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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

DATE: FRIDAY 7 JANUARY 2011
TIME: 10 AM
PLACE: WARSPITE ROOM, COUNCIL HOUSE

Committee Members–
Councillor Ricketts, Chair
Councillor McDonald, Vice Chair
Councillors Bowie, Delbridge, Gordon, Dr. Mahony, Mrs Nicholson and Dr. Salter

Co-opted Representatives- Margaret Schwarz (Plymouth Hospital NHS Trust), Chris Boote (LINk).

Substitutes–
Any Member other than a Member of the Cabinet may act as a substitute member provided that they do not have a personal and prejudicial interest in the matter under review.

Members are invited to attend the above meeting to consider the items of business overleaf.

Members and Officers are requested to sign the attendance list at the meeting.

Please note that, unless the Chair agrees, mobile phones should be switched off and speech, video and photographic equipment should not be used during meetings.

BARRY KEEL
CHIEF EXECUTIVE

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

PART I (PUBLIC COMMITTEE)

1. APOLOGIES

To receive apologies for non-attendance by panel members.

2. DECLARATIONS OF INTEREST

Members will be asked to make and declarations of interest in respect of items on this agenda.

3. CHAIR'S URGENT BUSINESS

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

4. MINUTES (Pages 1 - 8)

The panel will consider the minutes of the 10 November 2010.

5. TRACKING RESOLUTIONS AND FEEDBACK FROM THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD (Pages 9 - 10)

To monitor progress on previous resolutions an receive relevant feedback from the Overview and Scrutiny Management Board.

6. QUARTERLY REPORT (Pages 11 - 16)

The panel will consider its quarterly report.

7. WORK PROGRAMME (Pages 17 - 18)

To receive the panels work programme.

8. CLOSURE OF GP LED HEALTH CENTRE (Pages 19 - 24)

The panel will consider a briefing on the closure of the GP led health centre.

9. TRANSFORMING COMMUNITY SERVICES INTEGRATED BUSINESS PLAN (Pages 25 - 26)

The panel will receive the Transforming Community Services, Integrated Business Plan.

9.1. EXECUTIVE SUMMARY **(Pages 27 - 44)**

The panel will consider the Plymouth Provider Services, Integrated Business Plan executive summary.

9.2. STRATEGY **(Pages 45 - 60)**

The panel will consider the Plymouth Provider Services, Integrated Business Plan strategic objectives.

9.3. GOVERNANCE, LEADERSHIP AND MANAGEMENT **(Pages 61 - 76)**

The panel will consider the Plymouth Provider Services, Integrated Business Plan Governance, Leadership and Management.

10. EXEMPT BUSINESS

To consider passing a resolution under Section 100A (4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve(s) the likely disclosure of exempt information as defined in paragraphs 3 and 4 of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

PART II (PRIVATE COMMITTEE)

AGENDA

MEMBERS OF THE PUBLIC TO NOTE
That under the law, the Panel is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

11. TRANSFORMING COMMUNITY SERVICES INTEGRATED BUSINESS PLAN (E3 E4) **(Pages 77 - 424)**

The panel will consider the Plymouth Provider Services, Integrated Business Plan for future scrutiny.

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Agenda Item 4

Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 10 November 2010

PRESENT:

Councillor Ricketts, in the Chair.
Councillor McDonald, Vice Chair.
Councillors Delbridge, Gordon, Dr. Mahony, Mrs Nicholson, Dr. Salter and Viney.

Co-opted Representatives: Chris Boote (LINk), Margaret Schwarz (Plymouth Hospitals NHS Trust)

Apologies for absence: Councillor Bowie

Also in attendance: Paul O'Sullivan (NHS Plymouth), Steve Waite (NHS Plymouth), Jullie Wilson (NHS Plymouth), Sally Parker (NHS Plymouth), David Mcauley (NHS Plymouth), Gavin Thistlewaite (NHS Plymouth). Councillor Grant Monahan (Portfolio Holder Adult Social Care), Debbie Butcher (Plymouth City Council), Giles Perritt (Lead Officer, Plymouth City Council).

The meeting started at 3.00 pm and finished at 5.05 pm.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

62. **DECLARATIONS OF INTEREST**

There were no declarations of interest in accordance with the code of conduct.

63. **CHAIR'S URGENT BUSINESS**

The Chair informed the panel that the item on the Greenfields Consultation would be moved up the agenda to allow NHS Plymouth representatives to attend another meeting.

64. **MINUTES**

The Chair informed the panel that although the "Transforming Community Services" programme was referred to at the last meeting as a substantial variation of service the panel had not formally agreed this.

Agreed that the minutes of the 13 October 2010 be approved as a correct record.

65. **TRACKING RESOLUTIONS AND FEEDBACK FROM THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD**

The Chair informed the panel that the Carers Strategy Action Plan and the Maternity Satisfaction Survey were distributed. If members had questions on these documents they could be directed to the panel's lead officer.

Agreed that –

1. the panels tracking resolutions were noted;

2. the Plymouth Report, as referred by the Overview and Scrutiny Management Board, was noted.

66. **DEMENTIA STRATEGY**

Julie Wilson representing NHS Plymouth and Debbie Butcher representing Adult Social Care reported on the progress against the Dementia Action Plan and National Dementia Strategy. It was reported that when the work was started there were 3,000 people with a known dementia diagnosis and only 1,000 of those received treatment. The number receiving treatment had increased to 2,000 over the last twelve months which was the result of joint working between Plymouth City Council and NHS Plymouth.

In response to questions from members of the panel, it was reported that -

a. the Strategic Health Authority (SHA) had provided the action plan and would review its implementation in January 2011;

b. it was felt that there was sufficient representation on the programme board from Plymouth City Council and if more specialist knowledge was required additional members would be co-opted onto the programme board;

c. there was a duty on the council to provide for eligible need, early identification would mean that care costs could be delayed;

d. professionals in Plymouth should be proud of the progress that has been made, there had been excellent detection rates and an evidenced care pathway was in place. The pathway would be launched and accessible online in December;

e. funding had been awarded to Adult Social Care for training packages for health care professionals. There had also been money awarded for training in care homes, NHS Plymouth staff would be updated on a rolling programme of training;

f. NHS Plymouth were developing an "Information Prescription Service" where carers and users would be able to access quality relevant information and signposting to services;

g. there was an excellent specialist memory service in Plymouth which had developed services to aid detection of early onset dementia.

Agreed -

1. to distribute a copy of the dementia action plan to panel members within two weeks;

2. that a further review of the action plan following the Strategic Health Authority's review in January would be added to the panel's work programme.

67. **TRANSFORMING COMMUNITY SERVICES**

Paul O'Sullivan representing NHS Plymouth Commissioners and Steve Waite representing NHS Plymouth's provider arm updated the panel on the "Transforming Community Services" programme. Paul O'Sullivan reported that –

a. the "Transforming Community Services" programme was part of a national policy which predates the publication of the health white paper; there was a requirement to separate commissioning from provision from April 2011. This was required following revisions to the NHS Operating Framework which took place in June 2010;

b. the aims of the programme were to achieve not only a transfer of services to a new body but also for that body to achieve a transformation of current provision and provide enhanced community services;

c. models of care outlined in the commissioners case for change are consistent with the memorandum of understanding signed by NHS Plymouth and Plymouth City Council;

d. the preferred option was for a transfer to a social enterprise company. Provider and market development work would need to take place over the next three years;

e. any potential provider would need to submit a business plan, the business plan would be appraised by commissioners and subject to further appraisal by the Strategic Health Authority. The business plan would need to be approved before the new provider body can come into existence.

Steve Waite introduced a presentation to the panel outlining the view of the provider arm –

f. the provider services of NHS Plymouth had existed almost as an arms length organisation for the past few years, it had its own board and in

addition to carrying out work in Plymouth also had contracts with Devon and Cornwall Primary Care Trust and Torbay Care Trust. There were three year contracts in place which included a six month notice period;

g. the principles of service delivery included a clear focus on the Plymouth population and specialist services. The transfer would provide opportunities for development across services, for example there could be more work carried out around dementia to avoid hospital admissions;

h. any new organisation would need to consider how it would engage with proposed GP consortia and further issues of NHS pay restraint and changes to pensions;

i. proposals would focus on delivering more services at a patient's home whilst preventing hospital admissions and reducing the length of stay in hospital;

j. there was a good success rate of community services reducing hospital admission for patients in Plymouth. A good example of this was a patient who had suffered heart failure had his hospital admissions reduced from 20 in 2009 to one in 2010;

k. the proposed provider service would provide quality information to patients on its function, the service would be fully funded by the NHS and care would continue to be free at the point of delivery;

l. the Governance structure was yet to be decided on, more detailed information on finance and governance would be available in the Integrated Business Plan (IBP) which would be considered by the NHS Plymouth Board in December;

In response to questions from members of the panel, it was reported that –

m. it was proposed that all community services currently provided by NHS Plymouth would transfer to the new organisation. There would be a full IBP and a summary for public consumption. Some services would be subject to a market review;

n. there was a clear focus on high quality of care delivered by competent staff;

o. the worst case scenario for a new provider would be if the public and patients did not notice the transfer, the best case scenario would be that patients and the public experience improved services. There would be a significant redesign of services;

p. presentations had been made across the city to various stakeholders including the LINk and there would be a public engagement event held

on the 15 November 2010;

q. the public would be involved at the service redesign stage, part of the IBP would include how the new provider would engage with patients and the public;

r. there would be an improvement in care pathways facilitated by the new structure based on working with primary care services through Sentinel and a model of cross organisational working would be built into the business plan;

s. housing would be a key issue and a whole range of services with impacts on health would need to be considered in the IBP;

t. although there could not be any guarantees over redundancies, NHS Plymouth has a good record of dealing with a reduction of workforce through natural wastage and staff have transferable skills and can often be redeployed;

u. a new name for the provider had not been decided upon but that decision would form part of wider staff engagement;

v. clinicians have become more involved in commissioning in preparation for GP consortia although there would be some confusion until government proposals around GP consortia are confirmed;

Agreed that the panel would receive the full "Transforming Community Services" Integrated Business Plan in January 2011 following its presentation to the NHS Plymouth Board and before its submission to the South West Strategic Health Authority.

68. **GREENFIELDS UNIT CONSULTATION RESULTS**

Gavin Thistlewaite and David Mcauley representing NHS Plymouth updated the panel on the Greenfields Consultation and proposed service change. It was reported that –

a. the Greenfields Unit was a unit for the learning disabled based at Mount Gould hospital. There had been concerns regarding the level of care offered at the unit and as a result the future of the service had been reviewed. The options that were available to NHS Plymouth included further investment in the unit, closure with no replacement service or closure with improved community based support;

b. the investment that would be required to make the unit fit for purpose would be around £240,000;

c. public consultation had taken place as well as two events for users and an event for staff;

d. the preferred option was to close the unit alongside making an investment in alternative high quality in-patient and community care which would be available 24 hours a day, seven days a week.

In response to questions from members of the panel, it was reported that –

e. at the start of the consultation process the unit accommodated two patients. this fell to zero during the consultation process. The unit had been mothballed and staff had been redeployed;

f. there had been concerns over the quality of care in the unit. There had not been a great demand for learning disability in-patient beds and referrals to the unit were low;

g. there had been a number of patients that had been sent to placements outside of the city which often caused difficulty for families and carers. The proposed changes were intended to reduce the use of out of city placements by better early identification of issues which could be dealt by practitioners within the city limits;

h. the main weakness of the final proposal was using mental health services not set up to deal with people with learning disabilities. The proposed investment plan would address this weakness;

i. the new proposals would be operational in April 2011;

j. the cost of out of city placements were huge and the proposals would reduce the number of placements required.

Agreed to -

1. note the results of the options appraisal and consultation on the future of the Greenfields services;

2. note the support from patients, users and health care professionals for improving mental health services for people with learning disabilities;

3. support the adoption of the proposed service model and associated service developments.

69. **MONITORING ADAPTATIONS BUDGET AND PERFORMANCE**

Agreed to note the report.

70. **WORK PROGRAMME**

Agreed to add a review of the “Transforming Community Services” Integrated Business Plan to the January meeting of the panel.

71. **EXEMPT BUSINESS**

There were no items of exempt business.

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TRACKING RESOLUTIONS
Health and Adult Social Care Overview and Scrutiny Panel

Date / Minute number	Resolution	Explanation / Minute	Action	Progress	Target date
01/09/10 34 (1)	that the Assistant Director for Adult Social Care investigate any disparity between fees charged to the local authority and self-funding clients for residential care and whether or not there is a risk of cross subsidy		Assistant Director for Adult Social Care	Investigation underway.	
01/09/10 34 (2)	that following the comprehensive spending review a report is provided to the panel on whether there is a structural deficit affecting the NHS in Plymouth and if so what are the implications to the Local Authority			NHS Plymouth will provide information through QIPP updates to the panel.	
13/10/10 57 (3)	where possible NHS Plymouth and the Peninsula Cancer Network engage current and former patients in the service reconfiguration proposals and take advice on consultation from partner agencies.	Petition Gynaecological Surgical cancer unit			07/01/10

Date / Minute number	Resolution	Explanation / Minute	Action	Progress	Target date
10/11/10 66 (1)	to distribute a copy of the dementia action plan to panel members within two weeks;		Debbie Butcher / Julie Wilson		24/11/10

Grey = Completed (once completed resolutions have been noted by the panel they will be removed from this document)
Red = Urgent – item not considered at last meeting or requires an urgent response

CITY OF PLYMOUTH

Subject: Health and Adult Social Care Overview and Scrutiny Panel Quarterly Report

Committee: Health and Adult Social Care Overview and Scrutiny Panel

Date: 7 January 2011

CMT Member: Ian Gallin (Assistant Chief Executive)

Author: Ross Jago (Democratic Support Officer)

Contact: ross.jago@plymouth.gov.uk

Ref:

Part: Part I

Executive Summary:

This report sets out a review of the Health & Adult Social Care Overview and Scrutiny panel incorporating the meetings of 1 September, 16 September, 13 October, and 10 November 2010.

