

Good Practice: Future Strategies – Statutory Contractor Business Plan

<b>Good Practice Topic</b>	Business Plan
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<b>Aim/Objective:</b>	The aim of the Business Plan is to set out a proposed route for Upstream Healthy Living Centre (UHLC) to become sustainable post Big Lottery Funding, which ceases in 2006/7.
<b>Approach taken:</b>	<p>Steps taken to develop the Business Plan:</p> <ul style="list-style-type: none"> <li>• Review of current information held and evaluation reports.</li> <li>• Completion of a SWOT analysis.</li> <li>• Decision making process: consideration of the various options for sustainability (mainstream, statutory contractor, independent operator, exit)</li> <li>• Presentation to Board of Trustees for discussion and agreement in principle, subject to completion of the Business Plan and ratification by the Board.</li> <li>• Meetings with key local stakeholders (Primary Care Trusts and Local County and District Authorities, specifically Social Services).</li> <li>• The production of this summary.</li> </ul>
<b>Challenges and success factors</b>	<p><b>Challenges:</b></p> <p><b>Defining the strategy</b> for the future provided an opportunity to look more widely at the range of possibilities than we had anticipated and made us think more carefully about options that at first had seemed less relevant to us. We allowed ourselves to stretch our imaginations ambitiously but there was also a need for rigorous analysis of our current position and realistic consideration of our future options, including our capacity and resources.</p> <p><b>Defining the offer.</b> A key challenge has been to describe our services and specific approaches in a manner that is immediately relevant to those to whom we are selling the service. It is vital to describe the service being offered in the context of statutory objectives and health policy; for example, showing how the HLC fills a gap in current provision.</p> <p><b>Development time.</b> We had a wealth of information already collected on our HLC. However, pulling together this strategy took the equivalent of at least 2 weeks of a Co-ordinators' time.</p> <p><b>Success factors:</b></p>

	<p>We had HLC 'Pathfinder' support that helped address these challenges by providing a decision-making process that encouraged us to look beyond our immediate horizons. There was also assistance in pulling together the Business Plan itself and in conducting meetings with key statutory partners to talk through future possibilities.</p> <p>However, the key success factor for any HLC will undoubtedly be the willingness and ability of the Co-ordinator to commit fully to the development of this kind of document. It makes sense to invest time now to safeguard the future of the HLC.</p>
<p><b>Benefits realised</b></p>	<p>There were a number of benefits gained from the production of the Business Plan:</p> <p><b>Strategy.</b> A clear strategy for the sustainability of the HLC beyond Big Lottery funding. The Business Plan will be used as a reference point for many of the communications and publications generated by the HLC during the process of reaching sustainability.</p> <p><b>Scale of opportunity.</b> It's worth emphasising again that by going through the decision-making process thoroughly we were able to consider the full range of available options. The process was at times frustrating but in our case provided exciting and unexpected results, and I'm sure it will for others, too. For example, we are now considering the development of a national pilot to test our approach to service development and delivery in other locations and with other client groups.</p> <p>An understanding of the key government priorities and local strategic objectives was extremely useful in stretching our horizons and arguing our case. We developed a series of 'compliance' grids showing how the HLC matched these priorities and could help to deliver them. Managers in the statutory and local authorities have found these enlightening.</p>
<p><b>Lessons learnt</b></p>	<p>One of the key lessons we learned was not to make binding assumptions about the future strategy at the outset of its development. Having an open mind and a will to consider new ideas are important attributes for this kind of work.</p>

The draft business plan is attached below – it is subject to discussion and ratification by the trustees

