

Public Document Pack



Democratic and Member Support
Chief Executive's Department

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#plymreview

SCRUTINY - COOPERATIVE SCRUTINY REVIEWS INTEGRATED HEALTH AND WELLBEING TRANSFORMATION PROGRAMME

Thursday 6 and Friday 7 November 2014
10 am
Council House

Members:

Councillor Mrs Aspinall, Chair

Councillor Bowie, Vice Chair

Councillors Bridgeman, Sam Davey, James, Mrs Nelder, Parker and John Smith.

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

Tracey Lee

Chief Executive

SCRUTINY - COOPERATIVE SCRUTINY REVIEWS

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 any 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. CO-OPERATIVE REVIEW : INTEGRATED HEALTH AND WELLBEING TRANSFORMATION PROGRAMME:

- (a) Co-operative Review Request Form **(Pages 1 - 4)**
- (b) Integrated Commissioning Detailed Business Case **(Pages 5 - 52)**
- (c) Integrated Community Health and Social Care Delivery Detailed Business Case **(Pages 53 - 86)**
- (d) Children and Young People Full Business Case **(Pages 87 - 132)**
- (e) Plymouth Adult and Community Learning Service Full Business Case **(Pages 133 - 156)**

5. SUMMARY AND REVIEW

The panel will take the opportunity to review its findings and form recommendations for submission to Cabinet.

6. 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 the likely disclosure of exempt information as defined in paragraph(s) of Part I 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.

Nil.

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REQUEST FOR A CO-OPERATIVE REVIEW CARING / AMBITIOUS PLYMOUTH



What is the name of the review?	Integrated Health and Wellbeing Transformation Programme
<p>Please provide a brief outline of the subject and scope of the review?</p>	<p>The review will take place in four sessions over two days.</p> <p>Session One Integrated Commissioning, Detailed Business Case</p> <p>The panel will review the detailed business case and receive evidence from officers and stakeholders. The session will examine -</p> <ul style="list-style-type: none"> • impact and outcomes of the proposed programme • the costs and benefits of the proposed programme • the link between the detailed business case and the Council's Values. • how the Council will or has engaged with partners, the community and other stakeholders to achieve the transformation objectives <p>Session Two Integrated Community Health And Social Care Delivery, Detailed Business Case</p> <p>The panel will review the detailed business case and receive evidence from officers and stakeholders. The session will examine -</p> <ul style="list-style-type: none"> • impact and outcomes of the proposed programme • the costs and benefits of the proposed programme • the link between the detailed business case and the Council's Values. • how the Council will or has engaged with partners, the community and other stakeholders to achieve the transformation objectives <p>Session Three Children and Young People, Outline Business Case</p> <p>The panel will review the detailed business case and receive evidence from officers and stakeholders. The session will examine -</p> <ul style="list-style-type: none"> • impact and outcomes of the proposed programme

	<ul style="list-style-type: none"> • the costs and benefits of the proposed programme • the link between the detailed business case and the Council's Values. • how the Council will or has engaged with partners, the community and other stakeholders to achieve the transformation objectives <p>Session Four Recommendations</p>
<p>Please outline the reasons as to why you believe a review needs to take place?</p>	<p>The key decisions relating to the programmes potentially have a significant impact on one or more sections of the community. These issues are also considered an issue of concern to the partners and stakeholders.</p> <p>The review satisfies the Co-operative Scrutiny Board and the current administration's request that the Transformation Programmes are subject to pre-decision scrutiny.</p>
<p>What will the review attempt to achieve?</p>	<p>The aims of the review are to –</p> <ul style="list-style-type: none"> • assist the Council's executive in transforming the Council and, thereby, delivering a balanced budget; • hold the executive to account for the quality and impact of specific projects and initiatives within the Transformation Programme; • ensure that the Transformation Programme is delivered in a way that is consistent with the Council's values, particularly the need to reflect the views of residents. <p>Scrutiny will provide an important role in balancing national policy, professional opinion and the voices of local communities. The review will seek to understand the intended and likely outcomes from proposals for patients, service users and carers in Plymouth.</p> <p>In addition the review will address -</p> <ul style="list-style-type: none"> • whether business plans are robust and accompanied by a comprehensive communication and engagement strategy to ensure effective development and implementation; • whether patients and the public been able to influence the development of proposals;