Corporate Plan 2010-2013:

The Health & Social Care Overview and Scrutiny panel provides strategic scrutiny of the following key areas:

- Health performance
- Adult Social Care performance
- Commissioning

Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land

Adult Social Care is one of the Council's largest areas of revenue spend, so effective scrutiny of Health delivery plans is a key element of corporate performance management arrangements.

Other Implications: e.g. Section 17 Community Safety, Health and Safety, Risk Management, Equalities Impact Assessment, etc

None specific to the report.

Recommendations & Reasons for recommended action:

That the report is noted.

Alternative options considered and reasons for recommended action:

N/A

Background papers:

Health & Adult Social Care Overview and Scrutiny minutes and forward plan.

Sign off: N/A

CITY OF PLYMOUTH

Health and Adult Social Care Overview and Scrutiny Panel Quarterly Report

1. Introduction

This report sets out a review of the Health and Adult Social Care Overview and Scrutiny panel, incorporating the meetings of 1 September, 16 September, 13 October and 10 November 2010.

2. Scope of the Overview and Scrutiny Panel

2.1 The Health and Adult Social Care Overview and Scrutiny panel is primarily concerned with the strategic scrutiny of the following key areas:

- Health performance
- Adult Social Care performance
- Commissioning
- Health & Adult Social Care Integration

2.2 Since the publication of the last quarterly report the panel has met on four occasions, following Councillor Coker stepping down from the panel Councillor McDonald took his seat on the 13 October 2010. The Panel consisted of the following members and officers -

Title	**Name**	**Attendances (4 meetings)**
Councillor (Chair)	Ricketts	4
Councillor (Vice Chair)	Coker	2 (2)
Councillor (Vice Chair)	McDonald	2 (2)
Councillor	Bowie	2
Councillor	Delbridge	3
Councillor	Gordon	3
Councillor	Mrs Nicholson	4
Councillor	Dr. Mahony	3
Councillor	Dr. Salter	4
Councillor	Viney	4
Co-opted Representative – Local Involvement Network (LINk)	Chris Boote	4
Co-opted Representative PHT Non-Exec Board Member	Margaret Schwarz	2
Lead Officer	Giles Perritt	4
Democratic Support	Ross Jago	4

2.4 The panel, through effective strategic and operational scrutiny, supported the following cabinet members and CMT officers -

Title	Name
Cabinet Member (Adult Social Care)	Cllr Monahan
Director for Community Services	Carole Burgoyne

3. Key Issues considered by the panel

3.1 The panel has met on four occasions as a full panel and held a Task and Finish group on the modernisation of Adult Social Care since the last quarterly report was presented to the Overview and Scrutiny Management Board. Meetings have been well structured, managed efficiently and well attended by panel members. A positive contribution has been made to support an effective strategic and operational overview; in particular the following issues have been scrutinised -

- The meeting of the 1 September 2010 received information on the progress of the Adult Social Care against delivery plans. As a result of that meeting future performance and finance reports would cover the implications of any possible under spend in domiciliary care. In addition the Assistant Director for Adult Social Care was asked to investigate any disparity in fees charged between self funding clients and the local authority for residential care. Information will be reported back to the panel at the January meeting.

- The panel held a special meeting on the 16 September to consider the consultation resulting from the publication of the White Paper "equity and excellence: liberating the NHS". The panel considered feedback from the Director for Public Health, Cabinet Member for Adult Social Care, Director of Community Services, Chief Executive of Plymouth Primary Care Teaching Trust, NHS Plymouth Hospitals Trust, Plymouth Local Involvement Network and Plymouths Children's Trust. The panel made several recommendations in response to the consultation paper "Local Democratic Legitimacy in Health". The panel will review the publication of the Governments analysis of the consultation process.

- The panel considered the first petition to enter the scrutiny process. The petition was in opposition to the proposals for a designated specialist gynaecological cancer surgery unit at Treliske Hospital in Truro. The three petition organisers introduced the petition to the panel and had many questions answered by the Clinical Director for the Peninsula Cancer Network and the Chief Executive of Plymouth Primary Care Teaching Trust. It was reported that there had been no decision to move resources from Derriford Hospital to another specialist centre; the panel has requested a detailed time table and option appraisal for future service provision to be provided to the panel as soon as it was available.

- NHS Plymouth has provided the panel with the results of the consultation process on the Greenfields Unit. The panel supported the direction of travel for health services for those with a learning disability and made a recommendation supporting the adoption of proposed service developments and the closure of the unit.

- The Quality, Innovation, Productivity and Prevention Programme (QIPP) is an NHS initiative which identifies efficiency savings within the NHS Plymouth services. The panel will receive regular updates on the programme, particularly if they lead to substantive service changes.

- A number of presentations regarding the transforming community services programme to split commissioning and provider services within NHS Plymouth have been received by the panel. The panel have seen this as an important item for the future work programme, particularly with regard to the scale of the change, its

impact on adult social care and children's services. The panel will be considering aspects of the proposed Plymouth provider services business plans over the coming months.

3.2 Task and Finish Groups

3.2.1 The panel has conducted one task and finish group to review the consultation process on the future of residential services for older people, the fairer contributions policy and changes to respite services for those with a learning disability.

3.2.2 The task and finish group made a number of visits to social care facilities including extra care residential housing in Efford, Frank Cowl House in Devonport and the Welby Unit in the Peverell area of the city. The panel also considered evidence from consultation with members of the public.

3.2.3 Following the second meeting of the task and finish group a number of recommendations were made to the Overview and Scrutiny Management Board and Cabinet. Both Cabinet and the Overview and Scrutiny Management Board welcomed the report. Details of the report can be found on the council's website or by contacting the democratic support officer for the panel.

4. On the Horizon

4.1 Over the next year, the panel will receive reports on –

- Any substantial service changes resulting from the Transforming Community Services and QIPP programmes.

- NHS Plymouth, Plymouth Hospitals Trust and Plymouth City Council Joint Finance and Performance Monitoring, including NHS Plymouth's operating plan which will be developed following the publication of the National NHS Operating Framework.

- The panel will play a key role in the development of the Health and Wellbeing boards proposed by the NHS White paper and recently confirmed as the governments direction of travel in the Public Health White paper

- The panel hopes to develop joint scrutiny arrangements with neighbouring authorities in the peninsula in order to properly scrutinise the work of cross boundary health services.

- As more details are released by the Department of Health the panel will closely monitor the new public health agenda and its proposed transfer to local Authorities.

4.4 The Health and Adult Social Care Overview and Scrutiny panel looks forward to a challenging year which will continue to focus on the Health White Paper and associated Bill, the Public Health White Paper and associated Bill and the White Paper on social care reform (due to be published in 2011). The panel will consider these strategic issues alongside service changes proposed by adult social care and continue to monitor the performance of services for the people of Plymouth.

5. Recommendation

That the progress of the Health and Adult Social Care Overview and Scrutiny panel is noted by the Overview and Scrutiny Management Board.

Agenda Item 7

Health and Adult Social Care Overview and Scrutiny Panel

Work Programme 2010/11

Topics	J	J	A	S	O	N	D	J	F	M	A
NHS Plymouth Primary Care Trust Services											
Specialised Commissioning – Proposed Service Changes - Gynaecological Cancer Surgery					13						
Gynaecological Cancer Surgery Service Change Timetable and Consultation								7			
Substantive Variation Protocols	9										
GP-Led Health Centre – 12 month Update	9							7			
NHS Plymouth - Quality Improvement Productivity and Prevention (QIPP)					13						
NHS Plymouth – Transforming Community Services Integrated Business Plan					13	10		7			
NHS Plymouth – Mental Health Commission Annual Report 2010						10					
Greenfields Unit Consultation Results						10					
Plymouth NHS Hospitals Trust											
Plymouth Hospitals NHS Trust – Infection Control Update										2	
Plymouth City Council – Adult Social Care											
Carers Strategy		20				10					
Modernisation of older peoples services		20									
Fairer charging policy		20									
Short breaks for those with learning disabilities		20									
Monitoring Adaptations Budget and Performance						10					

Topics	J	J	A	S	O	N	D	J	F	M	A
All Our Futures										**2**	
Adult Social Care delivery plans and performance monitoring report.				**1**					**16**		
Monitoring Implementation of the National Dual Diagnosis Strategy											
Dementia Strategy						**10**					
Tobacco Control Strategy											
Plymouth Local Involvement Network (LINks)											
LINk update and performance monitoring										**2**	
Consultations											
Consultation response to White Paper – "Liberating the NHS"				**16**							
Task and Finish Groups											
Modernisation of Adult Social Care			**24**		**4**						
Performance Monitoring											
NHS Plymouth, Plymouth Hospitals Trust and PCC Joint Finance and Performance Monitoring, including LAA Performance Monitoring.				**1**							
Monitoring Implementation of the National Dual Diagnosis Strategy											

Key:

= New addition to Work Programme

NHS Plymouth

Briefing
Service Development/Change

GP Health Centre
For Information and Comment

Presented by: Nicola Jones Deputy Director of Primary Care, Pauline Macdonald Project Manager

1 Purpose of the briefing
To update the Overview and Scrutiny Committee of the recent developments around the 8am to 8pm, 7 days a week, GP Health Centre service based at Mount Gould hospital site.

2 Decisions/Actions requested
The Health Overview and Scrutiny Committee is asked to:

- Note the situation
- Note and support the proposed actions
- Note the engagement to date and the future engagement with the public

3 Background
In 2009 all PCTs were required to develop GP Health Centres that provided an 8 to 8, seven day a week GP service. It is important to note that at that time, patient feedback data indicated that people in Plymouth had high levels of satisfaction with the existing GP services and no particular gaps in service were identified. Nevertheless, as a government requirement, the service was commissioned. Devon Health was contracted to provide the service and it opened in April 2009 and was delivered from Mount Gould Primary Care Centre. The original intention was that these centres would provide patients with greater choice and longer opening hours.

The service has been running for just over a year now. During that time four distinct groups of people have used this service and these are:

- Patients who registered with the GP Health Centre
- Patients who use the outreach service (homeless and ex-offenders)
- Un-registered patients (patients registered with another GP) this includes commuters who choose to use the service because it is near where they work, holiday makers, visitors
- Non-registered patients (not registered with anyone) this includes those people who are new to the city or who have never previously registered.

Even before the service was commissioned, people in Plymouth reported a consistently high level of satisfaction with existing services. The results of the national patient survey in 2009/10 reflect local patients' overall recognition of high quality clinical services, responsive staff and good access to their GP or practice nurse during the main opening hours between 8.00am and 6.30pm, Monday to Friday. The patient survey also shows that patients who require urgent primary medical advice and treatment outside of their practice's hours feel they get a good service from the city's out of hours service, provided by Devon Doctors, which operates between 6.30pm and 8.00am Monday to Friday and all day on weekends and Bank Holidays. The out of hours service provides patients with either telephone advice, a consultation with a GP or nurse practitioner at a treatment centre or, if needed, a home visit.

4 Current position

The current position is that the provider of this service (Devon Health) has given NHS Plymouth notice of termination of contract. They will continue to operate for both registered and non-registered patients until 28 February 2011 but will not be registering any new patients between now and then. They have given notice because the numbers of patients registering has not been as high as expected and this means they are not able to meet the contractual target on registration of patients. This is not a reflection of the service or on the provider of the service who has invested considerable effort into developing and delivering good quality services. Rather, NHS Plymouth believes that this reflects the good quality level of access and care available from the 42 GP practices in the city and the fact that patients preferred to remain with their own GP. It should also be noted that Plymouth has a good selection of other services providing urgent care. It has 42 GP practices all of whom have open books (are able to take new patients). In addition, Plymouth has:

- Advice on over the counter treatments for minor illness from a number of community pharmacies who open in the evening and at weekends
- Health information and advice from NHS Direct on 0845 4647 or www.nhs.uk (24 hour availability)
- Minor Injuries Unit walk-in service at the Cumberland Centre (open from 8.30am to 9pm every day of the year)
- Emergency care at all times via the Emergency Department at Derriford Hospital and the emergency ambulance service

5 Options

At the moment, there are a number of options available to the commissioner, these are:

a) Continue with the current provider

The current provider has withdrawn from the contract with NHS Plymouth and the Commissioner is therefore not in a position to insist on their continuing to provide the service.

b) Do nothing

NHS Plymouth recognises that the GP Health Centre offered those people using it greater choice and more convenience. Doing nothing would reduce the convenience experienced by the non- and un-registered users. Those people registered with the service would need to find another GP and register with them. More particularly, the outreach service provided by the GP health Centre has ensured that one of the more vulnerable groups of people is provided with a service that they have traditionally found very difficult to access.

c) Re-commission a like for like service

The strength of this kind of service is said to lie with the range of choice and the added convenience that it gives to patients. However, making this choice would mean retaining a service model that focuses all of the greater convenience and choice in one location and therefore disadvantages those people for whom the location is not convenient or easy to access. This model costs a large amount of tax payers' money and the need for this service and indeed its ability to deliver the benefits of convenience and choice is not proven. Commissioning a like for like service would however, ensure that none of the services current users was affected.

d) Enhance the remaining GP and urgent care services to provide the choice and convenience that users tell us they want

This option would involve reviewing, with the public, the other urgent care services in the city to ensure that they meet the needs of service users in respect of convenience and choice. This work is already underway as part of NHS Plymouth's Quality care, Best Value (QIPP) programme of work. The benefits of this option are that:

- It provides an opportunity to properly engage with the public on their needs in respect of convenience and choice (the initial government directive on GP health Centres did not allow sufficient time for such engagement).
- It would allow for the development of a model of urgent care services that delivers the range of choice and convenience in locations around the city therefore making it less likely that any group of people is disadvantaged.
- It potentially makes a better use of tax payer's money.