**Upstream  
Business Plan  
DRAFT 3 (5-5-05)**

Date: 5/5/05

Prepared by: Catherine Tollington Simon Goodenough,

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## Executive summary

- The purpose of this business plan is to set out a proposed route for Upstream Healthy Living Centre (UHLC) to become sustainable post Big Lottery Funding, which ceases in 2006/7. Planning for the future is now underway and this business plan explores the options for sustaining the service beyond 2006/7 and developing a national pilot to test the approach in other locations and with other client groups. The Board of Trustees will be asked to sign off the plan at their meeting in June 2005. The key decisions to be made by the Trustees are:
  - To sign off the recommended strategic option set out in section 5.3 of the plan thereby agreeing for the option to be fully evaluated by September 2005.
  - To agree to developing a proposal for a national pilot of the Upstream approach and services.
- The business plan is one of three documents that have been written to capture the essential elements of successful development of Upstream in the future i.e. business management, operations and marketing. The documents are:
  - Business plan – managing the future
  - Operations Manual – operating the services
  - Positioning paper – marketing the Upstream proposition to the statutory sector
- Upstream Healthy Living Centre was set up in 2000 to pilot an approach to delivering services designed to address the health and social issues faced by the growing number of older, isolated people in rural Mid Devon. Given the rural location of its target customers, Upstream operates as a virtual HLC, using mentors to take its services to users, either in their own homes or in a location convenient to them. The Upstream approach to identifying its target user group through a mapping exercise and knowledge of the area in which it operates is as important as the services it delivers. The relationship between service users and trained mentors, who are seen as a trusted third party by its users, is also key to its success in engaging individuals in activities that have a beneficial effect on their health and well-being.
- Emergent findings from the pilot evaluation suggest that there is not only a strong case for the continuation of the services locally in Mid Devon but also for applying the approach more widely in different geographic and demographic areas through a national pilot. The Upstream approach is already demonstrating beneficial health outcomes for individual service users. The shift in emphasis now by Government and health professionals to health promotion/illness prevention places Upstream in an ideal position to become a key player in the delivery of health and social care services locally and also to have a significant influence on the way services are delivered nationally.
- The recently launched Partnerships for Older People Projects programme from the Department for Health should present an excellent opportunity for Upstream to partner with the statutory sector to test some of the Upstream initiatives and preventative approaches more widely. In addition the recently published Green Paper “Independence, Well-Being and Choice” (Department of Health) sets out a vision for adult care which is in line with the approach that Upstream has taken to providing services to vulnerable older people. The paper focuses on the need to allow individuals greater control and choice over the services they require and how they are accessed. The involvement of the whole community in the care of vulnerable adults and the need for the statutory sector and voluntary and social sectors to work in partnership also fit well with the Upstream approach.

- Upstream was set up not just to provide services but also as a research project, therefore the evaluation programme is central to its activities. It is planned that, on completion of the evaluation, data will be available on the relationship between intervention and outcomes and the cost benefits to the statutory sector. This information will be central to any negotiation with the statutory sector if they are to be asked to fund the service either locally and/or nationally.
  
- **Key issues**
  
- Upstream faces some challenges which need to be managed to ensure it can make the most of its potential:
  - In the short term, an 'Action Research' Report (May 2005) is being published with the independent evaluation to date. The plan is to develop this research in more depth and over a longer timescale, in co-operation with local statutory partners and potential national partners. This is likely to require further funding but the research could run alongside the first phase of local commissioned services and national pilots. If further funding is not available, this would restrict the depth and timescale of the research. However, Upstream does have some funding set aside in its budget over the next two years to continue the collection of evidence from participants and front-line partners. The evaluation is critical to Upstream's future and although there are already indicators which show that the service is starting to deliver beneficial health outcomes, all partners are keen to pursue the research over a longer timescale to provide more solid evidence of those health outcomes and evidence that the service delivers best value.
  
  - Upstream is extremely dependent on the individuals who are the driving force behind the development of the approach and services. Whilst their knowledge and experience is being captured through mentor training and the Upstream Manual, if the service is to expand and develop both locally and nationally Upstream will need to find a method of ensuring service quality is maintained once control is devolved to a wider group. This will be essential if the statutory sector is to have confidence that the service is scaleable without compromising quality.
  
  - There are significant barriers to entry within the statutory sector market. Central government policies in the areas of health and social care and social exclusion reflect the need for the voluntary and social sectors and local communities to become key partners in public service delivery. However there is little evidence that this is filtering down to the local statutory sector in terms of purchasing services from the voluntary or social sectors. This barrier needs to be overcome locally through a mix of influencing local opinion formers and decision makers and providing the hard evidence of the social and financial value of the services.

