

## Draft programme structure and action plan for Making it Real

### Aim

To design a programme structure and action plan to effectively support the delivery of the outputs and outcomes of Making it Real for Bath & North East Somerset Council.

### Proposed programme structure

The proposed structure builds on examples of best practice developed by Islington Council, and the paper 'Co-production in social care: What it is and how to do it' produced by the Social Care Institute for Excellence (SCIE). The SCIE report recommends approaches to co-production, and includes case studies. The recommendations from the report (see **Appendix A**) are based on a framework for change management centred on four key areas:

1. Culture
2. Structure
3. Practice
4. Review

The proposed structure for B&NES will result in fully embedding co-production and the principles of Making it Real throughout the decision making processes of Bath & North East Somerset Council Adult Social Services. It will do this by eventually establishing a 'Making it Real Implementation Group' supported by working groups (see fig. 1 below). The Implementation Group will sit alongside the Care Act Implementation Board and will share a number of work streams with that Board (thus reducing duplication of effort).

This Implementation Group will be co-chaired by a service user or carer and the Director, Adult Care and Health Commissioning.

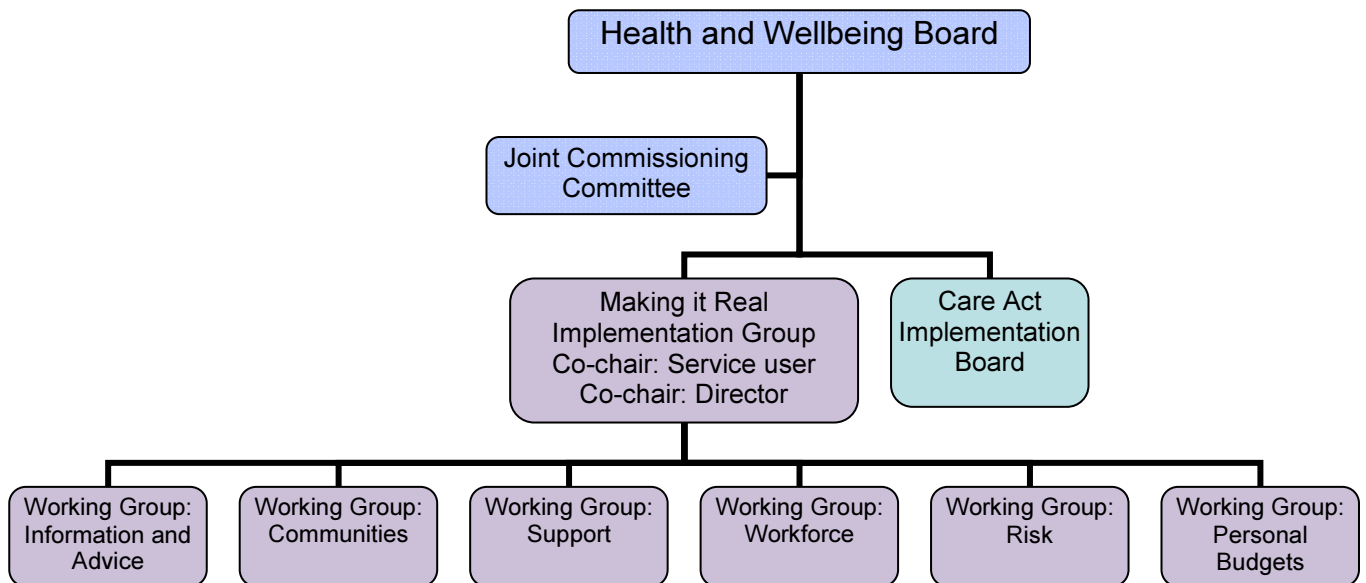


Fig 1. Proposed Implementation Group structure for Making it Real. Note that the proposed working groups above reflect the high level outcomes identified as the Making it Real Markers for Change. It is unlikely all these groups will be running at the same time, as the Implementation Group will be agreeing an action plan based on its top three priorities.

### The Making it Real Implementation Group

In order to be successful and fully achieve the vision of Making it Real, the Implementation Group will need to influence culture and practice throughout adult social care and the CCG. It

can only do this by being co-chaired, and by one of the co-chairs to be a key influencer and decision maker within the organisations.

To this end, as stated above, the Implementation Group will be co-chaired by a service user representative and the Director, Adult Care and Health Commissioning. This is an important and vital aspect of the Implementation Group, and one which visibly demonstrates our commitment to listen to our communities and service users and co-produce solutions to the issues arising within Bath and North East Somerset. Service users and carers, along with providers and voluntary and community sector representatives will also attend the Implementation Group.

Having broad representation at a high level will be important to ensure that the principles of co-production are embedded throughout the organisation, supporting the culture change identified by SCIE as being necessary to fully embrace co-production.