6 Engagement to date

NHS Plymouth has already begun the process of engagement with the public and to date has focused on ensuring that people are aware of the situation regarding the GP Health Centre. The table below summarises what has been done or planned so far.

Public Group	Action to date
OSC Panel	Informal discussion with the Chair and the provision of a briefing document setting out the situation and options
LINks	Informal discussion with the Chair and the provision of a briefing document setting out the situation and options
General public, Un-registered patients and non registered patients	A media statement has been prepared and will be released following discussions with the OSC and LINks.
Outreach patients	As an interim measure the GP practice at Mount Gould will take on the provision of the outreach service so there will be no break in service and the more vulnerable patients will not see a change in the service they experience.
All (primary care services review)	As part of its continuing service improvement work, NHS Plymouth has been working with the public throughout 2010 to review primary medical services. This has so far included: • Regular meetings with members of the Local Involvement Network (LINks)

	• Examining and raising, through the GP annual reports access, the issue of better communication of opening times and improved customer service • Public meeting (GP question time organised by LINK and NHS Plymouth) • Race Equality Council feedback given following a mystery shopper activity incorporated in the review • Disability access service – all services are currently engaged in this assessment process • Results of the national GP patient survey • PCT public focus days specifically around the review and strengthening of urgent care services • Public engagement event around 'Quality Care, Best Value' generated feedback that has been incorporated into the review
All (Urgent care review)	NHS Plymouth has had preliminary discussions with representatives from patient and community groups. There has also been discussion with clinicians

7 Future plans

NHS Plymouth commissioners plan to draw up a full engagement plan that includes:

- Working with clinicians to determine a preferred option In the case of the clinicians to seek approval for a preferred option through the Professional Executive Committee (PEC) – GP commissioners. Public engagement
- Working with the public to determine the nature and extent of their need for convenience and choice in relation to urgent care provision.
- Robust use of existing patient experience feedback to inform the decision making process

Our future plans also include a review of the clinical evidence base and the benefits and costs of the GP Health centre the findings of which will be used to inform the decision making process.

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Transforming Community Services – Plymouth Provider Services Integrated Business Plan

Transforming Community Services was an initiative which commenced under the previous government which tasked all Primary Care Trusts to split their service provision of community health services from a commissioning function. It has been agreed that in Plymouth the transfer of services to a new social enterprise organisation named Plymouth Provider Services would be the best way to provide these community services in the future.

The integrated business plan outlines how the transition and development of a new provider organisation in will take place in Plymouth. The entirety of the document has been provided to members of the panel in order to inform the panels work programme for the coming year.

Following discussions between the Chair of the panel and members of senior management from NHS Plymouth it has been agreed that the panel, at this first meeting considering the Plymouth Provider Services Business Plan, will focus attention on the proposed governance structures and the overarching vision, values, mission and strategic objectives of the new provider organisation.

Plymouth Provider Services - Strategy

As members will be aware, the city has recently adopted overarching priorities to guide key partners across all sectors in their delivery and resource planning. These are based on a firm, up to date and robust evidence base contained within the Plymouth Report, and have agreed targets associated with them. The panel is well placed to consider how the proposed organisation will contribute to delivering against these priorities.

Plymouth Priorities
Delivering Growth
Raising Aspiration
Reducing Inequalities
Value for communities

The panel may wish to consider how these priorities are addressed within the new provider service business plans, paying particular regard to Chapter Three of the business plan and the strategic objectives contained within it (pages 45 - 60 of the agenda pack).

Plymouth Provider Service – Governance and Leadership

As a democratic body the panel will be able to add value to the proposals when considering the constitution of the proposed Boards within the new provider, and their relationship with existing community, partnership, performance and audit bodies already utilised by partners within the city.

The panel may wish to pay particular attention to chapter nine of the business plan (pages 61-76 of the agenda pack).

Future Scrutiny

The full business plan has been attached to the agenda as the panel will have an ongoing role in engaging with the organisation over the coming year, identifying risks and responding to issues related to the transitional arrangements as they occur.

Members of the panel may wish to suggest further areas for scrutiny after considering the other aspects of the business plan, ensuring that during that during the transitional period patient care continues to be provided to the highest possible levels.

Chapter One

Executive Summary

Executive Summary

Contents

Table of Figures

1.1 Introduction

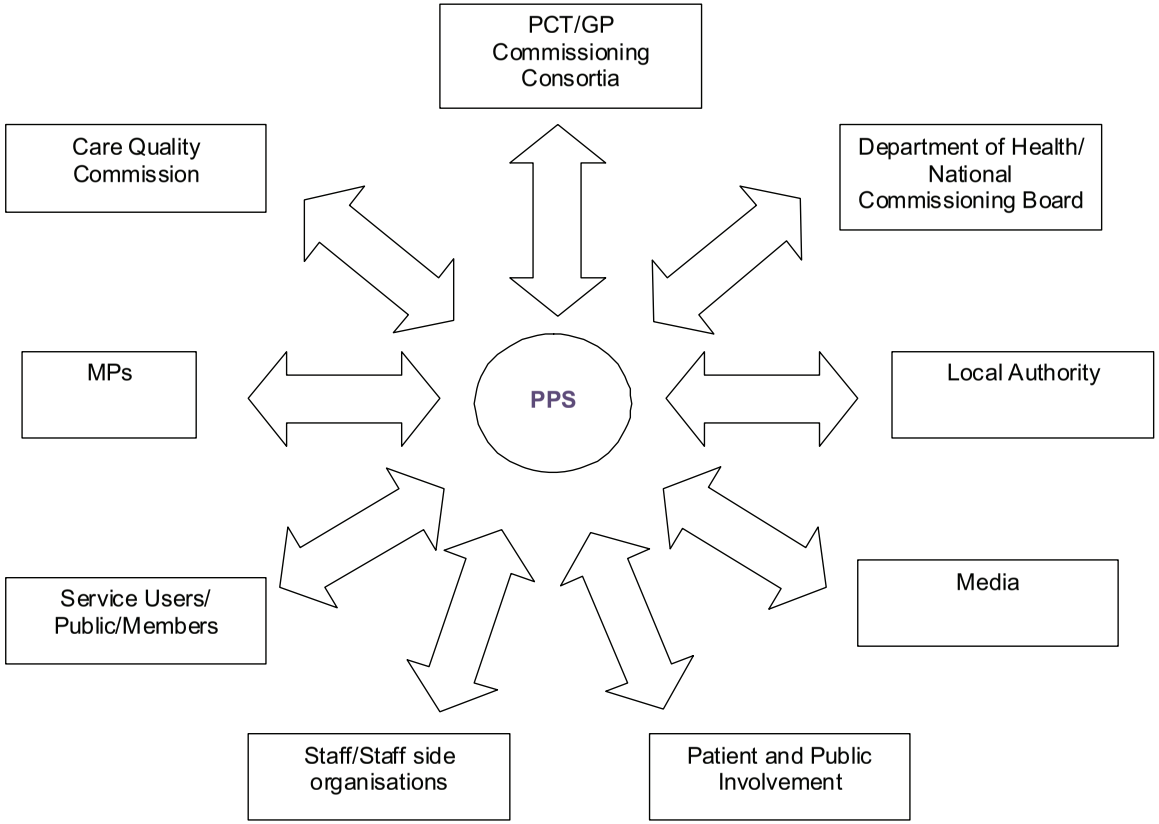
This Integrated Business Plan explains how the development of a new provider organisation will improve the delivery of services across the Plymouth health community. The social enterprise, Plymouth Provider Services, is being established in line with the Transforming Community Services (TCS) approvals process[i], thus providing assurance that this model offers the greatest security for the future provision of quality services.

Both the national and local context means that the social enterprise will be operating in a challenging environment as a provider of NHS-commissioned services over the next three years. The organisation will be maintaining a focus on improving quality, increasing efficiency and ensuring the long term sustainability of services through the operation of a whole systems approach to delivery of care.

This means that Plymouth Provider Services recognises that it does not operate in isolation but is part of complex web of services, delivered across health and social care. It also means that the organisation recognises that changes cannot be made to care pathways in isolation; the impact on the whole health economy, as well as on Plymouth Provider Services, must be taken into consideration. Pathways need to be mapped from 'end to end' and any changes made to these pathways must add value for service users, as well as demonstrating value for money to service commissioners and the general public.

Plymouth Provider Services will occupy a key role in the local health community, acting as 'lynchpin' in drawing together a range of significant stakeholders. A stakeholder map has been developed to capture these and has been included below as Figure 1.1:

Figure 1.1 – Stakeholder matrix



The new organisation will seek to exploit its unique position within the health economy by developing its role through the integration of its care provision and partnership working with other agencies with the health community.

The organisation intends to work to ensure that there is a balanced approach to aligning all the needs of the relevant stakeholder in support of the overarching aim of delivering a surplus to enable reinvestment in community based services.

1.2 Rationale for social enterprise status

The social enterprise model will facilitate the redesign of services in line with the requirements set out in the Commissioner Case for Change. Social enterprise status offers:

- The best way to implement the vision, values and mission that have been determined for the new organisation, offering legal and financial freedom to determine the future direction of services;
- The best way to engage staff and the local community in developing and transforming the services offered, through adoption of an employee owned model and involvement of patients and the public as members;
- The ability to adapt quickly to a changing market and pursue opportunities for growth and development; and
- The best available model to support the transformational change agenda outlined in 'Transforming Community Services: Enabling New Patterns of Provision' and the recently published White Paper, 'Equity and Excellence: Liberating the NHS'.

Plymouth Provider Services will embrace the opportunity of becoming a social enterprise by exploiting the unique opportunities adopting this model will provide. This includes:

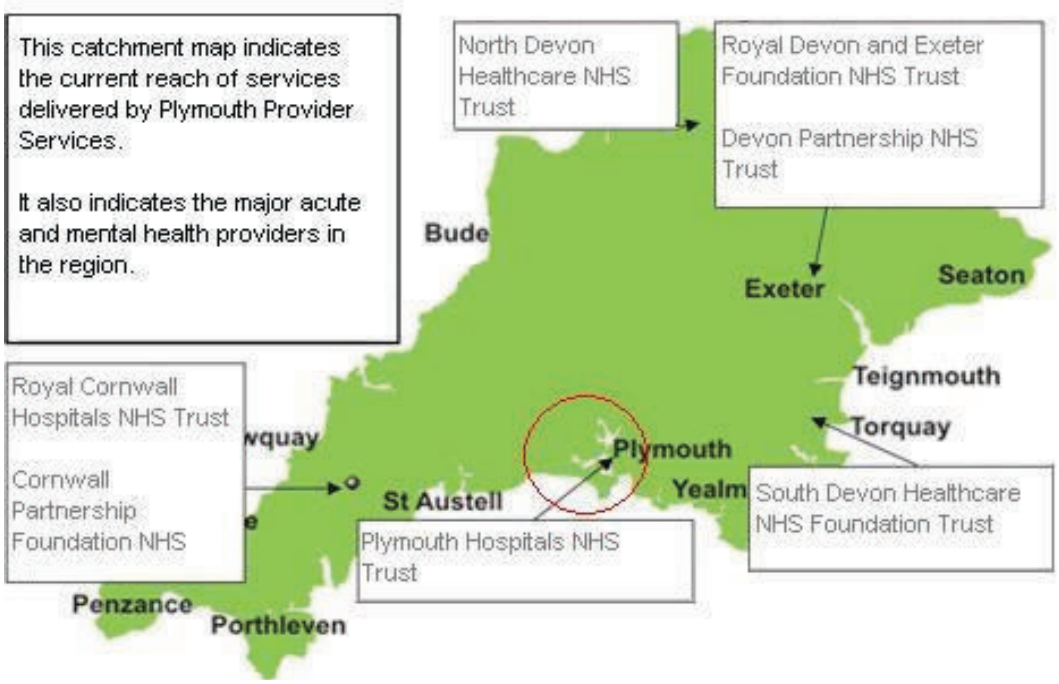
- Accessing new forms of funding to further develop and expand its income base;
- Working in partnership with existing social enterprises, including those with charitable status, to enhance business processes by adopting the best practice demonstrated in the sector; and
- Develop a robust business model to take advantage of the significant changes in provision signalled by the Coalition Government in relation to the NHS.

Further information about the model for the social enterprise, a Community Interest Company (CIC), and the rationale for choosing that model is included in chapters two and three of this Integrated Business Plan.

1.3 Profile

The social enterprise will have a unique role in the provision of community based healthcare services over a large geographical area. Plymouth Provider Services offers services in line with the footprint of the local acute provider, Plymouth Hospitals NHS Trust, to the 450,000 population of Plymouth, north and east Cornwall, and south and west Devon.