## **Chapter 1 – Context**

### **1. Background**

- 1.1. Upstream Healthy Living Centre was set up in 2000 to pilot services designed to address the issues of isolation and loneliness amongst older people in the rural areas of Mid Devon. People are living longer but not necessarily better and often find themselves in isolated circumstances, particularly, but not exclusively, in rural areas. However there is much evidence that people who take part in positive activities and remain socially engaged live healthier and happier lives.
- 1.2. Upstream offers a unique and flexible programme of activities, which are determined by the participants themselves, to ensure that the most vulnerable citizens in the community are able to access its services and experience a resultant improvement in their health and well-being. Professionals from the fields of medicine, the arts, local government, social services, education, business and academic research designed the Upstream approach and services with significant input from the local community via a consultation process. This ensures that Upstream is able successfully to deliver services that not only have a high level of community engagement, innovation and creativity but which also have credibility with health and social care professionals.
- 1.3. The activities available are as varied and as interesting as the imagination of the individual participant. The programme is agreed with the participant following a visit from a mentor who is a specialist facilitator. There is a strong creative theme interwoven with exercise and healthy eating running through the activities, which are designed to be mentally stimulating. Upstream utilises the skills and resources of outside professionals in arts, crafts, sports and leisure, as well as the creative skills of mentors themselves. Activities might include painting, pottery, photography, print-making, Internet training, singing, making music, reading groups, writing, local history, reminiscence and recording, needlework, traditional crafts, weaving, mosaics, Tai Chi, bowls, gentle exercise.
- 1.4. Upstream is a healthy living centre “without walls” operating on an outreach basis. Many of its participants are referred from local primary health care teams and social services; others from the community, family, friends and self-referral. For the house-bound, activities are brought to the home; for the more mobile, group activities take place in village halls, schools, community colleges and other locations.
- 1.5. Evaluation is central to the pilot and an independent research and evaluation programme is running alongside the service, involving researchers from the Peninsula Medical School, Mid Devon Primary Care Research Group and Exeter University School of Education and Lifelong Learning.
- 1.6. The purpose of the project, which is mainly funded by the Big Lottery Fund, is threefold:
  - 1.6.1. test the effectiveness of the services developed and delivered by Upstream locally in Mid Devon;
  - 1.6.2. use the evaluation to improve the service, assess the benefits and to determine if the approach can be applied more widely;
  - 1.6.3. promote the service as a potential enhancement of public service delivery in response to statutory sector priorities.
- 1.7. The potential long term cost benefits for the NHS and Social Services from taking this type of approach to health promotion/illness prevention was acknowledged in the 2002 Wanless Report. Upstream is well placed to make a real contribution to help realise significant savings both locally, with its Mid Devon services, and also nationally if the Upstream approach should be adopted more widely.

## 2. Vision for the next five years

2.1. The value of the Upstream approach is in its ability to engage with individuals who feel isolated and disenfranchised from society and to engage them in activities which benefit their health and well-being. Although Upstream's services in Mid Devon are targeted at older people, the approach could equally be applied to other age groups and/or in other non-rural locations where deprivation or cultural diversity may be a barrier to social inclusion. Upstream's vision for the future reflects its commitment to disseminating its approach nationally and also to continuing its services in Mid Devon:

*"To have the Upstream approach recognised as a key component in the provision of public services. To be the first point of contact for helping individuals who are isolated or at risk of isolation to find activities that help them feel better and enjoy themselves"*

Upstream believes that it can contribute significantly to improving the health and well-being of the community it serves. It can also become a key partner in the delivery of statutory sector strategic objectives in relation to health promotion, illness prevention and social inclusion. Services will also contribute to increasing the social capital of the area as Upstream participants become more active citizens.

The mission of Upstream is to:

- rekindle and bolster people's passion for living by helping them to engage in imaginative, creative, and social activities, thereby promoting their health and well-being and that of their community, and reducing reliance on health and social services.

## 3. Aims and Objectives

3.1. Upstream has set strategic objectives that support the delivery of its vision and mission. The objectives have also been considered in the context of their fit with statutory sector strategy:

### **Upstream Year 4 (2005/06) Objectives:**

- to identify 200 older people in Mid Devon who have become isolated, or who are at risk of isolation.
- to engage or signpost 150 of them in stimulating creative, leisure, learning and social activities in order to improve their quality of life, self-confidence, independence and promote social inclusion.
- to participate in an independent research programme to evaluate and improve the benefits of the service, demonstrate the value of the service and produce guidelines with examples of good practice that can be replicated elsewhere in the country.
- to partner with the statutory health, social care, local government and voluntary agencies, to ensure the service is developed to meet both customer and statutory sector requirements.