	<ul style="list-style-type: none"> • whether other stakeholders have been able to influence the proposals; • how proposals address health inequalities and the prevention and early intervention agenda; • whether proposals will increase inequalities for any groups in the population; • the wider social and economic determinants of health and social care and the effect on employment of staff; • whether a “whole systems” approach in redesigning services has been taken; • how the reconfigured services will enable health and social care providers to work more closely together.
Who will benefit from the review?	Communities and service users, members of the public, Councillors, Officers and Partners.
How long do you think the review might take?	Four sessions will take place over two days.
When do you think the review should commence and why?	The review will begin week commencing the 3 rd November 2014 in order to be completed in time for the planned consideration of Cabinet on the 11 th November 2014.
When do you think the review should be completed by and why?	The scrutiny review will close by the 7 th November 2014. This is to ensure that adequate time is allotted to discussion and the preparation of recommendations to be provided to Cabinet in order to assist with decision making.
Review requested by?	This review results from the planned scrutiny of the transformation programme as agreed by the Co-operative Scrutiny Board on the 23 rd April 2014.

Received in Democratic Support Section:	Reviewed by the Co-operative Scrutiny Board:
Date: <input type="text"/>	Date: <input type="text"/>
Scrutiny Review Approved/Rejected	
If approved initial Project Plan meeting date:	

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Programme Name:	Integrated Health and Wellbeing		
Date:	27-10-2014	Version:	0.7
Project:	Integrated Commissioning		
Author:	Craig McArdle, Anna Coles, Nicola Jones, Jenni Doudoulakis, Alex Mehaffey		
Owner (SRO):	Carole Burgoyne & Jerry Clough		

Cabinet Recommendations

1. The new high level governance arrangements set out in Section two are approved
2. The scope of the integrated commissioning pooled budget is agreed and the indicative contributions are noted
3. The Risk Sharing principles are used as a basis to develop the Section 75 Agreement
4. The high level Integrated Commissioning Design is approved and is allowed to proceed to the design and build phase
5. The High Level Commissioning Strategies for Children's, Wellbeing, Community and Complex are approved for consultation and development.
6. The commissioning and contracting approach for the Integrated Health and Social Care Provider is approved.
7. The next steps are noted and the Contract Award report for the Integrated Health and Social Care Provider and the finalised Section 75 agreement is brought back to Cabinet before March 2015

DOCUMENT CONTROL**VERSION HISTORY: (VERSION CONTROL E.G. DRAFT V0.01, V0.02, V0.03 BASE LINE @ VI.0)**

Version	Date	Author	Change Ref	Pages Affected
0.1		Craig McArdle	Original document	All
0.2		Anna Coles / Nicola Jones	Comments	All
0.3	15-10-2014	Jenni Doudoulakis	Additional information	Section 8
0.4	15-10-2014	Jenni Doudoulakis / Craig McArdle	Update	Section 8
0.5	15-10-2014	Jenni Doudoulakis	Update and formatting	All
0.6	16-10-2014	Craig McArdle / Jenni Doudoulakis	Minor amendments and formatting	All
0.7	27-10-2014	Alex Mehaffey	Update and reformatting	All

FILE LOCATION: (FINAL VERSION BASE LINED @ VI.0, V2.0, V3.0)

Location	File Address	Date
	S:\Transformation\Programme and Project Folders\5. IHWB Programme\20. 01 Integrated Commissioning\03. IHWB_01 Business Case	16-10-2014

REVIEW AND APPROVAL PROCESS:

Date	Organisation	Meeting
29/09/14	PCC	People JCC
29/09/14	Joint	IHWB Programme board
30/09/2014	PCC	CMT (for discussion)
07/10/14	PCC	Cabinet Planning and TPB
08/10/14	CCG	WL Board Seminar (Discussion)
08/10/14	CCG	SRG and UCP (Views)
14/10/14	PCC	CMT approval
15/10/14	CCG	CCG Executive (Views and support)
21/10/14	CCG	Finance Committee (Views and support re: financial models, risk sharing, benefit sharing)
21/10/14	CCG	WL SLT (Support pre WL Board)
21/10/14	CCG	Primary Care Strategy Group (Views)
29/10/14	CCG	Western Locality Board (Support ahead of GB)
06-07/11/14	PCC	Scrutiny Panels
05/11/14	CCG	Governing Body – private session (Support ahead of GB)
11/11/14	PCC	Cabinet (Decision)
18/11/14	CCG	Senior Leadership Team (Support ahead of WL Board)
26/11/14	CCG	Western Locality Board (Support ahead of GB)
3/12/14	CCG	Governing Body (Decision)

INTEGRATED COMMISSIONING

Building “One System One Budget”

Section	Sub Section
Introduction and Background	Background Wider Context Programme Approach Workstreams Communication Approach
New Governance Arrangements	What we mean by Corporate Governance Clinical Commissioning Groups Local Authorities Current Governance Arrangements Outcomes from Workshop Governance Principles Proposed Governance Model April 2015
Finance Arrangements	Background and Legal Context Scope and Size of Integrated Budget Costs and Benefits Developing the Financial Framework Risk Sharing Principles Managing the Pool Budget
Pool Budget Holder- Options	Hosting of the Pool Critical Decision Factors Summary
Integrated Commissioning Design	Introduction Key Outcomes Areas for Consideration Logical Organisation 2015 Integrated Commissioning Business Capabilities Capability Mapping Capability Change

<p>High Level Commissioning Strategies</p>	<p>Children's Wellbeing Community Complex Acute</p>
<p>Commissioning the New Integrated Health and Social Care Provider</p>	<p>Integrated Provider High Level Design Target Operating Model Statutory Functions and Retained Client Protecting Social Care Contracting Process Specification Development and Contract Negotiations Verification Model</p>
<p>Project</p>	<p>Next Steps Communication Plan Risk Log</p>
<p>Recommendations</p>	

Section One Introductions and Background

Background

Public Sector organisations across the country are facing unprecedented challenges and pressures due to rising demography, increasing complexity of need and the requirement to deliver better services with less public resource. Plymouth and Devon also face a particular financial challenge because of the local demography, the historic pattern of provision and pockets of deprivation and entrenched health inequalities. Until recently the complexity and scale of our system-wide challenge has been difficult to understand and local organisations have, as a result, focussed mainly on meeting their own challenges. A lot of this work has been successful and this has delivered much that is good right across our system. Our local NHS trusts and other organisations provide excellent acute, community, and mental health services and many of the area's aggregated performance metrics are very good.

However we know that this existing good practice will not be enough to meet the current challenge. This means a new imperative for joint and collaborative working across all the organisations that commission and deliver health and wellbeing in our area.

Recognising these challenges and within the context of a system's leadership approach Plymouth Health and Wellbeing Board has agreed a vision that by 2016 we will have developed an integrated whole system of health and care based around the following elements:

- **Integrated Commissioning:** Building on co-location and existing joint commissioning arrangements the focus will be to establish a single commissioning function, the development of integrated commissioning strategies and pooling of budgets.
- **Integrated Health and Care Services:** Focus on developing an integrated provider function stretching across health and social care providing the right care at the right time in the right place; and an emphasis on those who would benefit most from person centred care such as intensive users of services and those who cross organisational boundaries
- **Integrated system of health and wellbeing:** A focus on developing joined up population based, public health, preventative and early intervention strategies; and based on an asset based approach focusing on increasing the capacity and assets of people and place

Wider Context

It is important to recognise that integration sits with a wider context of system challenge and change. Devon and Plymouth are recognised nationally as a challenged health economy and this has led to the development of the NHS Futures Programme. This programme sets out how we will work together as a system to tackle the challenges we face and move forward to deliver changes in the way we meet the needs of people who use our services. The strategy describes a framework for system-wide action and detailed plans are currently being developed so that this can move forward with confidence and pace.