Figure 1.2 – Catchment area map



Plymouth Provider Services offers comprehensive community based services, as well as service provision across a range of care types. The table below, Figure 1.3, gives an overview of the services provided:

Figure 1.3 Service Type	Plymouth	Devon	Cornwall	Other
Adult Mental Health				
Inpatient	■	■	■	■
Community	■	■		
Specialist	■			
Community and Rehabilitation				
Inpatient	■	■	■	■
Community	■	■		
Specialist	■	■	■	
Children's and Families				
Inpatient	■	■	■	■
Community	■		■	

Included within the above summary are a range of highly specialised services provided by the social enterprise and these are detailed below in Figure 1.4:

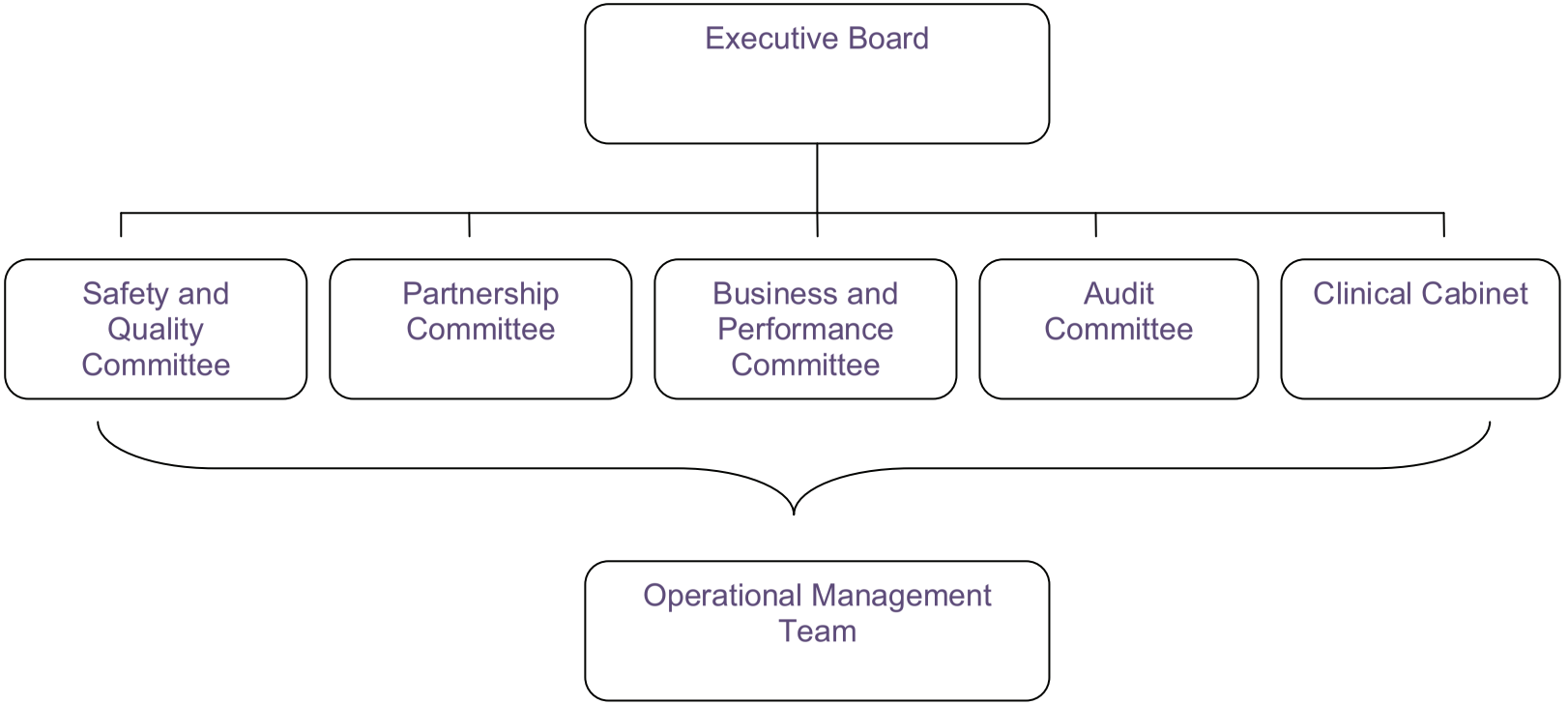
Figure 1.4 Specialised Services	Plymouth	Devon	Cornwall	Other
Adult Mental Health				
Low Secure	■			
Community and Rehabilitation				
Neurological Rehabilitation	■	■	■	■
Children's and Families				
CAMHS Tier 4	■	■	■	■

The social enterprise will be established by 1 April 2011 and will operate with a turnover that is at least equivalent to that of the organisation that it is replacing (NHS Plymouth Provider Services), approximately £93 million. It will also employ approximately 2,000 whole time equivalent (WTE) staff.

The existing provider function has an environment where it enables its staff to develop innovative services in the knowledge that they are supported fully by the senior management team, who operate within a clear 'no blame' culture. Plymouth Provider Services will seek to maintain this culture, and, through the implementation of employee ownership model enhance the role of its staff in setting the development of a quality based agenda in the future.

The management arrangements for the new organisation will enable the primary objectives of the social enterprise to be met. The organisational structure is set out below, in Figure 1.5, and this takes into account any statutory requirements within the Companies Act (2004) and the principles of the UK Corporate Governance Code. Further detail about the structure and roles and responsibilities of the executive board and committees set out below is included in chapter nine.

Figure 1.5 – Organisational Structure



1.4 Commercial and Market Assessment

The new social enterprise is well located from a geographical perspective, placed in the middle of the Peninsula and with good road links across the region. There is recognition that operating predominantly in the largest urban conurbation, Plymouth, brings its own unique challenges; there are pockets of high social and economic deprivation that can drastically alter the needs of service users from one locality of the city to another.

The provider function of PCT has already demonstrated its ability to provide focused services in order to address health inequalities within the city. The Devonport Integrated Team has been created to deliver multi disciplinary, patient specific care to patients in order to avoid unnecessary acute hospital admissions. Due to the success of this model, it has been used as a template to pilot care provision in other areas of Plymouth.

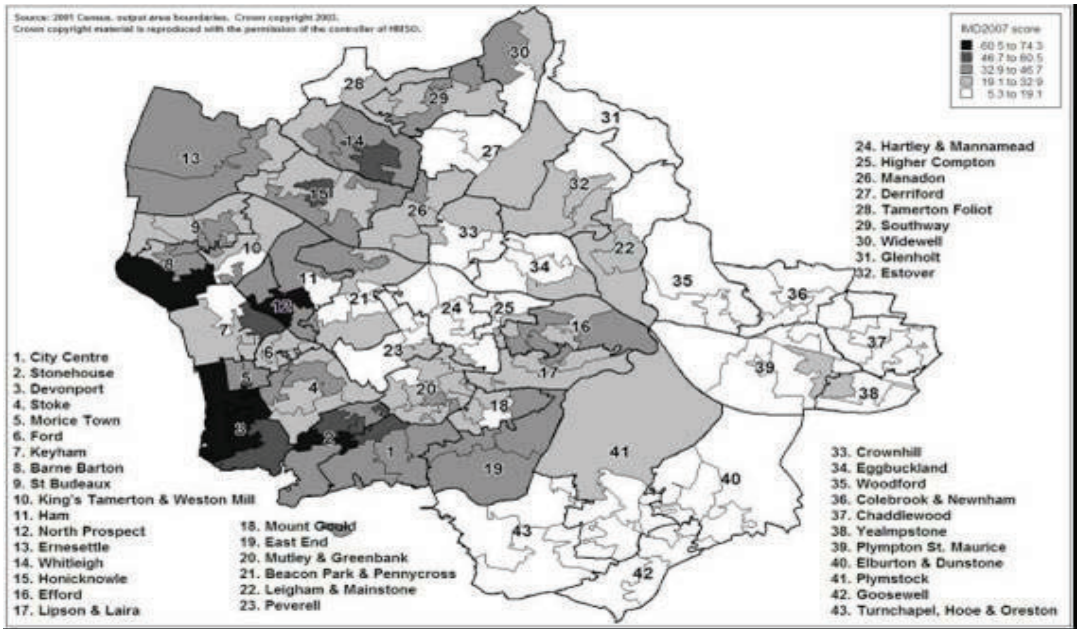
The primary commissioner of the services offered by the social enterprise is NHS Plymouth, with 81% of the income for the social enterprise associated with the contracts held between the new organisation and this NHS commissioning body.

It should be noted that 10% of income is received from non-NHS commissioning bodies; whilst this underpins a strong level of partnership working and the move towards integration of services where appropriate, it also represents a significant risk to the organisation in light of the recent Comprehensive Spending Review announcements. It will be important for PPS to continue to demonstrate that it delivers services on a value for money basis to retain this income into the future.

Although the main focus, from a geographical perspective, of the services offered by Plymouth Provider Services is the city of Plymouth, the organisation also delivers services into parts of Cornwall and Devon. In order to understand the specific challenges that may arise from delivering community based healthcare services outside of the compact, urban environment of Plymouth, Plymouth Provider Services has undertaken analysis of the defining characteristics of each area. A more detailed analysis is included in chapter four but the key features of the region are detailed below in Figure 1.7:

Figure 1.7	Key Characteristics
Plymouth	Compact city with widely diverse neighbourhoods.
	Below the average for England for a number of indicators of deprivation.
	Health inequalities due to location, gender, deprivation and ethnicity.
Devon	Prosperous rural area.
	People's health generally better than the average for England.
	Some pockets of deprivation and inequalities within west Devon, which may be linked to its rural nature and poor access.
Cornwall	Rural county and a popular holiday destination.
	Peoples health generally the same or better than, the average for England.
	Access issues are common across Cornwall.

The following map, Figure 1.8, demonstrates the varying levels of deprivation within the city of Plymouth, based on the Index of Multiple Deprivation 2007 (IMD2007).



The following table, Figure 1.9, sets out the rankings for the 20% most and least deprived neighbourhoods within Plymouth:

Figure 1.9	Neighbourhoods		
20% Most Deprived	Devonport (highest IMD2007 ranking)	**20% Least Deprived**	Glenholt
	Stonehouse		Plymstock
	North Prospect		Goosewell
	Barne Barton		Colebrook and Newnham
	Morice Town		Woodford
	East End		Hartley and Mannamead
	Whitleigh		Elburton and Dunstone
	City Centre		Chaddlewood (Lowest IMD2007 ranking)

Key marketing influences and developments expected to have the largest impact on the new organisation are:

- The global financial context, including the effect on the national debt and consequent impact on public spending;
- The Quality, Innovation, Prevention and Productivity (QIPP) agenda set out by the Department of Health, supporting the shift of location and delivery of health care from hospital to community based services;
- Increasing local private sector competition for services, such as the recent re-tendering of the Independent Sector Treatment Centre;
- Potential growth in national or international competitors delivering across an end to end pathway of care (e.g. Kaiser Permanente, United Health Europe). It is not yet clear what the impact of this will be in Plymouth but it should be taken into consideration given the stated intentions of the commissioners to market test services in future;
- The importance of provision of services for the older population, particularly the increasing need for a 'end to end' pathway approach to provision of dementia care; and
- Addressing inequality of access in deprived areas, through the delivery of patient focused services in the community setting, working with other stakeholders to ensure seamless provision of care.

1.5 Summary SWOT

The analysis below summarises the assessment of the new organisation's Strengths, Weaknesses, Opportunities and Threats (SWOT). This analysis has been undertaken to inform the objectives and business strategy of the social enterprise and is set out below in Figure 1.10:

Figure 1.10 - Summary SWOT analysis

Strengths	Weaknesses
• Patient centred model of care; • Evidenced quality of service provision; • History of responding to local need; • Dedicated, caring, values driven workforce; • Strong partnership working approach.	• Pockets of 'no change' culture, resulting from staff feeling 'done to'; • Silo working and restrictive professional boundaries; • Business intelligence and financial awareness; • Challenging relationships with local commissioners; • Participation and involvement of service users.
Threats	**Opportunities**
• Comprehensive Spending Review impact on health and other public sector organisations; • Unknown impact of GP commissioning consortia; • Competition from alternative local, national or international service providers; • Reduction in income; • Market testing by commissioners.	• Development of locality based services; • Clear strategic development framework offered by the QIPP programme; • Strong focus on core business; • Innovation in models of service delivery; • Growth of new markets.

The comprehensive SWOT analysis that Plymouth Provider Services has undertaken is included as annexes to chapter five, which provides narrative to support the findings of the analysis. The detailed SWOT sets out the potential impact of the identified strengths, weaknesses, opportunities and threats, as well as the actions that the organisation will take to mitigate against their impact or exploit their potential in line with the stated strategic aims of the social enterprise.

The SWOT analysis, along with the summary and detailed PESTLE analysis that has been undertaken, has been used to inform the service development plans for the organisation. The synergy between the identified Strengths, Weaknesses, Opportunities and Threats and the position of Plymouth Provider Services in the current and future healthcare market has also been considered in more detail in chapter four.

1.6 Performance Overview

The provider services incorporated into the new organisation have a successful track record of delivery. This has been demonstrated through the independent assessments that took place whilst the services were operating as part of the NHS Plymouth Provider Services.

A summary of the key performance indicators is provided in the following tables, Figure 1.11 and Figure 1.12, and further details of the ratings received by the previous organisation can be found in Chapter Six.

Figure 1.11 Auditors Local Evaluation (ALE) Scores	2007	2008	2009	2010
Managing finances	2	3	2	2
Governing the business	2	2	2	2
Managing resources	2	3	2	2

Figure 1.12 Provider Breakeven	2006/07 £m	2007/08 £m	2008/09 £m	2009/10 £m
Gross operating costs	78.4	83.3	91.9	100.1
Operating revenue	(17.5)	(16.0)	(20.3)	(21.2)
Interest Received	0.0	0.0	(0.1)	(0.1)
Interest Paid	0.0	0.0	1.3	1.3
Net operating costs	60.9	67.1	72.8	80.2
Costs met with PCTs allocation	(60.9)	(67.1)	(74.3)	(81.8)
Under/(over) recovery of costs	0.0	0.0	(1.4)	(1.5)

The social enterprise will focus on continuing to improve and enable access to all of the services that it provides, as well as improving the operational and financial performance of the organisation. Key achievements that the social enterprise will aim to sustain are:

- Continued financial and business viability of the organisation;
- Continued CQC registration without conditions;
- Achievement of required Commissioning for Quality and Innovation (CQIN) targets; and
- Delivery of Clinical Quality Review Meeting (CQRM) requirements.

