

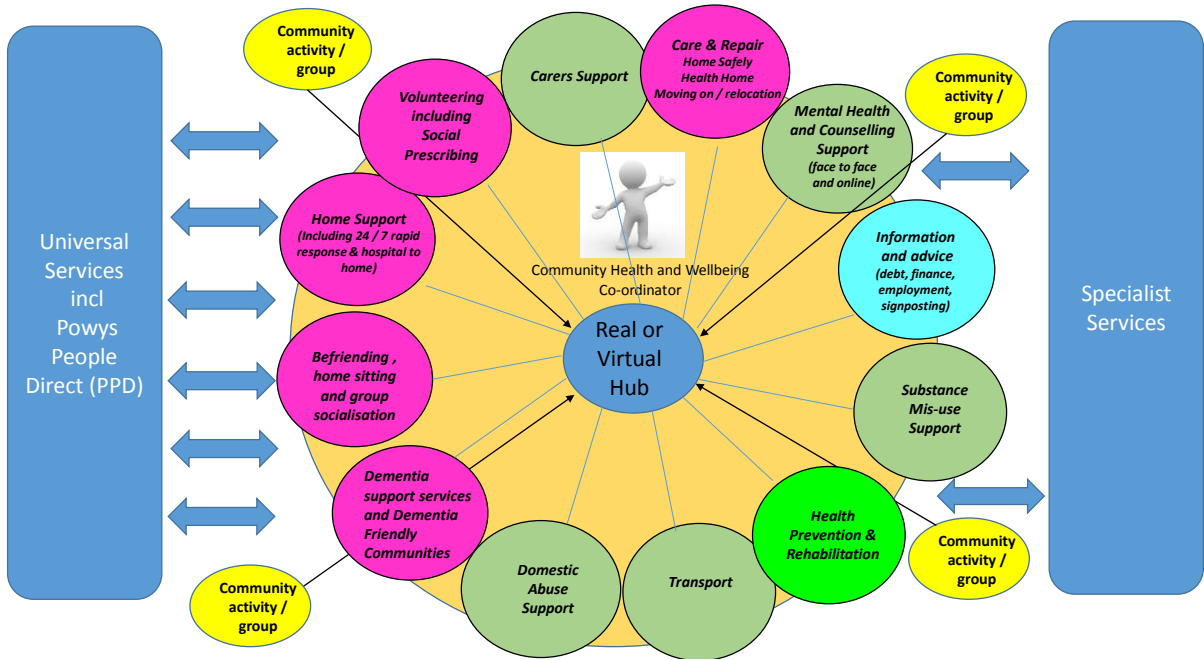
# Project Highlight Report

*“This document is used to give a progress report for a project. It is also a communication tool for the project manager to inform the project board, other governance or Stakeholder Groups. A highlight report should be completed monthly or bi monthly.”*

<b>Reporting Date:</b>	Dec 2016
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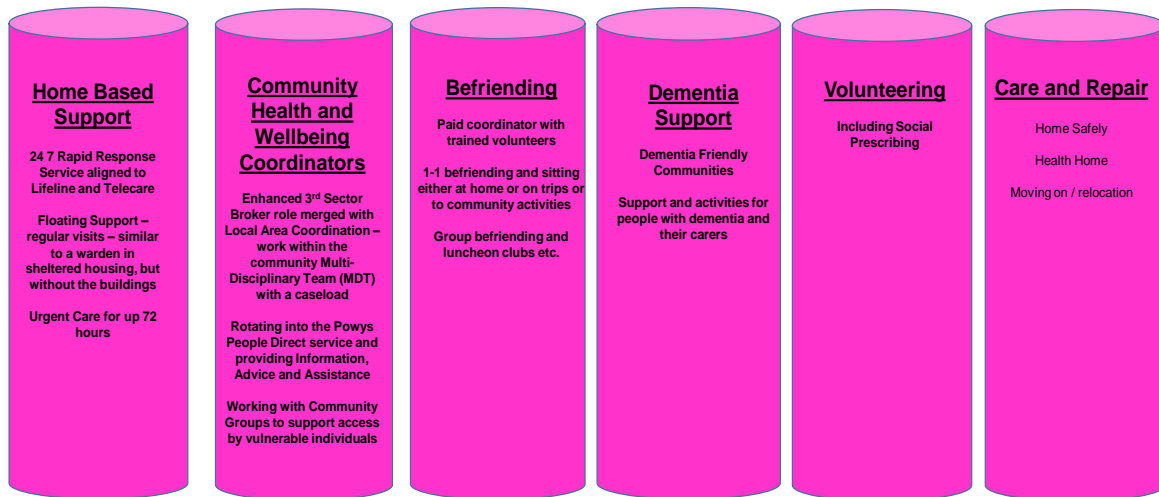
<b>Programme Title:</b>	Prevention and Early Intervention Programme
<b>Programme ID:</b>	
<b>Programme Sponsor:</b>	Dylan Owen / Simon Inkson
<b>Programme Manager:</b>	Dominique Jones
<b>Project Summary</b>	
<p>A multi-agency programme that will develop and deliver an integrated and co-ordinated community focused (health) and wellbeing support service that takes a whole system approach to meeting people’s needs within a preventative and early intervention service framework.</p> <p>The main aim will be to establish a series of virtual (health and) wellbeing hubs (and where appropriate to co-locate in to a community hub building), eventually covering the whole of Powys. It will follow a phased approach to piloting and trialling a range of prevention and early intervention methodology across the county dependent on need and opportunity.</p>	