#### 4. Current Position

- 4.1. Upstream services and research are largely supported by the Big Lottery Fund and are due to end in April 2007. In order to deliver the vision and maximise Upstream's potential, the HLC recognises the need to adopt a sustainable business model based on its current and future capacity and capability and the external HLC environment.
- 4.2. Upstream has some significant strengths on which to build for the future. It may be considered unique in the way it has successfully developed a strong focus on individuals and their communities but also delivers its services in line with statutory sector objectives. The recently announced "Partnerships for Older People Projects" (POPP) from the Department of Health demonstrates how far ahead Upstream is not only in its thinking in relation to services for older people but also in their delivery. The notion of "intervention ahead of crisis", particularly for those who are isolated and/or have poor access to service, underpins Upstream's approach. Upstream has designed its services to complement those delivered by the statutory sector with a view to them becoming an integral part of the value chain.
- 4.3. Upstream benefits from a highly committed, innovative and flexible workforce. These qualities are matched by the appropriate skills, knowledge and professionalism that are important for the service users and for GPs and social workers who refer patients to Upstream and need to have confidence in the quality of the service. The involvement of medical professionals in the design, quality assurance and on the board of trustees also lends credibility to the approach and services.
- 4.4. Another key strength of Upstream is its approach to monitoring and evaluation. The project was set up not just to provide services but also as a research project, therefore the evaluation programme is central to its activities. It is planned that on completion of the evaluation, data will be available on the relationship between intervention and outcomes and the cost benefits to the statutory sector. This information will be central to any negotiation with the statutory sector if they are to be asked to fund the service either locally and/or nationally.
- 4.5. Upstream has a number of opportunities which it is starting to take advantage of already. Arguably the current and evolving Government policy on health and social care, and caring for older people, provides the ideal environment to "sell" the Upstream approach to the statutory sector. The new "Partnerships for Older People Projects" could provide some interim funding for Upstream to complete its evaluation, continue services locally and begin to broaden its scope, until a more sustainable income stream is developed. If Upstream were to become a partner in a pilot POPP this would most certainly strengthen its hand with the statutory sector as a recognised service provider and influencer of how services for older people are delivered. Upstream already has an excellent network of supportive partners including Mid Devon PCT, Mid Devon District Council and Devon County Council. The challenge is to turn them from relatively passive supporters of Upstream into working partners who recognise its value and are prepared to pay for its services.
- 4.6. Upstream also faces some challenges which need to be managed to ensure it can make the most of its potential. In the short term it needs to find funding to continue the evaluation. The evaluation is critical to Upstream's future and, although there are already indicators which show that the service is delivering beneficial outcomes, all partners are keen to pursue the research over a longer timescale to provide more solid evidence of those health outcomes and evidence that the service delivers best value.
- 4.7. Upstream is extremely dependent on the individuals who are the driving force behind the development of the approach and services. Whilst their knowledge and experience is being captured through mentor training and the Upstream Manual, if the service is to expand and develop both locally and nationally, Upstream will need to find a method of ensuring service quality is maintained once control is devolved to a wider group. This will be essential if the statutory sector is to have confidence that the service is scalable without compromising quality.

## 5. Strategic Options

5.1. Although Upstream could pursue other grant funding to continue its service in Mid Devon, this approach is unlikely to secure its long term future, is highly labour intensive and, given the current funding landscape, not a realistic solution to the sustaining the service. More importantly, it is becoming increasingly obvious as the service develops and the research results begin to emerge, that the potential exists for the services to be an integral part of the public service delivery, which suggests that Upstream should be looking for a more strategic relationship with the statutory sector.

5.2. A number of strategic options have been considered and the following option looks to be the most appropriate:

### 5.3. Recommended strategic option:

5.3.1. Upstream would remain as an independent entity and derive a significant proportion of its income by selling its services to statutory or other local partners on a contracting basis. This option would enable Upstream to maintain its independence and build upon its existing excellent relationships with the local statutory sector. New skills may need to be acquired or developed to manage the business and the contractual relationships with the statutory sector. These may include commercial acumen, contract and workforce management. The skills and knowledge of the Trustees may need to be reviewed to ensure the best mix of expertise and knowledge is available to provide Upstream with the appropriate help and guidance. Some upfront investment in recruitment and training may be required to meet the demand of a client contract demanding scale and speed. This option may allow Upstream to offer its service to private sector business such as care homes or sheltered housing and develop a service for other target groups who suffer mental and physical health problems due to social isolation as a result of cultural, language or economic barriers. The advantages and disadvantages of this model are:

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<ul style="list-style-type: none"> <li>• Potential to develop a sustainable income stream</li> <li>• Upstream would be able to maintain its distinctive contribution to health and social outcomes and operate independently.</li> <li>• Reduce reliance on grants by generating income from selling services to statutory and private partners</li> <li>• Potential for Upstream to establish its approach to service delivery on a national scale.</li> </ul>	<ul style="list-style-type: none"> <li>• As potential purchasers of HLC services are likely to be statutory bodies (PCTs, local government), this approach will require a high degree of focus on partner priorities, perhaps curtailing Upstream's ability to provide different or additional services.</li> <li>• Expansion in the range of providers is sometimes associated with greater levels of variability in service provision. This could be seen as a risk by statutory sector partners. Quality assurance will be important.</li> </ul>

5.4. Another possible route to sustainability for Upstream is to look to the statutory sector, e.g. the PCT or Mid Devon Council, to incorporate the services directly into their respective organisations. This is likely to involve the statutory body taking over the running of the services and the closure of the Healthy Living Centre as a discreet entity. There are pros and cons with this approach (see below) but the disadvantages around loss of independence and the potential for services to be ceased due to budgetary constraints are likely to outweigh the advantages.