Plymouth Provider Services understands the importance of undertaking a regular internal stock take, led by the Board, to determine the overall performance of the organisation. Although financial and operational performance is recognised as central to the sustainability of the organisation, a more holistic approach to determining performance would be beneficial, particularly as the organisation recognises that the mark of a successful social enterprise is also to engage the community and the employees of the organisation in developing a socially responsible and community focused approach to business.

With that in mind, the organisation will adopt the approach to assessing organisational health described by McKinsey and Co. in their recent publication 'Performance and Health: an evidence based approach to transforming your organisation' (2010). This is based around nine dimensions of organisational health, which are described under the following headings:

- Direction;
- Leadership;
- Culture and climate;
- Accountability;
- Co-ordination and control;
- Capability;
- Motivation;
- External orientation; and
- Innovation and learning.

Organisations are then categorised as either 'Ailing, 'Able' or 'Elite' dependent on how they measure up against each of these different categories.

The measures for each dimension and each category are included as Annexe 1.1. Plymouth Provider Services will undertake an 'organisational health' assessment utilising this framework, on establishment of the organisation and at regular intervals during the first five years of operation; the findings will be reported to the Board alongside more traditional measures of performance.

1.7 Strategy

The new organisation has developed a clear vision for the social enterprise, along with a clear message about its values. These statements reflect the fact that the new organisation will provide services across the age range.

Vision

To develop our business in a new way, working together with others to help the local population to be physically and mentally well, to get better when they are ill, and when they cannot fully recover, to help them stay as well and as independent as they can until the end of their lives.

Values

Our values arise from our commitment to work collaboratively with others to make sure that everyone in the community has the same chance of staying healthy, independent, and safe.

We recognise that offering services across the age range means that we need to develop a 'Think Family' approach to the care that we deliver; this means we will arrange ourselves around the family and not according to perceived boundaries between services for adults, children, and young people.

We will always involve the adults, children, and young people we care for in deciding how we can provide our services to best meet their needs and to make sure they are able to access the right help, at a time that they need it, and in a place that is close to their home.

We recognise the contribution our staff make and believe in making sure that our staff receive the right training and support to help them do their job to the best of their ability every day that they come to work. We recognise the need to empower our workforce and invite them to help the organisation to find creative and innovative solutions to any challenges we may face in the future.

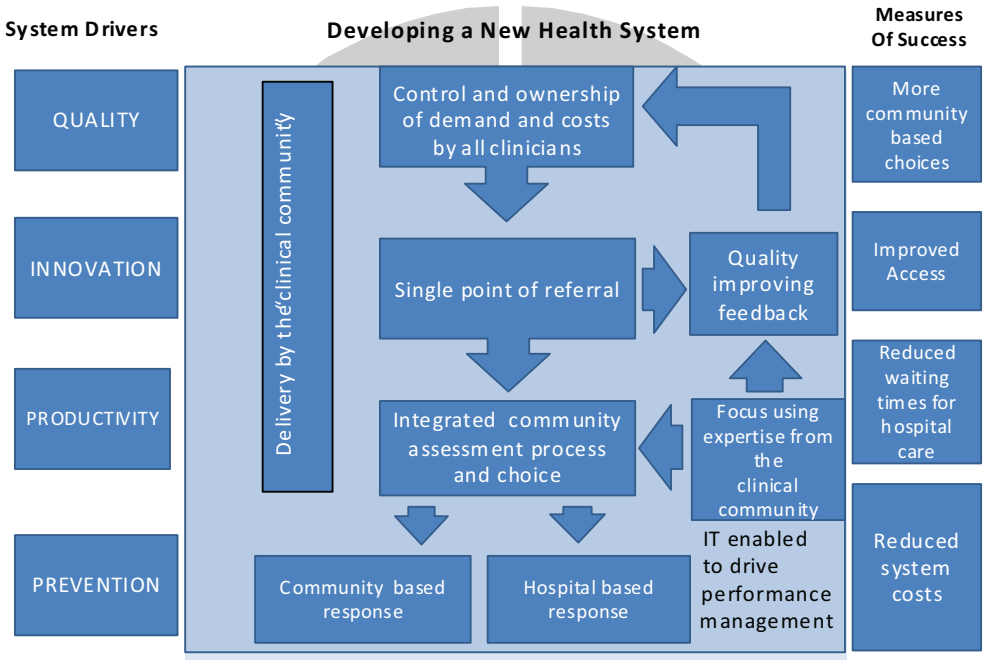
The vision and values, along with the mission, of the new organisation have been integral to defining the approach that the social enterprise will take towards engaging staff and service users in the transformation of services to ensure their needs are met. In addition, they have guided the development of the strategic objectives of the new organisation, which are set out in more detail in chapter three.

1.8 Service Development Plans

The service development plans for Plymouth Provider Services have been established with the needs of service users, and requirements of commissioners, determining the model that has been adopted by the organisation.

In order to facilitate a successful transition to whole systems delivery of community based services – in line with the 'healthy system' described in the Commissioner Case for Change and outlined below in Figure 1.13 – it will essential for the social enterprise to adopt a positive approach towards integration and co-location of services.

Figure 1.13 – The Healthy System Model



Plymouth Provider Services knows that, in order to be successful and sustainable into the future, it must meet the core offer set out in the Commissioner Case for Change. That core offer can be described as:

- The provision of services close to home wherever clinically appropriate including within sub localities in Plymouth, differentiating services in accordance with the specific requirements of individual communities in order to both improve access and to address factors that can prevent future ill health;
- A bio-psycho-social approach that integrates provision across professions and partners that can best respond to the physical, mental and social needs of individuals in order to be most effective in improving outcomes;
- Close collaboration across primary, community and secondary healthcare alongside social care minimising duplication and hand-off's between teams / departments so as to improve the patient experience;
- This increase in efficiency to be mirrored by an increase in productivity and a reduction in transactions between organisations; and
- A workforce that is motivated to improve the well being of patients and public, that has a focus on quality and safety and has the skills needed to deliver integrated care.[ii]

Importantly, the new organisation understands that it will not be possible to deliver this core offer, particularly in the current challenging economic climate, without the support and collaboration of partner organisations.

It is intended that services for children, young people, and adults will be developed with this core offer in mind. The social enterprise recognises that in creating and delivering services that comply with this core offer, it must deliver the following transformational changes:

- Integration of mental health, community and children's services within the social enterprise;
- Development of Plymouth Provider Services as the key interface in the local health community. This means recognising that the organisation sits within a complex web of primary and secondary care services and often operates as a 'middleman' between secondary and primary care;
- Become the prime choice for GPs in the delivery of community based care;
- Creation of multi disciplinary locality based teams to provide health and social care; and

- The empowerment of a well trained, motivated and performance managed workforce to enable the above.

The service developments that are planned for the Adult Mental Health and Learning Disabilities Directorate, the Community and Rehabilitation Directorate and the Children and Families Directorate are described in detail in chapter five; the planned changes are outlined in the context of the core offer set out in the Commissioner Case for Change.

The organisation has already identified a framework within which the planned transformational change will take place. Plymouth Provider Services recognises that as well as describing 'what' will be changed, it is essential to describe 'how' those changes will be made.

The 'how' aligns with the approach to assessing organisational health, as it is clearly described in 'Performance and Health: an evidence based approach to transforming your organisation' (2010). Described as the 'five frames', this approach has been used successfully by the organisation in achieving what has been described as NHS South West Strategic Health Authority as the transformational change of services for stroke patients in the local health economy. There is further detail included in chapter five and also in the Transformation and Service Development Strategy, which is one of the underpinning strategies supporting this Integrated Business Plan.

1.9 Financial Plans

It is intended that the transformation of services, in line with the clinical case for change – outlined in the Commissioner Case for Change and supported by the Joint Strategic Needs Assessment (JSNA) for the city – and recognising the views of services users, will support the achievement of efficiency savings for the social enterprise; these will form part of the annual cost improvement programmes pursued by individual services but will also be integral to the delivery of the Quality, Innovation, Productivity and Prevention (QIPP) agenda.

The financial position of the new organisation, based on a summary outturn of NHS Plymouth Provider Services in 2010/11 is included below in Figure 1.14:

Figure 1.14 Description	£million 2010/11
Mental Health and Learning Disability	£25.1m
Inpatient Rehabilitation, Intermediate Care and Community Services	£35.3m
Children's Services	£11.8m
Medical Staffing	£4.6m
All PCT Provider Services	£76.9m
Corporate Services	£16.3m
Total	**£93.2m**

1.10 Key Risks

The principal risks to the delivery of the Integrated Business Plan are considered in detail in chapter eight. The key risks are categorised under the headings operational, financial, workforce and technological.

The plans that the new organisation has in place to mitigate such risks are clearly outlined, as is the process for recording and managing risks and providing assurance to the Board. The key strategic risks are built in to the sensitivity work that has been undertaken by the new organisation and this is also contained in chapter eight.

1.11 Conclusion

There is a clear vision and ambition to develop a social enterprise that is responsive to the needs of those it serves, as well as offering staff the opportunity to take ownership of and drive the transformational change that the organisation will be undertaking in the next five years.

The plans of the new organisation focus on improving quality, increasing efficiency and ensuring sustainability for the people who use the services and those who commission them. Given the significant changes that the health care sector, and wider public sector, will face over the next five years, the social enterprise is well placed to respond to the changing face of the market, anticipate the emergent needs of the local population and offer a new vision for the future of community based services.

Chapter Three

Strategy

Strategy

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3.1 Introduction

This chapter of the Integrated Business Plan sets out the aspirations of Plymouth Provider Services, describing what the organisation wants to achieve, the rationale for chasing those achievements and how the organisation intends to secure their delivery.

The new social enterprise has developed a vision, values and mission that focus clearly on establishing and maintaining services to meet the needs of the population that the organisation will serve. The vision, values and mission also acknowledge the major asset of the new organisation; the workforce.

In order to ensure that the vision described by the organisation becomes a reality for the children, young people, and adults that access the services provided by the social enterprise, it will be important to ensure that both the strategic direction and operational performance of the social enterprise are aligned with the described social purpose of the organisation.

The chosen social enterprise model, a Community Interest Company (CIC) Limited by Shares, will enable the active involvement of children, young people, and adults in developing responsive services, working in partnership with other organisations to reduce duplication, delivering services closer to home, helping to avoid hospital admissions and, where that is not possible, actively working to reduce the length of time spent in hospital.

3.2 Vision and Purpose

As a provider of comprehensive community based services, with responsibility for taking care of people's physical and mental health needs, the social enterprise occupies a unique position as an organisation that is able to significantly impact on the physical and emotional wellbeing of the local population.

The focus of the social enterprise will be the delivery of healthcare for population of Plymouth. However, the organisation will also deliver some services beyond the Plymouth boundary, to an area that is often described as the 'Derriford catchment area'; this extends into south west Devon and north east Cornwall in common with the area covered by the local acute trust.

The social enterprise will continue to deliver across this catchment, contracting with the commissioning bodies that have responsibility for

procuring services on behalf of the population in those areas. It is anticipated that there may be the potential to further extend current service delivery catchment areas; this will be dependent on the ability of the social enterprise to respond to the commissioning strategies and intentions in each of the neighbouring counties.

In developing the vision, values and mission for the social enterprise, recognition was given to the fact that the organisation offers services across the whole age range.

Vision

To develop our business in a new way, working together with others to help the local population to be physically and mentally well, to get better when they are ill, and when they cannot fully recover, to help them stay as well and as independent as they can until the end of their lives.

Values

Our values arise from our commitment to work collaboratively with others to make sure that everyone in the community has the same chance of staying healthy, independent, and safe.

We recognise that offering services across the age range means that we need to develop a 'Think Family' approach to the care that we deliver; this means we will arrange ourselves around the family and not according to perceived boundaries between services for adults, children, and young people.

We will always involve the adults, children, and young people we care for in deciding how we can provide our services to best meet their needs and to make sure they are able to access the right help, at a time that they need it, and in a place that is close to their home.

We recognise the contribution our staff make and believe in making sure that our staff receive the right training and support to help them do their job to the best of their ability every day that they come to work. We recognise the need to empower our workforce and invite them to help the organisation to find creative and innovative solutions to any challenges we may face in the future.

Mission

We will use all of the resources we have available to us to provide effective, efficient, high quality, safe, and sustainable health services for the community. We are committed to devoting the public funds we receive solely for the benefit of the people who we serve.

3.3 Strategic Objectives

The creation of the social enterprise will also enable a number of critical benefits to be realised. These benefits have been derived from the areas identified in *The Assurance and Approvals Process* as an essential test of the 'fitness for purpose' of the new organisation. Incorporating these three elements into the future business strategy of the organisation will be vital to ensuring the long term success of the social enterprise and the delivery of services for patients that demonstrate continuous quality improvement. They are:

- **Improved quality** – including development of accurate, measurable and meaningful patient outcomes, service integration and stakeholder engagement;
- **Increased efficiency** – including the improved usage of existing assets and identification of technical and allocative efficiencies in line with the QIPP agenda;
- **Sustainability** – ensuring the ongoing viability of the service by establishing and maintaining a leaner, more efficient organisation that operates with a 'whole system' approach to reducing cost and improving quality.

The strategic objectives of Plymouth Provider Services have been developed with these critical benefits in mind. The vision, values and mission of the organisation, along with these critical benefits, have determined the approach that has been adopted in setting the short, medium, and long term strategic framework within which the organisation will operate in the next five years.