The overarching challenged health economy strategy has been developed with the active support of the following organisations: Devon Partnership NHS Trust; Plymouth Hospitals NHS Trust; Royal Devon and Exeter NHS FT; Northern Devon Healthcare NHS Trust; Devon Doctors; South

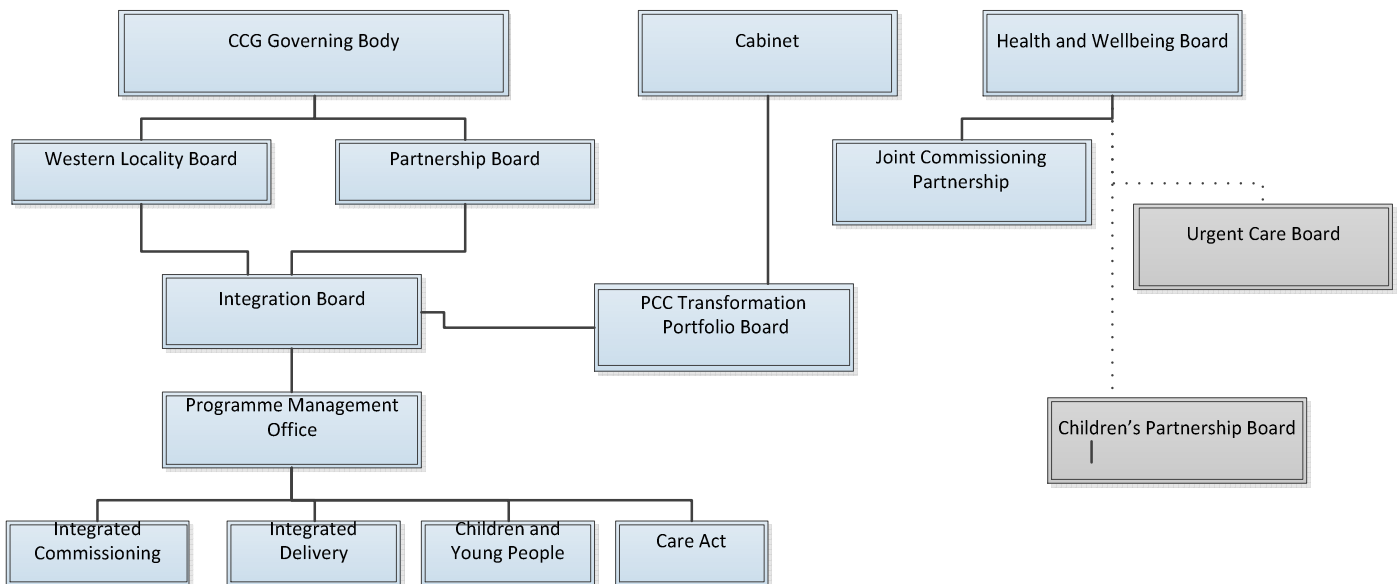
West Ambulance Services NHS FT; Devon County Council; Plymouth City Council; Virgin Care; NHS England, Monitor and Trust Development Authority.

It is recognised that if true system change is to be achieved then the role of Primary Care services is essential. Within this context NEW Devon CCG's has made an expression of interest in having delegated responsibility for co-commissioning of primary care (currently this responsibility sits with NHS England, Area Teams). Commissioning primary care supports the delivery of the Integrated Health and Wellbeing Programme.

Programme Management Approach

In order to meet the challenges facing Plymouth but also to support the wider challenged health economy work, New Devon CCG and Plymouth City Council have established a joint programme of work known as the **Integrated Health and Wellbeing Programme (IHWB)**.

