                 |
| Supporting Teams who offer or support community provision – Housing and Communities  | Medium               |
| Contact Centre Team, Business Support and others responding to requests  | High                 |
| Supporting Teams including Mosaic Development, Procurement and IT  | High                 |
| Other teams impacted by the change including Brokerage and Commissioning   | Medium               |
| Detailed stakeholder mapping outlining individuals will be included within the change management approach and plan, however, the above provides an indicative outline of stakeholder groups and potential involvement level. |                      |

| Risks   |            |        |       |
|---|------------|--------|-------|
| Title   | Likelihood | Impact | Score |
| Lack of leadership capacity within the Council and Adult Social Care given the scale of change and challenges of managing the business in a difficult environment   | 2          | 2      | 4     |
| Current capacity and capability limitations across Adult Social Care Directorate  | 2          | 3      | 6     |
| External intervention (following CQC Assurance), or other external or local factors alters operating environment  | 2          | 4      | 8     |
| Inability to deliver financial benefits   | 2          | 3      | 4     |
| <b>Risk Key:</b><br><b>Definitions:</b> L = Likelihood (1-4) I = Impact (1-4) S = Score (I x L)<br><b>Priority Ratings:</b> 1-2 Low risk 3-6 Medium risk 8-16 High  |            |        |       |
| The above risks are early high-level risks for the project and wider programme. Further detailed risks will be identified, tracked and managed via individual project risk management tools and governance. |            |        |       |

| Assumptions   |
|---|
| The project will receive the necessary support and resources from the Council             |
| Stakeholders will actively participate and contribute to the project's success            |
| The Council will continue to support the First Response as an approach                    |
| There will no significant legislative changes that may impact the First Response approach |

| Dependencies   |
|--|
| Alignment with the Council's overall transformation approach and corporate strategy                                  |
| Co-ordination with other ongoing projects within the Adult Social Care Directorate and the Fulfilled Lives Programme |
| Successful recruitment to key roles – within operational and supporting teams  |

| Out of Scope   |
|--|
| It is possible for reviews to identify improvements within service areas beyond First Response. Implementation. Improvements beyond First Response will need to be considered and only agreed once the impact to resources, timeline and outcome has been considered |

## Key Messaging

How We Work is a project established to deliver and embed changes with how we operate and how we respond through our front door when people seek support, the project will deliver benefits through two sub-projects:

- 3-Conversations
- First Response Improvement

Change is inevitable within Adult Social Care – The How We Work project has been established to deliver the change set out within the Fulfilled Lives business case and report progress through an agreed governance structure. 3-Conversations and the First Response Improvement Plan are introducing and embedding new ways of working - the communications plan objectives are:

- To keep everyone informed
- For Leadership to visibly lead and be supportive of the change
- There may be some difficult decisions and challenges ahead
- For all to understand the phases – we can't do it all in one go!
- Opportunities to re-state the rationale and why change is important
- Managing demand, services and staff resilient and fit for the future, benefits of offering early intervention
- Expand upon what is being delivered in a timely manner
- Explain when phases are being implemented - timeline
- Offer opportunities to engage, get involved and to provide feedback
- Articulate expected benefits and challenges

## Next Steps

### 3-Conversations:

- Continue to support teams through their innovation co-design phases – work currently underway of MH and LD as part of Phase 3
- Planning for Phases 4 and 5 to achieve full rollout in 2025
- Complete design and development of C1, C2, additional forms and C3 to replace care act assessment, care and support plan and reviews forms and processes – alignment with proportionate information capture
- Continue to improve practice through data reviews, regular communications, BLOGs and podcasts

### First Response Improvement:

- Deliver initial improvements within agreed Phase 1 to include consolidated Contact Form and first wave of ways of working
- Proceed with Phase 2 plans and detailed designs for:
  - Improving use of digital and online tools to improve how we support people who seek information and support
  - Streamlining use of case management systems – consolidating and improving use of Mosaic
  - Up-skilling team members to be able to resolve more enquiry types to manage demand for longer
  - Harmonise ways of working to simplify how we operate and gain efficiencies





# Outline Business Case

## Programmes & Project Management

|              |   |
|--------------|---|
| Project Name | How We Work   |
| SRO          | Betty Butlin (Director of ASC)                        |
| PPM Officer  | Maria Bourton   |
| Lead Officer | Tim Branson (ASC Fulfilled Lives Transformation Lead) |

### Project Description

How We Work is a project established to deliver and embed changes with how we operate and how we respond through our front door when people seek support, the project will deliver benefits through two sub-projects/aspects:

- **3-Conversations** – embed the strengths-based practice model for all teams following a number of innovation sites within Adult Social Care to trial a new way of working which aims to intervene earlier, provide more continuity for people, build on people's strengths as well as simplifying ways of working and reducing bureaucracy.
- **First Response Improvement** – improve how we respond to queries, questions and requests from people, or their representatives, utilise digital tools in our way of working and also promote use of 24x7 access to online tools and information

### Strategic Alignment

The project aligns closely with BCP Council's strategic objectives and the broader vision for Adult Social Care (ASC) transformation.