**Community Focused Health and Wellbeing Hub**



As a priority it will seek to establish services that will primarily meet the needs of older people through what we are calling the 3 pillars of prevention and early intervention. However over time these services will aim to provide a whole population approach and provide care and support to ensure people remain independent.

## Prevention and Early Help for Older People in Powys



### All Based in Community Hubs

*OUTCOME 1: Individuals and families maximise their resilience, independence and wellbeing through accessing swift and timely support and assistance throughout the continuum of need*

*OUTCOME 2: Strategies and services are informed and shaped by the aspirations and 'what matters' to the citizen.*

*OUTCOME 3: Fewer individuals and families require statutory interventions, for longer periods of time.*

*OUTCOME 4: A leadership culture that facilitates a whole system approach to building community capacity and resilience to recognise and meet its own needs.*

What this might look like to the service user:-

1. Better access to clear timely information, advice and assistance
2. People will have their additional needs, assessed and met earlier, before they escalate
3. Individual's needs for statutory services will be reduced
4. People have a greater feeling of health & wellbeing
5. People are on an even keel / feel in control of their lives
6. Individuals will have support to enable them to live in their own home or in their community if that is the preferred choice.
7. People will be able to stay at home for as long as possible

8. People will develop greater resilience and knowledge to solve their own problems
9. People will feel more connected with their community and less lonely and socially isolation
10. People will have increased self-esteem, confidence and coping strategies

What these might look like for the community

1. Communities will provide solutions to problems
2. Greater knowledge within the community of available services
3. A cohesive community that is supportive of vulnerable groups
4. A business economy which is integrated with the social economy and recognises social capital and social return on investment.

What this might look like for public services

1. Statutory compliance for Part 2 of the Social Services and Wellbeing Act and for the Wellbeing of Future Generation Act
2. Sign up by the whole Council and it's partners to an holistic approach to addressing 'what matters' at community and individual level.
3. Further release of community capacity to support the delivery of public services
4. Reduction in the need / demand for high cost statutory level interventions resulting in efficiencies and/or savings
5. Improved Multi agency planning and service delivery for EI&P (internally and externally)
6. A culture shift to working differently, in a way that utilises all available resources to meet the needs of the customer and reduces down demand failure.

The two definitions for Prevention and Early Intervention are:- (*Wellbeing / Population Assessment*)

#### Prevention

*Deploying resources to prevent problems occurring or getting worse, including for other people, communities or organisations.*

*Acting in the present to stop problems from occurring or getting worse. This includes preventing exposure to hazards that cause disease or injury, altering behaviours that can lead to disease or injury, and increasing resistance to disease or injury should exposure occur*

#### Early Intervention

*Intervening at the earliest opportunity, so as to make a positive difference, and prevent or delay harm or damaging impacts*

This is an Executive summary of the project taken from the PID.

<b>Agreed Project Completion Date:</b>	March 2021
<b>Project RAG Status:</b>	This is due to delays in project supported being appointed and target dates being changed because of cancellation of December Board for approvals.

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**Project Update**

Update for this Period
In this section, provide a brief narrative around the work and progress this period.
<p>Work has centred around:-</p> <ul style="list-style-type: none"> <li>• Analysis of the formal consultation process for the Review of Day Care Services for Older People (including Day Centres) – Report to accompany Cabinet Report</li> <li>• Drafting of Cabinet Report for approval on the 20<sup>th</sup> December</li> <li>• Scrutiny process for Cabinet Report</li> <li>• Review of Integrated Assessment (Impact Assessment) to accompany Cabinet Report.</li> <li>• Analysis of all grants and projects including contracts and monitoring arrangements</li> <li>• Design and delivery of the first Consultation Workshop with Service Providers Receiving Grants (ASC and Supporting People) – to aid Grant Review process.</li> <li>• Consultation and revision on the specification for Home Support element prepared for approval (approval at January Board)</li> </ul>

- Specification for Day Centre services where external agencies may take on delivery (approval at January Board) – meetings with 2 town and community councils to discuss possible ways forward has taken place.
- Drafting of ICF application for 2017-18 and funding profile up to March 2020
- Recruitment of 4 Community Health and Wellbeing Co-ordinators (see ICF Highlight Report)
- Implementation of the Dementia Matters project (see ICF Highlight Report)
- Final revisions of the Befriending and Home Sitting Service specification for commissioning in early 2017. (approved by Home Based Respite Project Board)

### Governance Actions/Decisions

Highlight any activity or decisions the governance needs to undertake for the project. For example risks or issues that cannot be resolved by the project team.