The IHWB programme is made up of four significant projects; Integrated Commissioning, Integrated Service Delivery, Children, Young People and Families and Care Act 2014 Implementation and has adopted the following overarching governance structure-



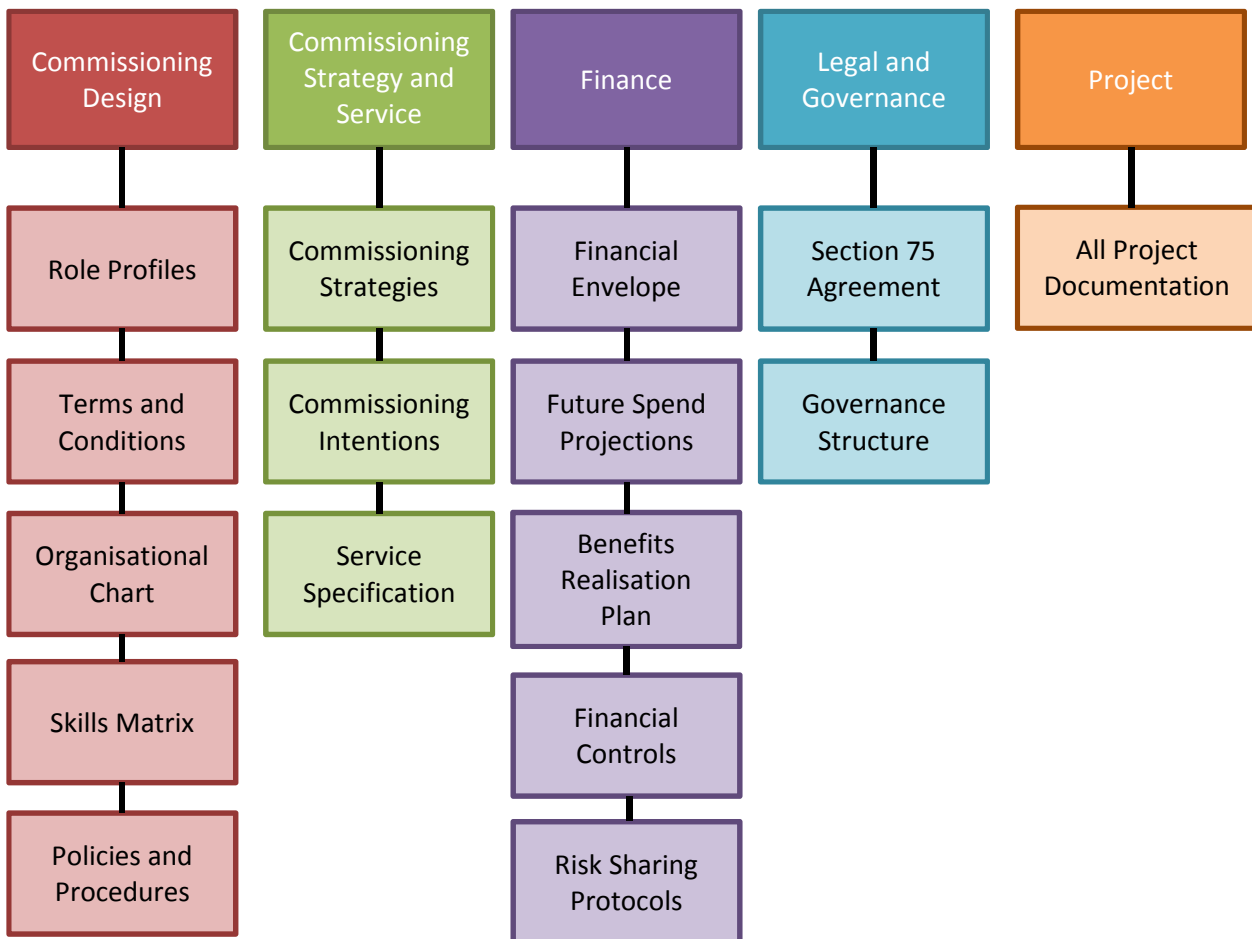
Both organisations recognised that if they were to make the step change in improving services and outcomes for individuals and communities, then achieving the largest scale of commissioning change possible is required. Consequentially in July 2014 New Devon CCG and Plymouth City approved the following recommendations:

- Plymouth City Council works collaboratively with NEW Devon CCG to achieve a fully integrated commissioning function new entity by Mar 2016.
- Plymouth City Council works with NEW Devon CCG to develop a section 75 agreement(s) by the end of March 2015 to pool budgets based around:
 - Wellness
 - Community Based Care
 - Complex / Bed Based Care (excluding acute)

- As a result, Plymouth City Council and NEW Devon CCG will work collaboratively to achieve an interim Commissioning function by Mar 2015
- Plymouth City Council works with NEW Devon CCG to develop single commissioning strategies based around the above.

Workstreams

To deliver Integrated Commissioning a number of workstreams have been established that aims to deliver a number of core products:



Each workstream has a designated lead who reports in to the Project Team.

Communication approach

A Communications Plan for the Project and Programme has been developed jointly by NEW Devon CCG and PCC. This will form the basis of the overarching communication strategy for this project, which will be continuously developed. Key activities in relation to this project include:

- Briefings and workshops with Members and GPs
- Communication Sessions, with Staff, Stakeholders and Partners
- Regular written and face to face briefings
- Co-design workshops with staff

Section Two New Governance Arrangements

What we mean by Corporate Governance

Corporate governance is about how an organisation ensures that it is doing the right things, in the right way, for the right people, in a timely, inclusive, open, honest and accountable manner. It comprises the systems, processes and cultures and values by which the organisation is directed and controlled and through which it accounts to, engages with, and leads its communities.

Clinical Commissioning Groups (CCGs)

Clinical Commissioning Groups (CCGs) were established on 1st April 2013 under the National Health Services Act 2006 as amended by the Health and Social Care Act 2012. CCGs are statutory bodies which have the function of commissioning services for the purposes of the health service in England and are NHS Bodies for the purposes of the National Health Services Act 2006.

CCGs are clinically led membership organisations, members being GPs in local general practices. The members of the CCG are responsible for determining the governing arrangements for their organisations, which they are required to set out in a Constitution.

The Constitution document for NHS Northern, Eastern and Western Devon CCG contains arrangements, as agreed with NHS England, for membership, vision and mission, functions and duties, decision making, roles and responsibilities, standards of business conduct and managing conflicts of interest, general arrangements including confidentiality and Freedom of Information, transparency, ways of working and standing orders.

The geographical area covered by NHS NEW Devon CCG is the city of Plymouth and the county of Devon excluding South Devon and Torbay.

Local Authorities

Plymouth is a unitary authority, which means it is responsible for all local services including transport, social care and education. Many of the services we provide are statutory responsibilities and we have identified others as priorities. For example, we have a legal duty to dispose of the city's waste while we are not legally obliged to provide public toilets.

Councillors

Plymouth City Council has a Labour administration.