Therefore, all of the strategic objectives have been determined as requiring planning and implementation of service change to take place to enable their delivery in the next five years (from 2011/12 to 2016/17). However, there are some that are more closely linked with programmes of work that require delivery in the next three years, for example strategic objective number eight, which is focused on supporting the achievement of the QIPP plans for the

local health community, will be expected to be delivered within the timeframe for that programme of work (2011/12 – 2013/14).

It is worth noting that the strategic objectives will also be linked to the performance management framework for the organisation, described in more detail in chapter nine. The achievement of these objectives within a defined timescale will mark the success of the new organisation and enable the organisation to operate at the level of 'elite' in the context of the assessment of organisation health described in chapter one and set out in more detail in Annexe 1.1.

The strategic objectives, along with the rationale for their adoption and the links to the underpinning enabling strategies developed by the organisation to support their achievement are described below in Figure 3.1:

Figure 3.1

Strategic objective	Rationale	Timescale for delivery	Link to underpinning enabling strategy
1. To reduce health inequality by ensuring that we provide services proportionate to need and close to where people live.	• There is evidence from the Joint Strategic Needs Assessment and needs assessment undertaken to support the development of the Children and Young People's Plan that there are marked variations in health outcomes across the city. • The direction of national policy, evidenced clearly in *Equity and Excellence* (and supported in the Public Health White Paper published in December 2010) supports the move towards the delivery of services outside of traditional, acute hospital settings, with a shift to community based provision delivered closer to the homes or workplaces of service users.	• 2011/12 – 2016/17	• Transformation & Service Development Strategy
2. To increase the physical and mental health of our population, evidencing this through clinical outcome measurement.	• The direction of national policy, evidenced clearly in *Equity and Excellence* expects the development of well-defined and meaningful outcome measures that enable organisations to evidence the impact of their intervention. • Clinical outcome measurement is already operating across specific service lines and informing clinical practice. Adopting this practice organisation-wide will improve the quality of services provided as well as enabling informed business decisions to be made.	• 2011/12 – 2016/17	• Transformation & Service Development Strategy

Figure 3.1 Strategic Objective	Rationale	Timescale for delivery	Link to underpinning enabling strategy
3. To work within a whole system approach to prevent the escalation of need and to address multiple needs in order to reduce risk taking behaviour.	• There is a growing international and national evidence base to support the adoption of 'whole system' working, through integration and development of end to end pathways. It is recognised that this will be critical to delivery of the QIPP agenda and to ensure continued efficiency savings to be realised. • Working collaboratively, as part of a designed whole system organisation, and with other partners, will enable an increase in prevention and early intervention work to take place. • A whole system approach will also enable the services to recognise those service users with multiple needs, enabling a joined up approach to be adopted in responding to those needs.	• 2011/12 – 2016/17	• Transformation & Service Development Strategy • 'Think Family' Strategy
4. To empower staff to work in partnership with children, young people, and adults to ensure integrated thinking and practice is central to the care of each person who uses our services.	• 'NHS Mutual' recognised that empowerment of the workforce has remained largely rhetoric in NHS organisations. The move to a social enterprise model, supporting an employee ownership approach, will allow more active engagement and involvement of the workforce in both the planning and future direction of services. • An integrated approach to delivery of services, internally and through partnerships with other organisations, will support the achievement of the QIPP agenda.	• 2011/12 – 2014/15	• Workforce & Organisational Development Strategy
5. To enable successful transitions. This means between services for children, young people, educational and social care placements, and in transition to adult care.	• Transitions for children and young people to adult services is an area that is recognised by the Kennedy Report – 'Getting it right for children and young people' as one that required improvement. • Reducing handoffs and duplications, internally and when working with other organisations, will improve the experience of care for service users. • Improving transitions between education, health and social care will also support the delivery of the QIPP agenda, by ensuring that only those steps which add value from a quality and an efficiency perspective are adopted as part of a pathway of care.	• 2011/12 – 2014/15	• Transformation & Service Development Strategy • 'Think Family' Strategy

Figure 3.1 Strategic Objective	Rationale	Timescale for delivery	Link to underpinning enabling strategy
6. To engage with other social enterprises and the voluntary and community sector in service delivery and in sharing examples of best practice.	• In order to ensure that the organisation achieves its vision of 'doing business in a different way' it must learn from other partners in the social enterprise sector. • There is recognition within the organisation that collaborative and partnership arrangements with others in the social enterprise and voluntary and community sector may enable innovative service development to take place (e.g. involvement of Routeways charity in the services offered by Children and Families Services has supported the participation agenda).	• 2011/12 – 2012/13	• Transformation & Service Development Strategy • Communications & Engagement Strategy • Marketing Strategy
7. To create flexible and attractive working arrangements for existing and new staff, encouraging and nurturing a competent and caring approach to service delivery.	• There is international and national evidence that indicates that whether staff feel valued, supported and ably directed has a direct impact on the care they are able to provide for service users, as well as on other measures of performance such as sickness absence ('NHS Mutual'). • The organisation recognises, and reflects in its values, that staff must be empowered to help address the challenges the organisation may face in the future. Their contribution must be recognised as part of the organisational culture and through the operation of terms and conditions of employment.	• 2011/12 – 2012/13	• Workforce & Organisational Development Strategy • Communications & Engagement Strategy
8. To ensure the long-term financial sustainability of the organisation and to work together with other partners in the local health economy to ensure that the planned transformation of community based services supports the achievement of the local QIPP plans.	• The long term sustainability of the organisation is integral to the achievement of the seven strategic priorities preceding this one. • Achievement of the QIPP plans for the local health economy has been identified as regional and national priority.	• 2011/12 – 2014/15	• Transformation & Service Development Strategy • Investment Strategy • Communications & Engagement Strategy

As part of the annual business planning cycle that will be undertaken within the social enterprise, specific business objectives will be developed to support the delivery of services to individual areas of the business (i.e. those for services for adults and those for services for children and young people). This approach recognises that there will be different priority areas for the individual areas of the social enterprise to focus on.

However, the expectation is that the business objectives developed for adult services and those for children and young people are aligned with the overarching objectives for the wider organisation and that they provide evidence that their individual business objectives are enabling achievement of the social enterprise's strategic objectives.

It is anticipated that a further shared objective, to be developed over the course of 2011/12, is the adoption of the 'Think Family' principle referred to in the values. This principle seeks to emphasise and add value to the previous government's cross departmental policy to reduce the risks for vulnerable families. Although the language of the current Coalition Government reflects the focus on multi-complex families, early intervention and prevention, Plymouth Provider Services feels that 'Think Family' as a principle captures the ethos of the organisational approach to operating in partnership across perceived intra-organisational boundaries.

Think Family bought together the work of a small number of agencies to reduce harm and improve outcomes for a family by identifying child vulnerability within a particular scenario e.g. anti-social behaviour or parental mental health. There are a number of protocols to describe this work and a cluster of toolkits which seek to build the capacity of professionals working on the edge of their existing scope of practice.

The new social enterprise vehicle seeks to expand this by developing working practices and pathways that build upon the wider Think Family agenda; arranging a 'team around the family'. This allows the work to cluster around the family as a system and does not expect that system to separate and flag up its concerns via established, and quite separate, routes for children, adults and older adults.

An example may be of the proposed Children and Families Services Locality Health Team working with a child who has been referred to the service and recognising that there is an issue of parental mental ill health. Rather than use a process of referral and separate visit, the child's worker can, with the parent's consent, expect a professional from the appropriate service to join with the children's professional in understanding the risks and needs of the family and establishing appropriate input to the care system around that family.

Rather than limiting this to the needs of a child, the same scenario could be played out around an adult and their older adult carer, the central shift here

being that the social enterprise arranges itself around the family rather than the family arranging itself around a complex health system. This marks a clear move away from the 'silo working' practice identified as a weakness in the SWOT analysis (see chapters one and five for more detail).

By operating around the family, the system will be authentic as 'joined up' and capacity will be built across the piece in understanding the work across the full age range. This means that certain processes that the existing organisation sometime struggle to get right such as transition between services, particularly at critical age points will see rapid improvement. It also allows clear links into the work of partner agencies.

This approach, described as 'Think Family' within Plymouth Provider Services is recognised and understood within the wider context of services for children and young people within the city and it is anticipated that this approach will be supported by the Plymouth Children and Young People's Trust.

Development of a Think Family Strategy will take place over the next six months and will be undertaken in the spirit of collaboration and partnership working with children, young people, parents and carers, as well as partner organisations from across the city. It will be important for this enabling strategy to describe how the organisation can use existing, integrated processes for assessment of children and young people, for example the Common Assessment Framework (CAF), to facilitate the Think Family approach.

3.4 Rationale

The NHS Operating Framework for 2008/09 set out the requirement for all PCTs to "create an internal separation of their operational provider services, [and] agree SLAs based on the same business and financial rules as applied to all other providers".

This approach was further strengthened in April 2009, as all PCT provider services moved into a contractual relationship with their PCT commissioners under the 2009/10 NHS standard contract for community services. In order to facilitate this process, there had to be sufficient separation of functions and roles within the PCT to avoid direct conflicts of interest between the commissioner and provider elements of the organisation.

By October 2009, PCT provider services were expected to have reviewed

their long term future, and proposed the most appropriate organisational form for their services. The available organisational forms were outlined in *Enabling New Patterns of Provision*, although it should be noted that some of the options originally available to PCTs were reduced by the recent publication of the White Paper *Equity and Excellence* (e.g. the ability to merge with another, local PCT provider arm).

This policy context, outlining an explicit shift away from PCTs providing care directly to one where their business is solely focused on commissioning provision for the population they serve, means that the current model of delivery within Plymouth needs to be transformed and provided through adoption of a new organisational form.

The creation of the social enterprise has been determined as the most appropriate approach to support the transformation of the provider function across a range of areas. Social enterprise status will aid Plymouth Provider Services to accelerate the implementation of the organisation's strategy, deliver improvements in quality and enabling the organisation to progress the vision, values and mission described above.
There are a range of benefits associated with the chosen social enterprise model. They include:

- Increased opportunity for local people, service users and staff to influence service provision and development and hold the Board of the organisation to account through membership of the organisation;
- Greater financial freedoms for service developments, allowing the reinvestment of any surplus generated by the organisation back into the provision of frontline services;
- The continuation and expansion of the cross team and inter-organisational working that has already developed within the organisation;
- The promotion of mental and physical health and wellbeing, driving social inclusion and acting to minimise stigma and discrimination through the engagement and involvement of service users, the wider community and other organisations;
- The ability to maintain a Plymouth focus, working with partner agencies and operating within a whole system, integrated model to deliver healthcare in the most effective way possible;
- The ability to exploit market opportunities and respond quickly to new opportunities, taking on new business whilst retaining the defining values of the NHS and continuing to serve the local population;

- The development of a single point of access and information for services for adults and one for children and young people's services, working with Sentinel CIC to understand the demand being placed on each cluster of services;
- The establishment of integrated, locality facing teams for children and young people, which are aligned with schools and co-ordinate input to children and young people from across a range of organisations, which may in future be formally incorporated into the children's arm of the new social enterprise;
- The ability to link the locality based adults and children and young people's teams into primary care services, reducing duplication of effort and supporting the principal of a seamless pathway of care from primary to community to secondary to tertiary level services as required; and
- Embracing the government's clearly stated objective of creating the largest and most vibrant social enterprise sector in the world.

Operating as a social enterprise will enable Plymouth Provider Services to engage and involve service users, in line with approach to involving all stakeholders that the organisation has adopted. The ability to engage and involve staff, through a clearly defined employee-ownership model, will support innovation and improvement in services, which will be led from the 'bottom up' in alignment with the stated strategic objectives of the organisation.

It is anticipated that the social enterprise model will also support the diversification of income sources, enabling the organisation to pursue non-NHS income streams or the expansion of NHS income streams through the pursuit of new areas of NHS commissioned business. As there is likely to be an increased level of competition in the local market place, particularly with the expansion and operation of the 'Any Willing Provider' market testing process, the social enterprise model will allow nimbleness and responsiveness in the face of this competition to enable the expansion of the organisation.

The creation of the social enterprise will enable a number of strategic benefits to be delivered to the health community as a whole. This will include contributing to the delivery of NHS Plymouth's ambitions, achieving the desired priority outcomes and helping to achieve a 'Healthy System' for the people of Plymouth.

Those strategic ambitions, captured in the 'Strategic Framework for Improving Health in Plymouth (2010/11 – 2014/15)' are as follows:

"For the city as a whole, we will:

- *Reduce health inequalities – to target services where need is greatest;*
- *Prevent ill health – to focus on prevention, promotion and early intervention in both physical and mental ill health;*
- *Commission modern and innovative services – to best meet the needs of patients and local communities;*
- *Ensure value for money – direct resources to maximise benefit and so make best use of public money.*

For the individual we will focus on:

- *Improving quality – above all else to ensure services are safe, efficient and effective;*
- *More control – to promote independence and put the individual in control of his/her own health;*
- *Wider choice – to ensure services are varied and personalised;*
- *Easier access – to design services in partnership with partners and users to provide seamless integrated care."*

Chapter five contains more information about how the social enterprise will demonstrate responsiveness to commissioner requirements and the needs of service users.

3.5 Transition Process

In order to comply with the policy requirements outlined in *Enabling New Patterns of Provision*, clarity about the timescales to facilitate both the transfer and the transformation of services has been established.