- Board membership from Health being approved (*Lesley Sanders has agreed to sit on the Board in support of work being discussed for Llanidloes*).
- Approach to ICF and endorsement of the delivery model.
- Matrix that identifies preferred roll out programme for new model
- Communication plan designed
- Approach to grant Review for approval

### Communications to Key Stakeholders

This should contain any good news stories or case studies. Also any important communications this project needs to send out about its activity and impact.

The final analysis of the responses to the formal consultation for the Review of Day Time Activities for Older People resulted in the following:-

- 800+ people attending consultation sessions, workshops and public meetings (26 session in total)
- 363 questionnaires completed and returned
- 254 items of correspondence including letters and emails
- 4 petitions received as part of the consultation with a total of 4869 signatures plus 2 petitions received outside the consultation period included a further 4134 signatures.

Film produced of the consultation session event at Tenat Valley Day Centre project which was shared at Scrutiny

### Project Assurance

As part of the project methodology, several documents should be regularly reviewed and updated.	
Document	Date Updated
Has the Project Initiation Document been updated?	Yes (model extended to accommodate all ICF projects)
Has the Business Case been updated?	No
Has the Project Plan been updated?	No
Has the Project Logs (Risks etc.) been updated?	Due January Prevention Board
Project Document Library Location	
Here should be the location where the project documentation is stored and updated.	
With Dominique Jones	

## Project Plan

### Project Plan

Provide a breakdown of the project task and milestones. This is not changed outside of the change control process

Milestone/ Task Name		Deliverable	Lead	Start Date	End Date	BRAG status
<b>PHASE ONE</b> Strategy and model development and consultation April 2016-December 2016	1.1	Early Intervention and Prevention Strategy – all age (Strategic Intent Document) – RPB Approval	Dominique Jones / Shelley Davies	April 2016	August 2016	
	1.2	Appoint Lead Officer	Dominique Jones		August 2016	
	1.3	PID and Project Plan including board membership and governance – RPB approval	Dominique Jones	August 2016	September 2016	
	1.4	Initial Meeting of Board	Dominique Jones		October 2016	
	1.5	Project Team established	Dominique Jones	August 2016	October 2016	
	1.6	Revise ICF Bid and project profile for 2017-18 (New Task)	Dominique Jones / Freda Lacey	October 2016	November 2016	
	1.7	Initial consultation and design workshop delivered	Dominique Jones	September	November 2016	Task no longer appropriate
	1.8	Stakeholder Map defined and agreed	Dominique Jones / Liz Bickerton	September 2016	November 2016	
	1.9	Define and agree benefits	Dominique Jones / Liz Bickerton	December 2016	January 2017	Date change request to January 2017
	1.10	A community delivery/ minimum service model designed (priority elements for older people)	Dominique Jones	August 2016	November 2016	
	1.11	Matrix that identifies preferred roll out programme for new model	Liz Bickerton	November 2016	January 2017	Date change request to January 2017
	1.12	Communication plan designed	Dominique Jones	November 2016	January 2017	Date change request to January 2017



1.13	Pilot areas approved and Area Community Co-ordinator/s appointed	Dominique Jones / Freda Lacey	September 2016	December 2016	
1.14	Agreed programme for grant / contract review process approved including Supporting People Grant	Liz Bickerton / Adrian Jones	October 2016	November 2017	Date change request to January 2017
1.15	Assessment of how the "front door" PPD (information and advice) links to EI&P model together with agreed referral and business processes.	TBC	January 2017	February 2017	Date change request to February 2017
1.16	Draft and approve specification for Home Support element of new model	People Too	October 2016	December 2016	
1.16	Formal consultation on the Review of Day Time Activities for Older People (including Day Centres) completed and report and recommendations to Cabinet / RPB	Dominique Jones	August 2016	December 2016	
1.17	Plan approved for the implementation stage (Phase 3) of the Review of Day Time Activities for Older People (including Day Centres) project	Dominique Jones	October 2016	January 2017	
1.18	Prepare an outline business case, including details of existing commissioned services likely to fall within the remit of the project.	Dominique Jones	TBC	January 2017	
1.19	Phase 2 defined and approved including a project plan	Dominique Jones	October	January 2017	

## Project Plan

Provide a breakdown of the project task and milestones.