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<ul style="list-style-type: none"> <li>• Access to a more sustainable income stream</li> <li>• Access to statutory skill sets and functions (e.g. ability to use PCT finance department) and to statutory good-practice.</li> <li>• Possibility of “reshaping the mainstream” by focusing services on target users or altering the model of service provision.</li> <li>• Increasing prospects given increased focus on health inequalities (e.g. PSA targets) and health promotion (e.g. refocusing the NHS on preventing illness).</li> </ul>	<ul style="list-style-type: none"> <li>• The distinct Upstream approach is highly likely to be lost within statutory partners. The vision and ethos of Upstream may not be shared or fully understood by the statutory sector. Views may differ on what methods are most effective.</li> <li>• Dependency on continued partner support in future budgets.</li> <li>• The often changing policy priorities of statutory bodies may mean that mainstreamed projects do not achieve real long-term stability.</li> <li>• Users of the service may not have the same level of trust of the statutory sector as they do with an independent, third party provider.</li> <li>• Mentors and HLC staff may be reluctant to be employed by the statutory sector.</li> </ul>

5.5. The options of closing Upstream at the end of the pilot and leaving a legacy of the knowledge acquired as a result of the evaluation and experience of operating the services has also been discussed. If the HLC fails to secure a sustainable income stream beyond Big Lottery Funding this will become a possibility. The closure will have to be carefully managed to ensure the impact on service users is minimised and that the knowledge has been captured and accessible.

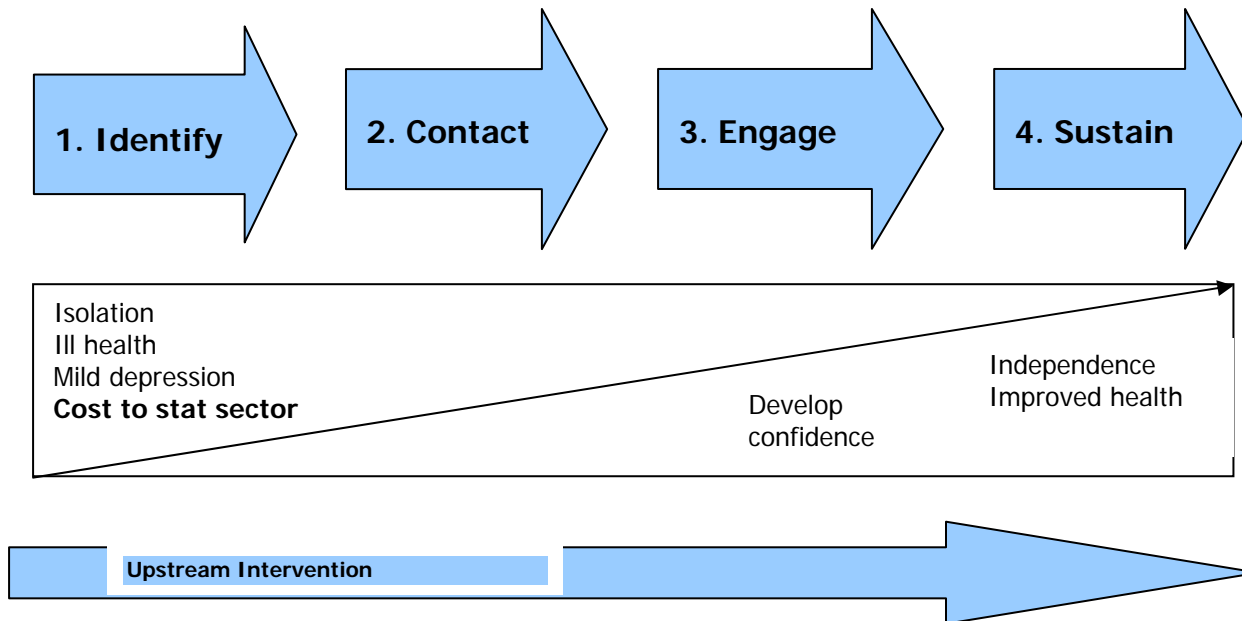
5.6. Upstream would be looking to complete the evaluation of the recommended option by September 2005 with a view to developing a contractual relationship with Mid Devon PCT/ Council by 2006/07. In the meantime Upstream has approached Mid Devon PCT, Devon County Council and Mid Devon District Council to be a key partner in an application for a Partnerships for Older People Project grant which, if successful, would further establish the Upstream approach as an innovative and successful way of providing services to older people.