The project supports the Council's commitment to modernising and improving ASC services to ensure they are fit for the future, preventative, and affordable.

Key alignments include:

- **Social Care Futures vision:** the project aims to enable individuals to live fulfilled lives based around what is important to them. This a core aspect of the Social Care Futures vision.
- **BCP Council's operating model:** the project supports the Council's operating model by promoting person-centred and strengths-based approaches, enhancing the flexibility and personalisation of support options.
- **Corporate Transformation objectives:** the project contributes to the Council's transformation objectives by improving customer understanding and service delivery, adopting modern and efficient ways of working, and achieving financial sustainability.
- **Corporate Strategy 2024 - 2028:** The project supports the Council's corporate strategy and specifically the corporate priority 'our people and communities'

This alignment ensures that the project not only addresses immediate challenges but also contributes to the long-term strategic goals of BCP Council.



### Option 1 – Do Nothing

|             |   |
|-------------|---|
| Description | This option involves maintaining the current approach to social work practice and managing demand of requests for support   |
| Pros        | <ul style="list-style-type: none"><li>• No change for staff or management to support and adopt</li></ul>  |
| Cons        | <ul style="list-style-type: none"><li>• Unsustainable budget pressures</li><li>• Continued inefficiencies and missed opportunities for improved outcomes.</li><li>• Demand expectations of people and continuation of delays to access services</li><li>• Low morale and retention within workforce</li></ul> |
| Resources   | <ul style="list-style-type: none"><li>• No additional operational or project resources required</li></ul>   |
| Cost        | <ul style="list-style-type: none"><li>• No additional operational or project costs incurred</li></ul>   |

### Option 2 – Phase 1 over six months only

|             |   |
|-------------|---|
| Description | The Fulfilled Lives business case sets out the necessary improvement journey to adapt to growing demand and deliver services within resources available – over an initial six-month period  |
| Pros        | <ul style="list-style-type: none"><li>• Initial launch of 3Cs and approach tested within BCP</li><li>• Some initial improvements within First Response to ways of working and use of consolidated Contact form within Mosaic</li></ul>  |
| Cons        | <ul style="list-style-type: none"><li>• Different approaches remain with teams who have adopted 3Cs and teams that have not – different experience for people seeking our support</li><li>• Limited improvements within First Response that will not be enough to manage demand and expectation from people seeking our support</li></ul> |
| Resources   | <ul style="list-style-type: none"><li>• Transformation Lead officer to develop business case, lead 3Cs Innovation Officer, supporting officers for First Response - project support, business analyst and Mosaic development capacity to achieve initial improvements</li></ul>   |
| Cost        | £200k   |

### Option 3 – All phases over three years

|             |   |
|-------------|---|
| Description | The Fulfilled Lives business case sets out the necessary improvement journey to adapt to growing demand and deliver services within resources available – over a three-year period  |
| Pros        | <ul style="list-style-type: none"><li>• Full rollout of 3-Conversations as a strengths-based way of working</li><li>• Approach to practice change adopted by across ASC and Connector teams closely aligned</li><li>• Full engagement with stakeholders on detailed designs to achieve desired outcomes</li><li>• Data and insights used throughout the service to track performance on operational routines and to inform continuous improvement activities</li><li>• Improved use of Mosaic throughout ASC to capture conversations and process requests</li><li>• Streamlined ways of working and efficient, harmonised processes in place</li></ul> |

|           |   |
|-----------|---|
|           | <ul style="list-style-type: none"> <li>• Short-term operational capacity recruited to support through the changes</li> <li>• A suite of digital tools for First Response to use when supporting people who contact us for information and support</li> <li>• A suite of online tools to make it easier to access local service provision and information for those who wish to access 24x7 information, used by First Response when proving support with those who contact us directly</li> </ul> |
| Cons      | <ul style="list-style-type: none"> <li>• Change – disruptive for staff who may fear change or lack capacity to adopt new ways of working</li> <li>• Time and costs – of short-term resource, project support and online tools to be procured</li> </ul>   |
| Resources | <ul style="list-style-type: none"> <li>• Transformation Lead officer as strategic, ASC lead, 3Cs Innovation Officer, supporting officers for First Response - project support, business analyst and Mosaic development capacity to achieve initial improvements, system developments and digital introductions.</li> </ul>  |
| Cost      | £1,482,156 over a 3-year period   |