The Implementation Group in its development stage will sit alongside the Care Act Implementation Board as shown in fig. 1 above, and representatives of the Implementation Group will attend the Care Act work streams. Once the Implementation Group and its membership are established, it may be in a position to succeed the Care Act Implementation Board, as the main vehicle to direct and effect change within Adult Social Care.

The initial Implementation Group membership will include senior commissioners from the Council and CCG, alongside provider organisations from both the voluntary and private sectors. These members will work to deliver the action plan mentioned below. As the Implementation Group membership grows and develops, it may be necessary to establish a small Executive to set agendas for the Implementation Group meetings. Membership of this Executive will be balanced between experts by experience and professionals.

### **The proposed work streams**

The work streams identified in Fig. 1 correspond to the Making it Real 'Markers for Change' (see ATT2). The work streams are compatible with the work of the Care Act Implementation Board, and a representation of the cross-over of these pieces of work is shown in **Appendix B** below.

It is unlikely that all six work streams will be running at the same time. The Implementation Group will need to agree its top three priorities to work on, develop and action plan to meet these and work streams will be aligned to those.

### **Suggested initial action plan**

There are several initial actions that will need to be undertaken before the Implementation Group can become fully operational and constituted. These actions will be defined by setting an early action plan, drafted at **Appendix C** below. This action plan will lead to the development of the first Making it Real action plan, which should be co-produced.

### **Budgetary requirements**

The effective delivery of the initial work plan below will require financial support to enable service users and carers to fully participate in the Implementation Group. It is reasonable to assume that there will be financial implications of producing and delivering the Making it Real action plan, which will include training and support for service users and carers to actively participate in the process, training for staff within B&NES and the CCG, support from members of the National Co-production Advisory Group (NCAG), and support to evaluate the impact / effectiveness of Making it Real and the co-production approach.

It is intended to use the Transformation budget for this work.

### **Programme Initiation**

A series of events are planned to support and promote the Making it Real agenda and approach. The first of these will be on 20<sup>th</sup> January, when a session will be held to introduce commissioners across the council and CCG to the principles of co-production, with examples of how this has worked within Children's Services. This will be followed by representation to the Health and Wellbeing Board on the 21<sup>st</sup> January to seek endorsement for our approach.

An event for providers has been organised to discuss the principles of Making it Real and to encourage them to develop action plans of their own to further this agenda. We are also planning further events to look specifically at implementing co-production during monitoring and evaluation.

A series of 'breakfast' type sessions are planned for the senior leadership teams of the council and CCG around co-production. These will introduce the concept and principles of co-production and review case studies of best practice. An on-going communications exercise is also planned to ensure members of staff within the Council and CCG that are unable to attend any of the sessions are up to date and aware of developments.

Making it Real is a transformational way of considering how we support and recognise people with care and support needs. It offers us an opportunity to fully engage the people we support, to encourage them to become active citizens, to understand their strengths and the abilities they have and how they can add value to their communities.

## Appendix A

### Co-production in social care: What it is and how to do it

#### Recommendations

How to do co-production – gives recommendations on how to develop co-productive approaches in organisations and projects. The section and its recommendations are based on a framework for change management structured around a four piece jigsaw covering culture, structure, practice and review. The recommendations are:

#### Culture

- Ensure that co-production runs through the culture of an organisation.
- Ensure that this culture is built on a shared understanding of what coproduction is, a set of principles for putting the approach into action and the benefits and outcomes that will be achieved with the approach.
- Ensure that organisations develop a culture of being risk aware rather than risk averse.

#### Structure

- Involve everyone who will be taking part in the co-production from the start.
- Value and reward people who take part in the co-production process.
- Ensure that there are resources to cover the cost of co-production activities.
- Ensure that co-production is supported by a strategy that describes how things are going to be communicated.
- Build on existing structures and resources.

#### Practice

- Ensure that everything in the co-production process is accessible to everyone taking part and nobody is excluded.
- Ensure that everyone involved has enough information to take part in coproduction and decision making.
- Ensure that everyone involved is trained in the principles and philosophy of coproduction and any skills they will need for the work they do.
- Think about whether an independent facilitator would be useful to support the process of co-production.
- Ensure that frontline staff are given the opportunity to work using co-production approaches, with time, resources and flexibility.
- Provide any support that is necessary to make sure that the community involved has the capacity to be part of the co-production process.
- Ensure that policies and procedures promote the commissioning of services that use co-production approaches.
- Ensure that there are policies for co-production in the actual process of commissioning.

