

Personalisation programme – Overview of key milestones and decisions end March 2012 NHS protect

KEY	KEY DECISIONS	PROGRAMME MILESTONES						OUTCOMES
Self Directed Support	Care Trust Board decides how best to influence the personalisation of DPT	RAS is re-calibrated	All client contacts are personalised and outcome focused (85% have a personal budget by April 2012)	A 3rd party is in place to administer DPs	Direct payment becomes the main offer for personal budgets (20% interim milestone by April 2012)	Providers carry out support planning and reviews within personal budget to agreed outcomes and timeframes		By April 2013 100% of eligible service users and carers have a personalised support plan and personal budget (mainly via a direct payment) Thus ensuring that people, not service providers hold the choice and control over their care. This is achieved through leadership bringing about real cultural change.
Information and advice	Personalisation board makes recommendation re ownership of the iAA strategy	Care Trust and Council agree which organisation owns which part of the strategy	IAA strategy and recommendations are ratified by Care Trust, Council and Torbay Strategic Partnership	Council decide lead owners for the 3 strands of the strategy.	Open objects is implemented	Active Living Consortium is fully constituted by end August 2011		The entire population of Torbay regardless of ability, ability, resources or age has access to up to date, accurate and effective information, advice and advocacy
Commissioning	Care Trust Board agrees to increase focus on outcomes and contracts support this process	Open objects enables sharing of support plans and feedback on services	Reablement that optimises staff skills across organisational boundaries is rolled out	Expert patient forums exist to enable people to improve their wellbeing and service delivery with professional support	Providers undertake reviews with clients	An assistive technologies strategy is developed	Regional frameworks enable cross boundary contract monitoring and quality assurance	Commissioning shapes a free market which comprises quality and variety where services are responsive to customer choice and promote and prolong independence
Workforce	Care Trust Board agrees to pilot phase 1 recommendations from the workforce review for the care support workforce	Success of workforce pilot is reviewed	Care Trust Board decides whether to implement workforce changes across all zones	Plans to enable required workforce changes are developed (to include a communications plan)	Phase 2 of the workforce plan is agreed by Care Trust	Phase 2 of the workforce plan is implemented	Both phases are monitored, reviewed and refreshed	The organisation's workforce is structured to enable personalisation right from first contact throughout the care journey including both front and back office functions e.g. Prevention, self directed support, commissioning and finance.
Assurances	Mechanisms are developed to monitor and safeguard personal budgets	Full range of personalisation specific KPIs are measured and monitored	Qualitative systems are developed to evaluate progress towards outcomes	The effectiveness of governance arrangements for the programme are audited	Value for money and the impact of personal budgets in an outcome based system are demonstrated			The progress of the programme is monitored to ensure the organisation achieves the specified outcomes whilst safeguarding all stakeholder interests throughout the process

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