### Project Governance Structure

|  |   |
|--|---|
| Project Board – How We Work Project Board meetings are scheduled throughout 2025/16. The Board is chaired by the Director of ASC and attended by Heads of Service within ASC, programme and project management and other supporting teams including IT.                            | ☒ |
| Steering Group – A Core Group has been established and meetings scheduled throughout 2025/26. This group is chaired by the Transformation Lead Officer and well attended by Heads of Services within SMT and others as key stakeholders in the delivery of the phases and outcomes | ☒ |
| Check-In meetings are scheduled fortnightly (some weekly) for 3Cs and for First Response. Both are chaired by the Transformation Lead Officer and attended by other key managers and project support as required   | ☒ |

### Recommendation

#### Option 3 – Delivery of How We Work – 3Cs and First Response to include all phases over 3 years

#### This option is being recommended for the following reasons:

7. **Improved outcomes:** a programme of change will deliver and embed new ways of working, best practice and achieve a cultural shift to align to a 3Cs strengths-based approach and improve how we respond to people who seek our support.
8. **Cost-effective:** Supporting more people within First Response and seeking preventative options aims to help more people for longer to help themselves. Option 3 is a more in-depth project to build resilience and embed ways of working with investment to utilise technologies now available
9. **Alignment with strategic goals:** this option aligns well with the Social Care Futures vision and the Council's operating model, supporting a robust transformation programme based on national best practice.

| Milestones   |               |
|--|---------------|
| Milestones   | Month / Year  |
| Project initiation: Formal project kick-off, establishment of project team and initial planning activities, proposed to be co-ordinated over the following milestones:   | November 2024 |
| Digital Tools – telephony call handling modified for ‘warm handover’ from Business Support to Contact Centre and Localities  | January 2025  |
| Digital Tools – web search improvements to core content<br>Linked to FAQs identified of frequently asked questions raised with the Contact Centre, implement the improvements identified (dependent on corporate web team to conclude all re-writes)   | February 2025 |
| Digital Tools – CAN directory integrated with website<br>The Community Action Network (CAN) Directory of activities and support in the local area contains a vast array of useful information and advice sites. Currently Contact Officers request to know of information via a Teams site – the integration from the CAN directory will improve access to this information (as well as retaining Teams site for more complex queries) | May 2025      |
| Digital Tools – Channel management proof of concept<br>Use of the telephony software to capture incoming enquiry types – calls, emails and webforms. A proof of concept for this corporate initiative within ASC to support how we process incoming enquiries regardless of channel  | April 2025    |
| Digital Tools – Improved Directory with map<br>Improvements to the Directory of Services are anticipated to provide richer information on services and activities available in the local area  | May 2025      |
| Digital Tools – Web Chatbot with follow-up Contact Officer support<br>Use of telephony software to offer a webchat capability for those accessing information on the Council’s website 24x7 to improve results when searching. Potential for Contact Officers to step in to also support if required   | April 2025    |
| Digital Tools – web videos launched<br>A series of videos may be commissioned for online access to information – subjects such as options of support, who and how to apply, direct payments, British sign language explanations of a range of issues.  | July 2025     |
| Digital Tools – Telephony and Dynamics integration launched for Contact Centre Advisors handling information and advice queries<br>Capture of enquiry type, persons contact details, information and advice offered – with details linked to person’s online portal – for follow-up if required alongside other Council services. Excludes where Mosaic case records are applicable  | October 2025  |
| Digital Tools – review benefits of online care act assessments and financial self-assessments<br>More in-depth than Support at Home assessment (above) – Potential to revisit benefits, appetite for and challenges to overcome with online assessments.   | October 2025  |
| Mosaic Systems – Provider Payments Portal – design, configuration and launch   | December 2025 |
| Mosaic Systems – Contact Form (ASC) launch – harmonised new form and improved ways of working that replace four forms  | December 2024 |
| Mosaic Systems – C3 replacement form and workflow for the Care Act Assessment and Care and Support Plans   | April 2025    |
| Mosaic Systems – C3 Review replacement form and workflow for the Care and Support Plan Review  | June 2025     |