Milestone/ Task Name	Deliverable	Lead	Start Date	End Date	BRAG status	
<b>PHASE TWO</b> <b>Indicative</b> <b>Only</b> Planning - <i>workforce, assessment, data, locality delivery, community resilience/development – Nov 2016 – March 2017</i>	2.1	Draft Wellbeing / Population Needs Assessment completed <sup>1</sup>	Diane Reynolds	September 2015	December 2016	
	2.2	Implementation of the Phase 3 Plan for the Review of Day Time Activities (Phased dependant on decision)	Dominique Jones	November 2016	December 2016	
	2.3	Low level assessment, refined care / referral pathway, and outcome measurement tool agreed and first stage tested	TBC	November 2016	January 2017	
	2.4	An integrated suite of Commissioning Strategies designed to support the community focused model	TBC	November 2016	January 2017	
	2.5	An Integrated EI&P Workforce Development Strategy and plan	TBC	December 2016	February 2017	
	2.6	A feasibility and action plan for an Integrated data system for recording EI&P needs, interventions and outcomes	TBC	February 2017	March 2017	
	2.7	Low level assessment, refined care / referral pathway, and outcome measurement tool agreed for implementation	TBC	January 2017	March 2017	
	2.8	Approved fully costed business case to include existing commissioned services likely to fall within the remit of the project.	TBC	January 2017	February 2017	
	2.9	Contract exemption requirements in place to enable timely alignment.		December 2016	February 2017	
	2.10	Governance arrangements finalised for the future delivery of the service / s (for example link to LATC)	TBC	December 2017	February 2017	
	2.11	Decommissioning action Plan approved.	TBC	October 2017	February 2017	
	2.12	Implementation plan approved for phased role out (beyond initial pilot area) of community delivery	TBC	April 2017	Ongoing	
	2.13	A range of integrated prevention and early intervention commissioned services	TBC	April 2017	Ongoing	

<sup>1</sup> A dependency output managed in another programme,

Phase 3	3.1	Phase 3 defined and approved			March 2019	
	3.2	Phase 3 of PID Implementation		April 2019	September 2019	
Phase 4	4.1	Phase 4 of PID defined and approved		September 2019	December 2019	
	4.2	Phase 4 Implementation		January 2019	Ongoing	

## Change Control

<b>Change Control</b>					
The procedure that ensures that all changes that may affect the project's agreed objectives are identified, assessed and either approved, rejected or deferred.					
<b>No:</b>	<b>Date:</b>	<b>Change:</b>	<b>Reason:</b>	<b>Impact:</b>	<b>Approved/Not Approved</b>
	<b>Date Raised</b>	<b>A description of the change to the project</b>	<b>The reason for the change</b>	<b>What is the impact on Schedule, Cost or Quality</b>	<b>By the Project Sponsor</b>
1.9	Dec 2016	Change of date from December to January 2017	Capacity / December Board cancelled a	None	✓
1.11	Dec 2016	Change of date from December to January 2017	Capacity / December Board cancelled a	None	✓
1.12	Dec 2016	Change of date from December to January 2017	Capacity / December Board cancelled a	None	✓
1.14	Dec 2016	Change of date from December to January 2017	Capacity / December Board cancelled a	None	✓
1.15	Dec 2016	Change of date from December to January 2017	Capacity / December Board cancelled a	None	✓

## Key Risks

Key Risks						
The main project risks should be highlighted within this section along with proposed mitigation to reduce or remove the risk, these should be taken from the Risk register.						
Risk	Description	Probability	Impact	Rating	Mitigation	Residual Rating
Recruitment of Delivery Team	<ul style="list-style-type: none"> <li>Delay in recruitment of delivery team may hamper progress</li> </ul>	High	High	High		High
Support Services Capacity	<ul style="list-style-type: none"> <li>Due to timing with other major project work such as Residential Care, and retendering of Domiciliary Care is likely to put pressure on the capacity of support services such as HR and Finance to support the implementation of the Day Care Review.</li> </ul>	High	High	High	Jason Lewis needs to ensure Resource Plan for all change projects including the Review of Day Time Activities / Day Centres is sufficiently known and planned for.	Medium
Board Membership of Health	<ul style="list-style-type: none"> <li>No formal agreement about Board membership from PtHB which may result in joint opportunities being missed</li> </ul>	High	Medium	Medium	Lesley Sanders (Integrated Clinical Team Manager- North Locality) has agreed to sit on the Board to enable us to develop a joint approach in Llanidloes.	Medium

## Key Issues

<b>Key Issues</b>				
The main project Issues should be highlighted within this section along with proposed mitigation for the Issue, these should be taken from the Issue register.				
<b>Issue</b>	<b>Description</b>	<b>Impact</b>	<b>Mitigation</b>	<b>Residual Impact</b>
Recruitment process for Project Team at a stand still	Due to internal processes the staffing structure has been put on hold.	High	Some consultant time has been identified but will not help with the longer term continuity of delivering the project.	High