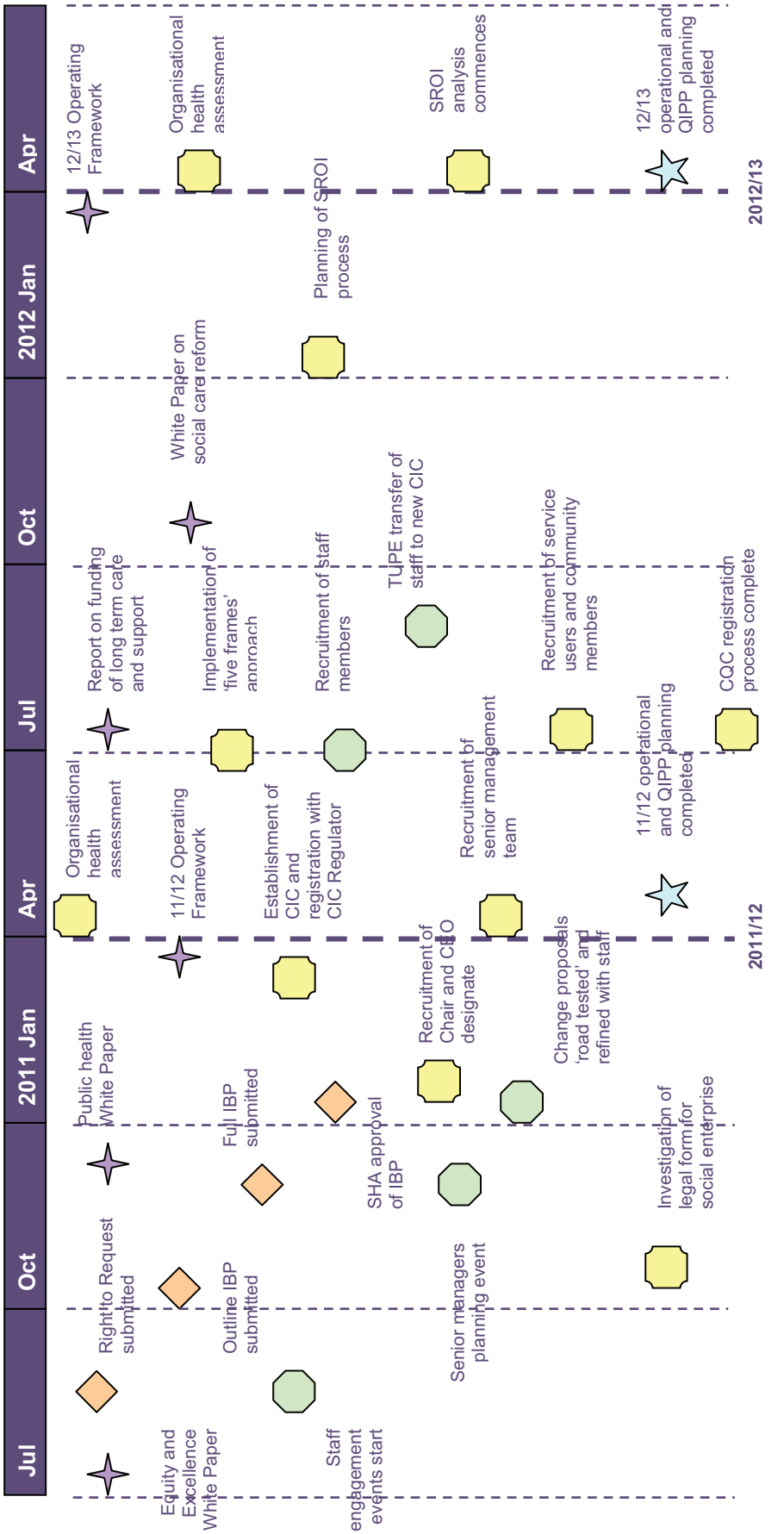
The timetable describing the transfer process is defined by the specific milestones indicated as part of the 'Right to Request' process for third wave social enterprises. This required that significant progress has been made towards enabling the transfer of staff to a new organisational form and this means that the new organisation must be legally constituted by 31 March 2011.

In order to ensure that the new organisation complies with statutory requirements and has the appropriate leadership and management structure to enable the transformation process to be implemented, consultation is underway with professional advisors. It is anticipated that an external organisation will support the due diligence process that will be undertaken to ensure that the new organisation will be fit for purpose.

In order to ensure successful completion of each key task, a high level internal project plan and timeline has been developed to describe the accountability structure to enable delivery against plan. The high level plan is attached as Annexe 3.1 and indicates where the organisation is currently positioned in the transition process.

This high level plan is underpinned by individual, task level project plans for each of the key workstreams identified in the high level project plan. These plans are described in more detail in chapter ten, which focuses on transition planning, and are attached as annexes to that chapter.

Outlined below, in Figure 3.2, are the key milestones associated with the transition process.


Jul
Oct
2011 Jan
Apr
Jul
Oct
2012 Jan
Apr
2011/12
2012/13
Equity and Excellence White Paper
Right to Request submitted
Public health White Paper
Organisational health assessment
Report on funding of long term care and support
12/13 Operating Framework
Staff engagement events start
Outline IBP submitted
Full IBP submitted
11/12 Operating Framework
Implementation of 'five frames' approach
White Paper on social care reform
Organisational health assessment
Establishment of CIC and registration with CIC Regulator
SHA approval of IBP
Recruitment of Chair and CEO designate
Recruitment of staff members
Planning of SROI process
SROI analysis commences
Senior managers planning event
Recruitment of senior management team
TUPE transfer of staff to new CIC
Change proposals 'road tested' and refined with staff
Recruitment of service users and community members
Investigation of legal form for social enterprise
11/12 operational and QIPP planning completed
CQC registration process complete
12/13 operational and QIPP planning completed
IBP development
Policy and legislation
QIPP delivery
Staff engagement
CIC establishment

An internal assurance process, which has tested the development of the Integrated Business Plan against a pre-defined set of weighted measures, has been developed and implemented. This has allowed the NHS Plymouth Board to review the documents being developed to support the creation of the new organisation and to determine whether they are of sufficient quality to enable both the transfer and transformation of services.

Given the fundamental nature of the changes required to establish a new organisation, both to affect the transfer and transformation of services, a series of engagement events has been developed to engage staff and seek their views about the proposed course of action. These, along with wider stakeholder engagement, communications and consultation, are also described in more detail in chapter ten.

It should be noted that the timetable for the transformation of services has been developed in outline for each of the service development proposals and is included in chapter five. However, the detailed development of a timeline for the transformation will not take place until staff and service users have been involved in 'sense checking' the proposed changes and they have been actively involved in developing the next steps to enable the transformation of services.

3.6 Conclusion

This chapter of the business plan has set out the vision, values and mission of the organisation, as well as describing how these will be realised through the delivery of the identified strategic objectives.

The following two chapters will place these core elements of the new organisation in the context of the local market and the planned service developments, as well as reinforcing the rationale for adopting the social enterprise model.

Chapter Nine

Governance, Leadership and Management

Governance, Leadership and Management

Contents

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9.1 Introduction

Plymouth Provider Services supports the findings of the Independent Commission on Good Governance in Public Services report and recognises that good governance means:

- Focusing on the organisation's purpose and on outcomes for citizens and service users;
- Performing effectively in clearly defined functions and roles;
- Promoting values for the whole organisation and demonstrating the values of good governance through behaviour;
- Taking informed, transparent decisions and managing risk;
- Developing the capacity and capability of the governing body to be effective;
- Engaging stakeholders and making accountability real.

The following chapter details how the social enterprise will establish robust governance arrangements as a social enterprise providing essential public services. It also describes the leadership and management arrangements for the new organisation, detailing how these structures link to the operational delivery of services and how they support the risk management and assurance process.

In order to ensure effective governance, leadership and management arrangements have been put in place, the organisation will need to demonstrate the following qualities:

- **Clinically coherent** – providing a comprehensive range of services, which are most appropriately delivered through an integrated model and with a clear focus on the delivery of care at or as near to a person's home as possible;

- **Transformative** – possessing the necessary skills and capacity to transform existing models of care that are characterised by effectiveness, efficiency and service user focus.

  This transformation will reflect the requirements of the QIPP plans for the local health economy and include the adoption of the 'Think Family' philosophy as a core deliverable;

- **Well managed** – enabling the organisation to face a range of challenges relating to the delivery of services, operating and maintaining delivery and supporting the transformational change process.

  Managers, clinicians and teams will be fully accountable within an overarching governance and performance framework and will be included in the change process, in line with the methodology adopted by the organisation and described in more detail in chapter five and the Transformation and Service Development Strategy; and

- **Effective interfaces with primary care, acute care and social care** – delivering high quality community care requires close coordination with social care, acute care providers and primary care providers.

  The social enterprise will establish appropriate processes to enable this coordination, as well as fostering a culture which supports cooperation, empowerment, freedom for clinical innovation, and integration of service provision across traditional organisational boundaries.

Delivering these characteristics will require individuals, teams and the organisation as a whole to embrace change, as well as alignment and integration of systems and processes. The most effective way to deliver this change is through involved and engaged service users, staff and other stakeholders in the co-production of services.

The Workforce and Organisational Development Strategy will set out how this will be undertaken, with the engagement of staff, and will explore what these principles mean in practice. It is recognised that this approach is likely to require:

- Transformation skills programme for managers and clinicians across the organisation, based on the 'five frames' approach adopted by the organisation;
- Project management, and coaching, to implement QIPP programmes and to offer support for the wider application of the NHS Institute for Innovation and Improvement "Productive Series" (where these have not been deployed already); and
- Workshops to optimise team working arrangements for groups who will be required to coordinate care across organisational boundaries. This

will be based on externally validated programmes, including those delivered by the Health Foundation.

9.2 Governance

The governance arrangements for the social enterprise have been modelled on those already operating in successful, health focused social enterprises. The arrangements take into account the role that service users and the workforce will play in helping to ensure that Plymouth Provider Services is able to demonstrate the social value it adds to the local health economy and wider community.

Although the social enterprise operates as a CIC, it must still comply with the requirements of the UK Corporate Governance Code and must have appropriate Board and committee structures in place to support the successful governance of the organisation. Chapter three contains further details about the governance arrangements associated with establishment of a CIC.

The governance structures for the social enterprise are detailed below.

9.2.1 Executive Board

The Executive Board of the social enterprise will undertake the following functions:

- Manage the strategic focus of the social enterprise's business and exercise all the powers of the company for any purpose connected with the company's business;
- Full accountability for the clinical quality and financial probity of services provided
- The social enterprise has the power to do anything which is incidental or conducive to the furtherance of its objects;
- The social enterprise's objects are to carry on activities which benefit the community (without limitation).
- Ensure that the social purpose is fully met, including the meaningful involvement of stakeholders and users of the service provided.

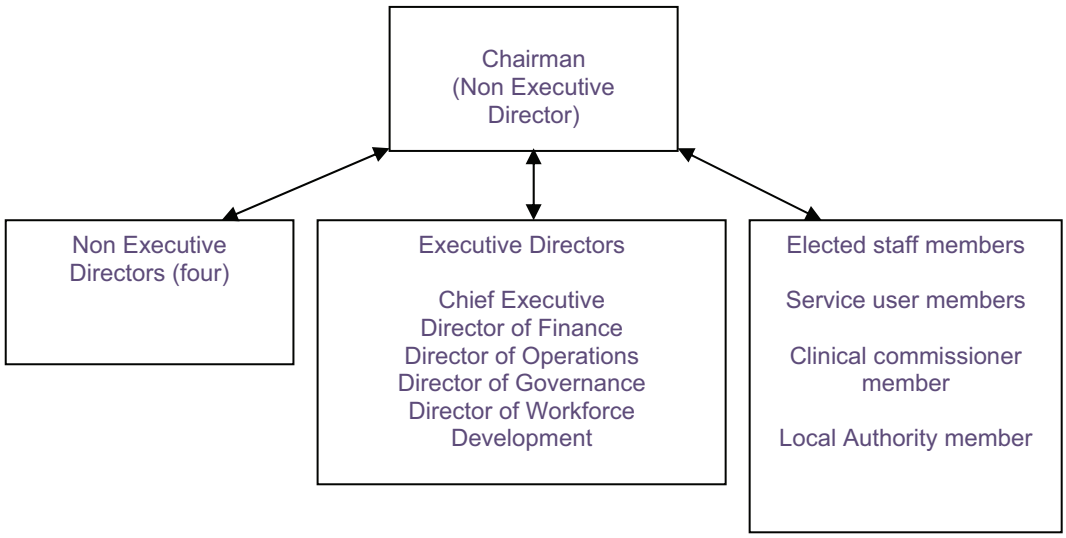
The membership of the Executive Board will comprise of a majority of Non Executive Directors with Executive Directors and elected staff representatives, drawn from a staff council representing all employees. The staff council will

not replace the formal arrangements and recognition of Trade Unions which the social enterprise will have in place. There will be arrangements in place to offer representation on the Board to a nominated individual from the Local Authority, Users of our services and a clinical commissioner.

A number of formal sub-committees will be established, each with an identified senior manager lead and where appropriate, chaired by a Non Executive Director. Key sub-committees are identified within the following paragraphs. There will also be a formal Joint Consultative and Negotiation Committee, chaired by the Director of Workforce Development.