| Milestones   |                |
|--|----------------|
| Milestones   | Month / Year   |
| Mosaic Systems – C1, C2 and Additional Forms – improvements to the forms and workflow as a result of other improvements to ways of working and 3Cs rollout | March 2025     |
| Mosaic Systems, Team and Ways of Working – Review of First Response for Carers   | April 2025     |
| Mosaic Systems, Team and Ways of Working – Review of First Response for Safeguarding   | May 2025       |
| Mosaic Systems, Team and Ways of Working - Review of First Response for other teams  | September 2025 |
| Team – recruit short-term additional operational resource and project management resource  | January 2025   |
| Team – Business Support teams aligned to work closely with Long Term Conditions Localities   | January 2025   |
| Team – Contact Team Leaders adopt new management oversight of proposed next steps  | January 2025   |
| Team – Review of First Response for Independent Living Advisory Team   | February 2025  |
| 3Cs ways of working – Complete 3Cs within Contact Centre   | January 2025   |
| 3Cs ways of working – Complete Phase 3 Innovations within MH and LD  | March 2025     |
| 3Cs ways of working – Complete Phase 4 Innovations within remaining Long Term Conditions teams and Occupational Therapy                                    | May 2025       |
| 3Cs ways of working – Complete Phase 5 Innovations within remaining sites (hospital SW team, Safeguarding, Dols, AMHPs, EDS, Carers, Sight and Hearing)    | September 2025 |

| Approval Process |  |
|------------------|--|
| 3.               | <b>Council and Cabinet:</b> This project has in effect already been approved via Council and Cabinet in July 2024, with funding agreed to support the development and implementation of a new self-direct support offer.   |
| 4.               | <b>Project Board Approval:</b> The Project Board, chaired by the ASC Director, will review and approve key project documents, including the business case, project plan, and major deliverables. Project Board is due to be established in January 2025 where key documents will look to be signed off by the board in relation to the delivery phase. |

| Supporting Documentation   |  |
|--|--|
| <a href="#">Adult Social Care Transformation Business Case</a><br><a href="#">Adult Social Care Transformation Delivery Plan</a> |  |



# Project Initiation Document (PID)

## Programmes & Project Management

|              |   |
|--------------|---|
| Project Name | How We Work   |
| SRO          | Betty Butlin (Director of ASC)                        |
| PPM Officer  | Maria Bourton (Senior Project Manager)                |
| Lead Officer | Tim Branson (ASC Fulfilled Lives Transformation Lead) |

### Project Objectives

The How We Work project will deliver the opportunities identified within the Fulfilled Lives Business Case, focusing on:

- **3-Conversations** – embedding the strengths-based practice model for all teams following a number of 'test and learn' innovation sites within Adult Social Care with objectives to:
  - o intervene earlier,
  - o provide more continuity for people,
  - o build on people's strengths
  - o simplify ways of working
  - o reduce bureaucracy
- **First Response Improvement** – improve how we respond to initial queries, questions and requests from people or their representatives and other professionals with objectives to resolve more through our first response, change our ways of working and utilise digital tools throughout our offer to promote 24/7 online self-service for those who can access it.

#### Key objectives:

7. **Vision and communications:** Determine our ambition, what good looks like and the timeline for the delivery of 3-Conversations and First Response workstreams.
8. **Data, Insight and Benefits Realisation:** Establish how data can provide insights creating a culture that tracks successes within operational delivery and where further improvements can be identified.
9. **Mosaic Improvements:** Streamline data capture, improve consistency in how the forms and workflows are used, reduce and capture only proportionate information throughout Adult Social Care.
10. **Approach to Practice Change:** Coaching and co-design of how Innovation Sites are replicated across the whole of Adult Social Care to further develop practice from a deficit-based approach to strengths and relationship-based ways of working.
11. **Full Rollout – Making it Happen:** Coordination across all service teams in their adoption of 3-Conversations as a way of strengths and relational-based working
12. **Connectors:** Engaging with connectors to help build relationships with community assets and continue to ensure benefits of access to the Wellbeing Collaborative are realised through an extension of the contract with Community Action Network.

## Project Objectives

13. **Ways of Working:** streamline and harmonise any remaining legacy council ways of working to speed up how we manage enquiries and requests for support.
14. **Resources:** We will utilise additional short-term capacity whilst we reorganise our resources to align to the overall vision, strengthen our roles and responsibilities and use data to drive our improvement priorities.
15. **Digital Tools:** utilise more of our existing digital toolset to streamline how we respond to enquiries and requests for support within First Response and offering more 24x7 access to online information and locally available support and activities

These objectives align with the broader goals of the ASC Transformation Business Case, which aims to modernise and improve the efficiency of Adult Social Care services while achieving financial savings.