## Chapter 2 – Opportunity

### 6. The opportunity

#### 6.1. Upstream services

6.2. The Upstream approach and services is based on a tried and tested model of:



6.3. The key elements of the approach are:

**Identify** older people who are isolated or at risk of isolation, through mentor knowledge, referrals from service providers, relatives and friends or any organisations or individuals likely to have contact with the target group.

**Contact** those who have been identified and encourage them, through a mentor, to engage with Upstream activities.

**Engage** those referred in creative and social activities. This may involve joining an Upstream activity, or signposting to other activities or groups.

**Sustain** a level of independence according to the needs of the individual. This may go as far as a group of participants setting up their own meetings and activities and encouraging others to join them, having the skills to be able to contact and engage service users and help them to develop the confidence to maintain a level of independence appropriate to their circumstances.

6.4. The role of the mentor is central to the service model. The mentor contacts and visits those who have been identified, discusses the options and what sort of activities the individual would like to do. The mentor then makes the arrangements for them, supports them in the early stages of the activities and in some cases is also the provider of the activities. The mentor requires the skills to communicate with, and engage, service users and help them to develop the confidence to maintain a level of independence appropriate to their circumstances and groups.

6.5. The success of the model is also dependent upon the service provider (Upstream) developing an in-depth knowledge and understanding of the area it serves. The area is mapped in terms of geography, demography, services, community organisations and transport. The mapping exercise gives the essential information on where potential service users are located and also where other similar or complementary services are being provided.

6.6. **The market.** The target market for Upstream services in Mid Devon can be described as those people who are the most socially disadvantaged, elderly, rural and isolated, many of whom may have multiple physical disabilities, sensory impairments, depression and some who have mild dementia. Mid Devon has 15,000 people over working age, and 34% more people over 65 than the UK average. At 10.4% Devon has a higher number of people aged over 75 than the national average of 7.5%. This information is based on research conducted as part of the pilot evaluation. Social isolation and loneliness amongst older people is an increasing problem. More than half of women aged 75 or over are living alone. Up to 17% of people aged 65 or over feel socially isolated with 7% “often or always” feeling lonely. These survey figures may be a gross underestimate. More in-depth qualitative research suggests that up to 58% reported feelings of loneliness. Depression is a major problem that impairs older people’s lives more than serious medical illnesses. Depression is also related to psychosocial factors, such as the death of a spouse, retirement, social isolation and diminished income.

6.7. The target market is traditionally hard to identify and to reach, particularly by the statutory sector service providers. People are often not involved in existing activities and less likely to seek out activities that could put them in touch with a social network and information on sources of help. This is where the Upstream approach is able to fill a gap in the market of current service provision. Its thorough approach to mapping the market and using a referral service from wherever a potential service user may have a point of contact means that it can identify hidden need for the service. This is contrary to the traditional approach where users must know what they are looking for and take the initiative to access a service, which is particularly unsuccessful with vulnerable sectors of the community and may require intervention from acute health and social care services. This not only causes avoidable distress to the individual but also represents a significant cost to the health and social care services.

6.8. The aims and objectives of Upstream fit well with those of the statutory sector, and reflects Government policy in the area of health and social care and social inclusion. The table below shows where Upstream can deliver against the planned outcomes contained in the draft Mid Devon Corporate Plan and the Devon Local Area Agreement.

Statutory sector Plan	Relevant plan priorities	Objectives	Measures	Upstream Compliance	Comments
<b>Mid Devon Corporate Plan</b>	To promote the well-being of our community	Reduce health inequalities within the district	Ensure that our leisure services remain affordable and that the number of leisure service users increase by at least 1050 by March 2007	√	Upstream to be recognised as a leisure service provider. Plan not yet complete

<b>The Devon Local Area Agreement</b>	Themes	Outcomes for older people:	Measures	Upstream compliance	Comments
Core principles: - Prioritise the prevention agenda - Promote actions to support those people most in need of help, in those locations where support will be most effective - Support activities that need the agreement of at least three agencies pursuing a common goal	Promoting healthy lifestyles	Older people will be healthy and active in later life.	TBA	√	Upstream activities designed to promote health and well-being
	Helping people to feel and be safe	Older people will live in a safer home environment (and be less fearful of crime) Older people will suffer fewer falls Older people vulnerable to abuse will be protected		√	The Upstream approach helps to develop self confidence amongst its users
	Enabling people to enjoy life and achieve their potential	Older people will have greater independence and choice in the way services are provided.  More older people will avoid urgent admission to hospital, or if admitted will spend less time in hospital		√  √	Upstream intervention can prevent emotional/physical crises and thereby instances of acute care
	Empowering older people to make a positive contribution to their community	Older people, including those seldom heard will have a say in the decisions that affect their lives. Older people will be able to play a full, active role in community life. Older people in Devon will have fair and equal access to community opportunities		√  √  √	The Upstream approach helps to develop self confidence amongst its users Upstream encourages participation and targets the hard to reach sectors of the community