#### Review

- Carry out regular reviews to ensure that co-production is making a real difference and that the process is following the agreed principles.
- Co-produce reviews and evaluations.
- Use the review findings to improve ways of applying the principles of coproduction, so that continuous learning is taking place.
- During reviews and evaluations, work with people who use services and carers, to think about ways of showing the impact that co-production has, as well as the processes that are involved

## Appendix B

Tables demonstrating the interrelated themes of the implementation of the Care Act 2014 and the proposed work streams based on the markers for change from Making it Real

<b>Relevant Care Act 2014 Sections grouped into general themes (numbers relate to the sections in the Act)</b>		
<b>General</b>	<b>Assessment</b>	<b>Support</b>
1. Wellbeing	6. Co-operation	25. Care and support plans
2. Prevention	9. Assessments	26. Personal budgets
3. Integration	10. Carers assessments	27. Reviews
4. Information and advice	24. Steps to take following an assessment	31. Direct payments
5. Diversity and quality in the market		
67. Advocacy		

<b>Making it Real proposed work streams (based on the Markers for Change)</b>	<b>Relevant Care Act Sections/Themes</b>		
	<b>General</b>	<b>Assessment</b>	<b>Support</b>
Information and Advice. Having the information I need, when I need it	4. 67.		
Active and supportive communities. Keeping friends, family and place	2.	10.	25.
Flexible integrated care and support. My support my own way	1. 3.	9. 24.	25. 27.
Workforce. My support staff	4. 5.		
Risk enablement. Feeling in control and safe	1.	9.	25. 27.
Personal budgets and self-funding. My money	4.	9. 24.	25. 26. 31.

## Appendix C – Suggested initial action plan

Action	Owner	Done by	Outcome
<b>Initiation stage</b>			
1. Identify members to join pre-Implementation Group	Transformation and Strategic Planning Mgr	Jan 2015	Potential Implementation Group members are identified. To include providers, CCG and local authority.*
2. Develop draft Terms of Reference for the (pre) Implementation Group	Transformation and Strategic Planning Mgr	Jan 2015	Potential Implementation Group members are aware of the purpose of the Implementation Group and its aims.
3. Invite pre-Implementation Group members to first meeting	Transformation and Strategic Planning Mgr	Feb 2015	Pre-Implementation Group meets and agrees Terms of Reference, initial work plan and priorities.
<b>Pre-Implementation Group stage</b>			
1. Review structures already in place for service user and carer involvement	<ul style="list-style-type: none"> <li>Pre-Implementation Group</li> <li>Transformation and Strategic Planning Mgr</li> </ul>	Feb 2015	<ul style="list-style-type: none"> <li>Pre-Implementation Group has an understanding of how service users and carers are currently able to influence service delivery and development.</li> <li>Potential service user Group members are identified.</li> </ul>
2. Develop EIA and review engagement methods with providers, including the VCS	<ul style="list-style-type: none"> <li>Pre-Implementation Group</li> <li>Transformation and Strategic Planning Mgr</li> </ul>	Feb 2015	EIA developed to consider needs and access for all equalities groups. Pre-Implementation Group has an awareness of how providers are currently able to influence service delivery and development.
3. Contact service users and carers to invite them to learn more about the Implementation Group and our plans	<ul style="list-style-type: none"> <li>Pre-Implementation Group</li> <li>Transformation and Strategic Planning Mgr</li> </ul>	Feb 2015	<ul style="list-style-type: none"> <li>Service users and carers are aware of and understand our plans</li> <li>Service users and carers have an opportunity to engage with the development of the Implementation Group</li> </ul>
4. Review training and support needs for service users and professionals to attend and contribute to full Implementation Group meetings	<ul style="list-style-type: none"> <li>Pre-Implementation Group</li> <li>Transformation and Strategic Planning Mgr</li> </ul>	Mar 2015	<ul style="list-style-type: none"> <li>Requirements for service users and carers to be able to participate in Implementation Group meetings and represent views which are broader than their own etc. are understood.</li> <li>'Professionals' attending Implementation Group meetings understand the abilities and needs of other Implementation Group members.</li> </ul>

\* Ideally the pre-Implementation Group would include service users and carers, however, it is likely that service users and carers will require training and other support in order to attend. The pre-Implementation Group will become the full Implementation Group once it is co-chaired by a service user / carer.

Action	Owner	Done by	Outcome
5. Community leadership training or similar is delivered	<ul style="list-style-type: none"> <li>Pre-Implementation Group</li> <li>Transformation &amp; Strategic Planning Mgr</li> </ul>	May 2015	To develop the skills of service users and carers to enable them to participate in the Implementation Group
6. Review EIA	<ul style="list-style-type: none"> <li>Pre-Implementation Group</li> </ul>	May 2015	EIA is reviewed to ensure equalities issues are understood and addressed where necessary.
<b>Implementation Group stage</b>			
7. Invite service users and carers identified from 4. above to attend the pre-Implementation Group	Implementation Group	Jul 2015	<ul style="list-style-type: none"> <li>Pre-Implementation Group is able to re-constitute as full Implementation Group with active co-production with service users and carers.</li> <li>A definition of co-production is agreed for Bath and North East Somerset.</li> <li>Draft 'Making it Real' action plan priorities are agreed.</li> </ul>
8. Co-produced and co-delivered 'Making it Real' event.	Implementation Group	Sep 2015	A Making it Real Action Plan identifying the top three priorities for Bath and North East Somerset from the Markers of Progress statements is finalised.