## Project Approach

This project forms part of the wider ASC Fulfilled Lives programme, which was formally signed off by BCP Cabinet and Council in July 2024.

As part of the full transformation delivery plan and business case (July 24), a detailed diagnostic assessment was completed between January 24 and April 24. This informed and helped to shape the final transformation proposal that was put forward to cabinet and agreed.

## Quality Approach

| Workstream                             | Deliverable                     | Quality Activity  | Responsible                    |
|--|---------------------------------|---|--------------------------------|
| Vision and Communications              | Engagement                      | <ul style="list-style-type: none"><li>Workshops and validation sessions with key stakeholders (ASC SMT and supporting teams) to determine Phase 2 First Response scope and timeline</li><li>Communications Approach and Plan to establish the mechanisms and a timeline for key messages to be shared</li></ul>                         | Lead Officer / Project Manager |
| Data, Insight and Benefits Realisation | Dashboards and culture shift    | <ul style="list-style-type: none"><li>Determine data to show operational performance, data quality and benefits of transformation</li><li>Where data is not yet available, develop plans to capture and report</li><li>Build and use BI dashboards of data as part of operational management and throughout project lifecycle</li></ul> | Lead Officer / Project Manager |
| Mosaic Improvements                    | Streamlined forms and workflows | <ul style="list-style-type: none"><li>Improve use of forms and workflows</li><li>Implement replacement to Care Act Assessment and Care and Support Plan</li><li>Positive feedback from practitioner groups</li></ul>  | Lead Officer / Project Manager |

| Quality Approach                |                                     |  |  |
|---------------------------------|-------------------------------------|--|--|
| Workstream                      | Deliverable                         | Quality Activity   | Responsible                            |
| Approach to Practice Change     | 3Cs Practice                        | <ul style="list-style-type: none"> <li>Practice coaching and support for teams adopting 3-Conversations as a way of working</li> </ul>   | Lead Officer / Lead Innovation Officer |
| Full Rollout – Making it Happen | 3Cs Adoption                        | <ul style="list-style-type: none"> <li>All Adult Social Care service teams adopt 3-Conversations</li> </ul>  | Lead Officer / Lead Innovation Officer |
| Connectors                      | Relationships with community assets | <ul style="list-style-type: none"> <li>Relationships with community assets working well and access to the Wellbeing Collaborative extended</li> <li>Practitioners gain a better understanding of the communities in which they work and the assets available.</li> </ul> | Lead Officer / Lead Innovation Officer |
| Ways of working                 | Efficient First Response            | <ul style="list-style-type: none"> <li>Identify opportunities for improvement</li> <li>Prioritise and develop detail approaches, communications and timelines</li> </ul>   | Lead Officer / Project Manager         |
| Resources                       | Capacity to change                  | <ul style="list-style-type: none"> <li>Recruit additional short-term capacity</li> <li>Clarify roles and responsibilities for First Response</li> <li>Review other opportunities for inclusion</li> </ul>  | Lead Officer / Project Manager         |
| Digital Tools                   | Increase use of technology          | <ul style="list-style-type: none"> <li>Extend use of corporate tools to improve First Response</li> <li>Deploy use of online tools to support self-service approach to accessing local support and activities</li> </ul>   | Lead Officer / Project Manager         |

| Stakeholder Approach                             |        |           |   |
|--|--------|-----------|---|
| Stakeholder                                      | Impact | Influence | Engagement Approach   |
| Project Board                                    | High   | High      | Highlight reports via monthly board meetings.   |
| Leadership within ASC                            | High   | High      | Engagement via Core Group now established with ASC SMT invited to attend and contribute   |
| Management Teams within ASC                      | High   | High      | Inclusion within Making it Happen and co-design discussion groups for 3Cs   |
| Management Teams within Contact Centre           | High   | High      | Inclusion within Check-In meetings and specific discussions on agreed activities for First Response   |
| People with requests for information and support | High   | Medium    | Feedback groups for 3Cs   |
| Staff impacted                                   | High   | Medium    | Champions nominated from within the operational teams provide input into proposals and help shape how proposals are embedded within operational practices |