The proposed Executive Board structure is shown below, as Figure 9.1:

Figure 9.1 Executive Board structure



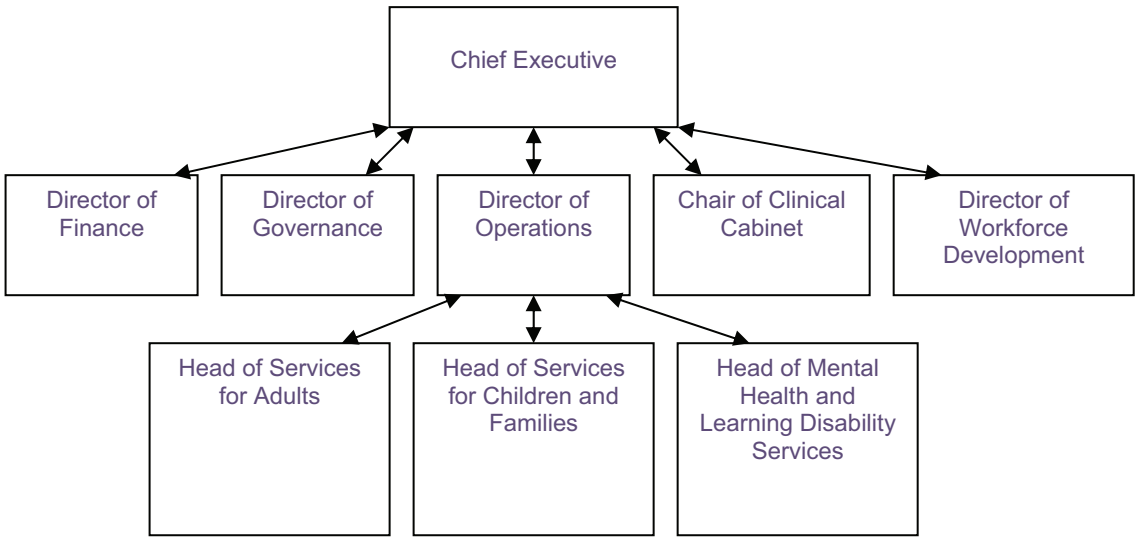
9.2.2 Operational management team

The Operational Management Team is responsible for the implementation of the service delivery strategy approved by the Executive Board. The Operational Management Team membership is drawn from a wide range of managers and clinicians, with a strong emphasis on the contribution of the clinical aspects of care and service delivery, via the Chair of the Clinical Cabinet and Director of Governance.

There will be formal arrangements in place to oversee the performance and governance aspects of day to day service delivery, with formal links to the Performance Committee and the Safety and Quality Committees.

The membership and functions of the Operational Management Team are attached in Annexe 9.1 and the proposed structure is outlined below as Figure 9.2:

Figure 9.2 Operational Management Team structure



9.2.3 Safety and quality committee

The function of the Safety and Quality Committee is to ensure that robust assurance, governance and performance mechanisms are in place and monitored to provide assurances to the Executive Board that essential standards of safety and quality are being met. This will require the Safety and Quality Board:

- To report to the Executive Board the annual integrated governance strategy and structures;
- To develop and oversee the implementation of the quality and governance strategy, including a Quality Account
- To ensure compliance with the NHS Regulatory Framework under the Health and Social Care Act;
- To provide assurance on the safety and quality of clinical services;

- To oversee and manage all clinical and non-clinical risk management including complaints, claims, incidents etc.
- To provide specific assurance on the implementation of the Mental Health Act and the Mental Capacity Act.

Membership of the Safety and Quality Committee will be comprised of the following:

- Non Executive Director (Chair, who is also a member of the Audit Board);
- Director of Operations
- Director of Governance
- Chair of Clinical Cabinet
- Heads of each service
- Staff representative
- User representatives
- Senior managers from each cluster of services;
- Director of Workforce Development

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In line with our philosophy of staff involvement, attendance at this committee by interested members of staff will be encouraged, particularly as part of a personal development programme.

9.2.4 Partnership committee

The Partnership Committee is a sub-committee of the Executive Board. The main function of the Partnership Committee is to:

- Develop and monitor any policies that the social enterprise may have in relation to engagement and partnership working;
- To maintain the strategic focus and oversight in relationship to engagement and partnership strategies as a CIC;
- Work for and on behalf of the social enterprise to maximise its wider social benefit through business growth and recommendations to the Business and Performance Board;
- Annually report to the Executive Board, giving a degree of external assurance in relation to its Corporate Social Responsibility Statement and Policy;
- Ensure the delivery of the User Involvement Strategy, covering all individuals receiving services from the social enterprise.

The membership of the Partnership Committee will be comprised of the following:

- Non Executive Director (Chair);
- Six representatives from local organisations who speak for the diversity of the communities;
- Heads of each service areas, plus relevant clinicians;
- Users served by the services of the social enterprise;
- At least three community champions drawn from the staff of the social enterprise; and
- Community representatives, possibly elected from each of the localities in the city.

9.2.5 Business and performance committee

This is a sub committee of the Executive Board and it undertakes the following functions:

- Ensures robust performance and operational framework and assurance mechanisms are in place and monitored;
- Oversees, agrees and manages the implementation of the Integrated Business Plan;
- Develops strategies, plans and new business opportunities for the social enterprise's services; and
- Monitors performance against business and financial plans.

The membership of the Business and Performance Committee is as follows:

- Non Executive Director (Chair);
- Chief Executive;
- Director of Finance;
- Director of Operations
- Heads of Services;
- Director of Workforce Development
- Chair of Clinical Cabinet.

9.2.5.1 Contribution to citywide priorities

In addition, discussions with Health and Adult Social Care Overview and Scrutiny Panel of Plymouth City Council have identified that the following areas would be key contributions to the citywide priorities for Plymouth.

The city has recently adopted overarching priorities to guide key partners across all sectors in their delivery and resource planning. These are based on a firm, up to date and robust evidence base contained within the Plymouth Report, and have agreed targets associated with them.

The Health and Adult Social Care Overview and Scrutiny Panel will be interested to see how the proposed organisation will contribute to delivering against these priorities, which are included below in Figure 9.3:

Figure 9.3 Plymouth Priority	Integrated Business Plan – area for scrutiny
Delivering growth and raising aspiration	• Workforce development • Market development • Relationship with independent sector and other providers
Reducing inequalities	• Prioritisation and performance management arrangements with respect to key high level health indicators, such as life expectancy, child obesity etc
Value for communities	• Access to services • Public and community engagement • Collaborative working over 'back office' support functions • Efficiency proposals over current organisation

It is worth noting that services for children and families will also continue to contribute to the achievement of the strategic priorities identified in the Children and Young People's Plan as part of the work undertaken by the Plymouth Children and Young People's Trust.

9.2.6 Audit committee

The Audit Committee advises the Executive Board on the adequacy of audit arrangements (internal and external) and on the implications of assurances provided in respect of risk and control. The Audit Board will review all key risks for the organisation.

The duties undertaken by the Audit Board are:

- Risk Management and Internal Control;
- Internal Audit;
- External Audit;
- Financial reporting;
- Standing Orders/Standing Financial Instructions;

- Whistle Blowing.

The membership of the Audit Board will be comprised of the following:

- One Non Executive Director (Chair, with relevant financial experience)
- One Non Executive Director (Safety and Quality Board)
- One other Non Executive Director

9.2.7 Clinical cabinet

The Clinical Cabinet is a formal committee of the Executive Board with a significant role in developing clinical transformation via empowered and supported clinicians. Whilst membership of this committee is drawn from within the organisation, there is the ability to co-opt and invite membership from clinicians from partner organisations to address specific areas of work, such as those services that cross organisational boundaries.

The role of the Clinical Cabinet is to:

- Provide clear clinical leadership for every service;
- Communicate the organisation's vision and strategic objectives;
- Engage a wide range of stakeholders in the development of the social enterprise's vision, strategy and plans;
- Lead and receive reviews of clinical services; and
- Maintain strong links with frontline health professionals across health services within the social enterprise.

The Clinical Cabinet will be chaired by a senior clinician and have a membership drawn from all professions and practitioners within the organisation.

9.3 Leadership

Previous chapters of this Integrated Business Plan, particularly chapter five, have described an ambitious programme of clinical service transformation. This transformation will deliver improvements in quality and efficiency, and ensure sustainability; these are the three core benefits that will be delivered through the business model that the social enterprise has adopted.

In taking forward the transformational changes, there must be active involvement and engagement of the whole workforce and visibility of the Executive Board and Operational Management Team as part of that process.

Further details about the leadership and management approach that the organisation will adopt, particularly in relation to the engagement of the workforce, are included in chapter six.

9.4 Management structure

This section includes a profile of the Board of the social enterprise and information about the proposed Board development that will take place over the next three years to ensure the continuing success of the social enterprise.

As a new organisation, which will be operating in a competitive environment, it is essential that the Board and senior management team are equipped with the right skills and abilities to enable the sustainability and growth of the social enterprise.

9.4.1 Executive Board profile

The profile and competencies of the Board, for both Executive and Non Executive Directors, is included below:

9.4.1.1 The Chair and Non Executive Directors

The Chair and Non Executive Directors will assist in provide the strategic, visionary leadership qualities that will set the organisation apart. The post holders will embrace the transformational change agenda and provide expertise and an entrepreneurial mindset that will enable the organisation to achieve its stated strategic aims and to deliver improved health outcomes for service users and the wider community.

With board level experience from industry, the voluntary and community sector, or the public sector, the Non Executives will have excellent communication skills and a passion for the value of public service. Able to navigate complex relationships, the ability to motivate and inspire others will come easily.

9.4.1.2 The Executive Directors

Chief Executive

The Chief Executive will have a demonstrable history of leading transformational change within complex health care environments. The post holder will have an absolute passion for enabling the delivery of clinical services to a consistently high quality, reflecting the 'Think Family' philosophy of care, and coupled with a true understanding of how the range of services delivered by the organisation have a significant positive impact on the health and wellbeing of our local population.

The Chief Executive will have the ability to set clear direction, build and maintain effective teams, holding them to account and to ensure that the organisation has responsiveness to meeting patient/carer and commissioners needs in developing services. The post holder will have the ability to synthesise complex and potentially conflicting demands, but always maintain a clear focus on the delivery of high quality care through empowered and competent staff.

Director of Governance

The Director of Governance will have a very clear focus on the development of a clear framework of accountability and service quality. The quality agenda will be all encompassing, with every employee having a very clear requirement to contribute to the safety, quality and accountability agenda. The post holder will have a proven track record in delivering the quality agenda in a complex healthcare environment, a full knowledge of the requirements of CQC as well as the ability to relate to all clinicians and staff, as well as establishing professional and supportive relationships with our partner organisations.

Director of Finance

The Director of Finance will have a comprehensive knowledge of the financial arena in which the social enterprise operates. The post holder will also be accountable for the delivery of a robust and enabling performance framework for the organisation. A clear understanding of the Information Management and Technology (IM&T) agenda will be critical, as will the opportunities for greater cross organisational and agencies infrastructure support sharing arrangements.

Director of Operations

The Director of Operations will have a proven track record of clinical service delivery, including Mental Health as well as General healthcare services. A clear understanding of out of hospital agenda is required, along with an ability to lead and develop services, gaining the confidence of staff, trade unions and members of the public in effecting changes to service delivery.

9.4.2 Board development

The social enterprise intends to arrange for an external, independent evaluation of the Board to take place during the first year of operation as a new social enterprise. The focus of this evaluation will be to review the way that the Board works and identify any developmental requirements arising from this.

It is anticipated that as well as undertaking the formal functions of the Board, as described above in section 9.2.1, the Board will participate in seminars on the key challenges facing the organisation (for example movement towards the management of value rather than management of cost, in line with the transformational change agenda and adoption of a whole systems approach).

It is recognised that development of the Board will necessarily be an iterative process, which will require ongoing evaluation to determine the impact and ensure that the approach being taken continues to align with the strategic objectives of the social enterprise.

The Board will actively work with other established social enterprises to ensure that the values and ethos of this organisational model are incorporated into day to day management. In addition, each Board Director and elected staff representative will have a personal development plan that enables a mentoring arrangement with an existing social enterprise Director, to ensure that we are supported in our venture and that we work successfully for the best provision of services for the communities we serve.

9.4.3 Leadership and management structure

The Leadership, supported by a robust management structure will need to focus on a number of issues:

- Board capacity to manage a complex, integrated organisation with an extensive transformation programme

- Understanding by the executive team and the senior managers and clinicians of the issues across the portfolio of acute, community and social care
- Governance requirements of an integrated organisation and the ways in which these requirements will differ from existing arrangements
- Lessons that can be learnt from comparable organisations
- Clinical leadership in a transformational organisation
- A talent management programme which maximises the potential of future leaders from across the organisation. This will focus work around the support and development required by managers, clinical leaders and teams to sustain a culture of improvement in quality and productivity
- A coaching strategy for key posts and change champions

9.4.3.1 Board capacity and knowledge

Board development will be undertaken in line with the Institute for Innovation and Improvement's Board Development Tool. This approach focuses on:

- Core Business
- Delivery
- Effective Team working
- Engagement with Stakeholders
- Leadership of the Board

This approach is intended to deliver the following outputs:

- Shared vision of what a high performing Board looks and feels like
- Comparison of Board's performance with that vision
- Board and top team development plans
- Agreement on challenges presented by the need to manage a new type of organisation
- Common understanding of the different perspectives of the various types of Board member and the experience that each individual brings to the Board.
- Assessment of Board's performance against Boards of similar organisations and shared learning with other integrated organisations
- Establishing an ongoing process for monitoring the Board's results year-on-year

This work will involve interviews with Board members as well as group work focusing on the way the Board and its individual members work as well as seminars to bring the Board up to speed with key policy and operational issues across the new organisation.

An indication of the relevant responsibilities of the Operational Management Team is attached as Annexe 9.1.

9.5 Conclusion

The new organisation is able to describe the approach that will be taken to running the day to day operations of the business, as well as indicating how the social enterprise will be governed through the Board and the sub committees, which will operate to engage service users, the local population, and staff in the delivery of services.

It is recognised that there are areas where further development will be required to ensure they are able to respond to the challenges that the organisation may face in the future, including those outlined in the SWOT analysis in chapter five (attached as Annexes 5.1 – 5.4). This will provide a robust platform for the future development and long term sustainability of the organisation.

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