6.9. The Devon Local Area Agreement (Feb 2005), which is still to be finalised, is placing a strong focus on " .....the most important outcomes and identifying activities which contribute to achieving them." The DLAA project board has agreed to develop action on the following issues:

- Those which clearly add value to existing programmes when prioritised within the DLAA.
- Where the work needs to be done collaboratively by a number of partners (complex partnerships as opposed to bilateral or single agency arrangements).
- Which are difficult to progress using existing arrangements, because they are too complex or require freedoms or pooled funding arrangements which are not already in place.
- Where an assessment indicates a likelihood of success.
- Where there are current delivery mechanisms that can be used.

**6.10.** Given Upstream's ability to add value to existing programmes, focus on working in partnership, its likelihood of success and its current , proven delivery mechanism the approach described above seems to place Upstream in an ideal position to become a major player in the provision of services for older people.

## **Chapter 3 - People & Resources**

### **7. Management and staff**

7.1. Upstream is an 'outreach' project and relies strongly on the development of staff skills and flexibility. All staff respond continuously to the changing demands of the 'action research' process. Roles are regularly under review and the job descriptions are reviewed and adapted accordingly. The staffing levels will need to be reviewed if Upstream is successful in selling the services locally and uptake increases. The table below sets out the current position and a forecast for 2007 based on likely increased uptake.

7.2. Upstream is committed to staff training and development to help ensure not only that the services it provides are of the optimum quality but also to motivate and retain staff. The cost of this is reflected in the budget. Mentors are not health or social care professionals, although some have backgrounds in health, the arts, education and/or community work. There has been continuous development of their skills and experience (along with other staff). Mentors have a sensitive and difficult role in identifying and engaging the interest of participants, and in gaining the support of local communities. They become an important capital asset for the community and an essential part of long-term sustainability for the Upstream service. With a Medical Adviser, Clinical Psychologist and Mentoring Tutor as Upstream consultants, mentors receive regular training sessions from these and from external professionals in the health, social care, voluntary and community sectors. They also have regular peer-development meetings to share experience and contacts. Back-up support is available from the clinical psychologist in the event of any emergency. Upstream freelance creative providers are also included in training where appropriate, to develop their skills in relating their work to older people. Good communication and sharing of information between staff is maintained by a weekly staff (and Trustee) diary and regular reports on all visits to participants and activity sessions.

<b>Current roles</b>	<b>Current Requirement</b>	<b>2007 Requirement</b>
7.2.1. Director: reports to the Board of Trustees, provides direction to the HLC team, manages the relationships with key partners, develops the case for a national pilot.	1 x 1 Full time	1 x 1 Full time
7.2.2. Co-ordinator: full-time, office based, to co-ordinate referrals, visits, activities, providers, line-manage mentors, compile reports and information on participants. (At the end of the 'action research' phase, the Co-ordinator left and the job was split between the Director (line-managing the mentors) and a Co-ordination Assistant (3 days pw, co-ordinating referrals, etc. and compiling reports and information).	0	1 x 1 Full time
7.2.3. Co ordination assistant: co-ordinating referrals, etc. and compiling reports and information).	1 x 3 days per week	0



<p>7.2.4. Administrator: run the office, marketing and promotions, trustee and internal meetings, production of finished work arising from activity groups.</p>	<p>1 x 3 days per week</p>	<p>1 x 3 days per week</p>
<p>7.2.5. Community Mentors vary between 2 and 3 days pw, home-based, to make home visits, assist in overcoming any barriers to involvement, signpost existing activities, organise groups, provide activities as appropriate, develop community contacts</p>	<p>13 days per week 5 mentors (1 mentor = approx. 30 users)</p>	<p>20 days per week</p>
<p>7.2.6. Artistic providers: self-employed, commissioned by Upstream to deliver activities to groups and individuals, all with professional qualifications and police-checked.</p>	<p>As and when required</p>	
<p>7.2.7. Book-keeper: one day per week, also responsible for monthly management accounts and preparation of end-of-year</p>	<p>1 x ½ day per week</p>	<p>1 x 1 days per week</p>

### 7.3. The Board of Trustees

7.3.1. Trustees meet quarterly to monitor the project, receive the Director's reports, modify strategic aims and implementation as necessary, and determine specific policies. Between formal meetings, trustees support the Director in small working groups and advise on, for example, personnel, finance, fund-raising, arts provision, publicity. The trustees have a wide range of experience and knowledge as professionals in the areas of health, education and the arts. It is recommended that Upstream recruit some more commercial and business strategy experience onto the board.