| Communications Approach                          |  |                                   |                                       |
|--|--|-----------------------------------|---------------------------------------|
| Channel  | Content  | Frequency                         | Responsible                           |
| Intranet   | Landing pages to explain the programme and projects within<br>Blogs and general updates                | As major milestones are delivered | Project Manager                       |
| ASC Newsletter                                   | Launch materials with specific content, How To documents, videos                                       | As milestones are delivered       | Project Manager                       |
| Webinar sessions and ASC staff engagement groups | Awareness of the project and intended outcomes<br>Awareness of progress achieved and agreed next steps | Quarterly                         | Lead Officer                          |
| Team communications                              | Communication on intended phase or wave – with key aspects and timelines                               | As required / aligned to timeline | Lead officer individual service leads |

| Funding Approach  |  |  |           |
|---|--|--|-----------|
| Item  | Cost   | Budget   | Cost Code |
| Project Resource: <ul style="list-style-type: none"> <li>• Mosaic Developer</li> <li>• Mosaic Specialist</li> <li>• Business Analyst</li> <li>• Senior Commissioner (prevention)</li> <li>• Innovation Lead</li> <li>• Lead information Officer</li> <li>• Upfront First Response capacity</li> </ul> | <ul style="list-style-type: none"> <li>• Over a 3-year period approx. costs would be £865,246</li> </ul> | <ul style="list-style-type: none"> <li>• £865,246</li> </ul> | AW7002    |
| Digital and System: <ul style="list-style-type: none"> <li>• Mosaic Provider Portal</li> <li>• Financial Assessment Online Tools</li> <li>• Self-assessment online tools</li> </ul>   | <ul style="list-style-type: none"> <li>• Over a 3-year period approx. costs would be £566,910</li> </ul> | <ul style="list-style-type: none"> <li>• £566,910</li> </ul> | AW7002    |
| Training and Development: <ul style="list-style-type: none"> <li>• Leadership Development</li> </ul>  | <ul style="list-style-type: none"> <li>• £50,000 (one off cost)</li> </ul>                               | <ul style="list-style-type: none"> <li>• £50,000</li> </ul>  | AW7002    |



## Highlight Report

☒ Monthly

☐ Fortnightly

☐ Weekly

☐ Other

## Project Governance

| Body                                       | Members  | Reporting  |
|--|--|--|
| Project Board                              | <ul style="list-style-type: none"> <li>• Director of ASC (Chair)</li> <li>• Transformation Lead</li> <li>• Head of Quality and Transformation</li> <li>• Head of Statutory Services</li> <li>• Head of LTC Localities</li> <li>• Head of MH and LD</li> <li>• IT Business Partner</li> <li>• Programme Manager</li> <li>• Project Manager</li> </ul> | <ul style="list-style-type: none"> <li>• Project Manager produces highlight report in advance</li> <li>• Chair / SRO includes highlight report in Fulfilled Lives Programme Board update</li> </ul>  |
| Check-In (Steering) Group – First Response | <ul style="list-style-type: none"> <li>• Transformation Lead</li> <li>• Head of Contact Centre</li> <li>• Project Manager</li> <li>• Business Analyst</li> </ul>   | <ul style="list-style-type: none"> <li>• Project Manager produces agenda and documents</li> <li>• Weekly agenda, highlight progress and matters/issues arising for discussion</li> <li>• Communications key messages and timeline</li> </ul> |

## Handover Approach

The handover approach for the project will ensure a smooth transition of deliverables from the project phase to business-as-usual (BAU) operations. The following will be developed during the delivery phase of the project and drawn upon during the closure stage:

### 19. Planning and Preparation:

- Develop a detailed handover plan.
- Identify key stakeholders involved in the handover process.

### 20. Documentation and Training:

- Ensure all project documentation is complete and up to date.
- Provide training sessions for BAU staff.

### 21. Handover Meetings and Workshops:

- Conduct handover meetings and workshops with BAU staff.
- Gather feedback and make necessary adjustments.

### 22. Support and Monitoring:

- Establish a support mechanism for BAU staff during the transition period.
- Monitor the performance of new processes and systems.

### 23. Benefits Realisation:

- Define metrics and KPIs to measure the success of the handover.
- Conduct regular reviews to assess the impact on BAU operations.

### 24. Project Closure:

- Complete a formal project closure report.
- Ensure all deliverables are formally handed over to BAU.

## Supporting Documentation

[Adult Social Care Transformation Business Case](#)  
[Adult Social Care Transformation Delivery Plan](#)

## Approval

Approver

Tim Branson

Date

27/11/2024