### 7.4. Partners

7.4.1. Upstream has forged a strong partnership of some 20 key organisations. To date the role of strategic partners has been to support service delivery and help the project be responsive to national and regional priorities. The relationship with strategic partners now needs to be based on an agreement to joint working to deliver services locally, with clarity on what each of the partners contributes to the relationship.

7.4.2. Strategic partners include: Mid Devon PCT and Social Services; Devon County Council, including Education, Arts & Libraries; Mid Devon District Council; CVS; Arts Council England South West.

7.4.3. Working partners include: Queen Elizabeth Community College, Mid Devon Primary Care Research Group, Peninsula Medical School, Exeter University School of Education, AB Graphics, Upstream Participants.

7.4.4. Reference partners, who provide advice, information and contacts, include: Exeter Healthcare Arts, Help the Aged, SAGA, University of Durham Centre for Arts & Humanities in Health and Medicine, National Network for the Arts in Health.

## 8. Resources

8.1. Upstream is a 'virtual' HLC and therefore its assets rest with the skills and knowledge of its team. It has no building but currently has the rent-free use of an office in Queen Elizabeth Community College. However as the pressure increases on the college for more space it is likely that Upstream will need to find alternative office space to rent and an allowance of £5k per annum has been included in the budget.

## 9. Operations

9.1. The operating method for Upstream has been set out in the Operations Manual that will be finalised by September 2005.

## **Chapter 4 – Risk and Reward**

### **10. Risk Analysis**

A review of Upstream's Strengths, Weaknesses, Opportunities and Threats has been conducted (see Appendix 1) to help with the review of the current position and to update the risk analysis approved by the Trustees in February 2004. The table below shows the key risks for Upstream in the short to medium term. Probability and Impact scores are on a scale of 5 (most serious) to 1 (least) and are multiplied together to reach the Total Score. Risks with a total score of 15 or more require special attention.

	<b>GOVERNANCE AND MANAGEMENT</b>	<b>Probability Score</b>	<b>Impact</b>	<b>Impact Score</b>	<b>Total score</b>	<b>Control procedure</b>
1.	Loss of key staff and/or advisors as funding nears end in 06/07	4	Experience, skills and knowledge lost	4	16	Communicate future plans of HLC, succession planning, staff terms and conditions review and updated, clear roles and job descriptions. Knowledge capture process.
2.	Trustee body becomes weakened, lacks necessary skills or commitment	3	Failure to plan ahead and achieve change required to make Upstream sustainable	3	9	Regular review of strategy and business plan, trustee recruitment against skills profile, trustee training
3.	Statutory sector does not pay for the service	4	Unable to continue with the services locally	5	20	Early discussions with PCT, Public Health on how Upstream can deliver against key targets. Positioning paper for PCT.
4.	Quantitative research does not provide enough evidence on health outcomes	2	Will be unable to make the case to the statutory sector	5	10	Agree with PCT what evidence is required for it to purchase services.
5.	No continued funding to further the evaluation.	3	Evaluation cannot be extended in depth and timescale.	5	15	Review what can be achieved with reduced funding. Approach other research bodies/ educational establishments that may be interested in continuing the research.

## **11. Financial position**

11.1. The finances for the next three years are set out in Appendix 2. Statutory sector income and associated costs have been included for years 2 and 3. These figures will need to be reviewed once it becomes clear what level of service is likely to be required and how much the statutory sector is prepared to pay. No assumptions have yet been made on the potential private sector income as the market has not yet been scoped.

## **Chapter 5 – Implementation and review**

12. The Board of Trustees will be asked to approve the plan at their next meeting in June 2005. Subject to approval the potential for both contracting locally with the statutory sector and for a national pilot will be explored and reported back to trustees in September/October 2005. The plan will be reviewed and updated following input from trustees in June and in the autumn.

12.1 The **Service Delivery Plan** will be completed when the service requirements are clearer.

### **12.2. Communications Plan**

Good communication of the future plans for Upstream and the effectiveness of its current services is key to gaining support both internally with staff and users and externally with current and potential partners and opinion formers. The communication plan at Appendix 3 sets out a plan for targeting the key audiences with appropriate messages and communication channels.

### **12.3. Action Plan**

Appendix 4 sets out a short-term action plan for implementing the key actions of the business plan.