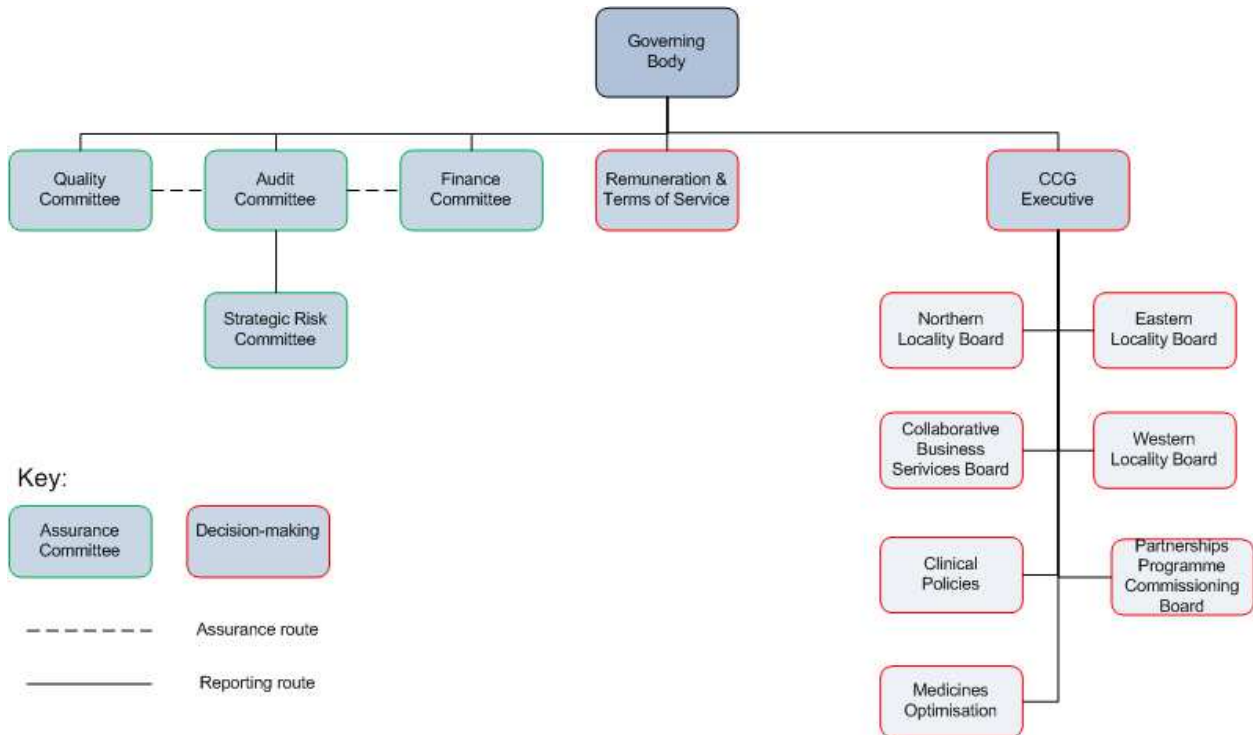
- Labour - 29 seats
- Conservatives - 24 seats
- UK Independence Party (UKIP) - 3
- Independent - 1

A Cabinet is selected by the ruling group. The Cabinet meets in public every four weeks to make key decisions. Each Cabinet member has a special area of responsibility or 'portfolio'. Cabinet members are also given the authority to make detailed decisions that affect their area of responsibility.

The Leader and Cabinet make most of the key decisions about how the Council is run and how the budget is allocated.

Current Corporate Governance Arrangements in NEW Devon CCG

The diagram below shows the Corporate Governance structure of NEW Devon CCG:



As at October 2014, the CCG’s Governing Body has the following functions:

- Ensuring that the group has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the group’s principles of good governance
- Determining the remuneration, fees and other allowances payable to employees or other persons providing services to the Group, including pensions
- Approving any functions of the Group that are specified in regulations
- Providing strategic direction and focus on the organisation’s purpose and on outcomes for patients and the population
- Ensuring an assurance framework is in place linked to strategic objectives and risks
- Approving the Group’s Code of Conduct
- Determining the Group’s risk tolerance limits
- Monitoring the management of significant risk and seeking assurance on management decisions
- Creating a culture of openness, transparency and continuous improvement
- Understanding the wider implications of risks taken by Locality Boards and management in pursuit of better outcomes

Decisions reserved for the Governing Body are:

- Approving the Standing Orders
- Establishing terms of reference and reporting arrangements for all committees
- Agreeing the Scheme of Delegation
- Approving the Strategic and Annual Operating Plan
- Approving the group's assurance framework
- Approving Standing Financial Instructions
- Appointing the Governing Body's Vice Chair
- Defining the group's strategic aims
- Approving business cases for capital investment if it affects more than one locality
- Approving budgets
- Receiving and approving the annual report, annual accounts and quality account
- Receive and approve periodic financial performance and quality performance reports
- Resolve disputes and conflicts of interest between localities

The Governing Body has appointed the following committees:

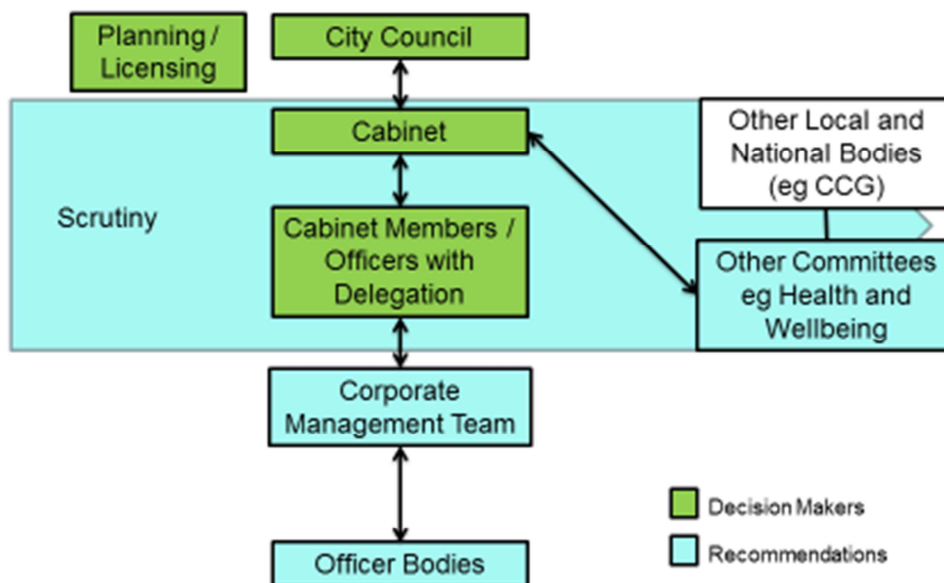
- Audit committee
- Remuneration and appointments committee
- Quality committee
- Finance committee
- Locality Boards.

The Locality Board with responsibility for Plymouth as well as parts of South Hams and West Devon is the Western Locality Board.

Through a scheme of delegation the Governing Body delegates responsibilities and decision making authority for certain matters to the Western Locality Board.

Current Governance Arrangements in Plymouth City Council

The diagram below shows the Governance structure of Plymouth City Council:



Plymouth City Council is made up of 57 members who collectively make budget and policy decisions in addition to scrutinising the work of the organisation.

Under the Constitution, the Council operates under executive arrangements using a Leader/Cabinet model where the Leader is elected, from and by the Members of the Council. Under this arrangement all executive functions are vested in the Leader who can then delegate those functions as seen fit. The Leader is responsible for appointing members of the Cabinet and delegating executive responsibilities to Cabinet Members. Currently Plymouth City Council's Cabinet is made up of nine members including the Leader.

Outcomes from Workshop

In order to build integrated system leadership, an Elected Member and Clinical Leads workshop was hosted to discuss shared governance principles, the outcomes from this workshop agreed the following next steps:

- Learn from the collaborative approach of the Health and Wellbeing Board
- Design a distinct set of governance processes that fulfil the requirements of both PCC and CCG
- Agree the narrative and agree the options
- Learn from one another through sharing of knowledge
- Agreeing the needs and outcomes first should more easily bring about consensus
- Aggregate all pieces of feedback to really learn
- Scheme of delegation will need to be drafted
- Need to achieve a level of agreement across the whole system

- Share Information and Intelligence across the whole system
- Structure Options
- Need to do scenario planning/examples to work through
- Keep sighted on the vision and principles
- Shared governance
- Shared policies to be reviewed regularly due to changing circumstances

Governance Principles

In order to move forward at pace both organisations have agreed the following governance principles that will guide future behaviours and decision making:

- “One system, one budget to deliver the right care, at the right time in the right place”
- The Health and Wellbeing Strategy will guide our future commissioning activity
- Commissioning and services should be integrated and seamless wrapped around people not structured around organisational convenience
- Decisions taken should not be done in such a way to destabilise the other organisation

The IHWB Programme is utilising a cooperative commissioning approach. This means that the programme has adopted the following cooperative commissioning principles:

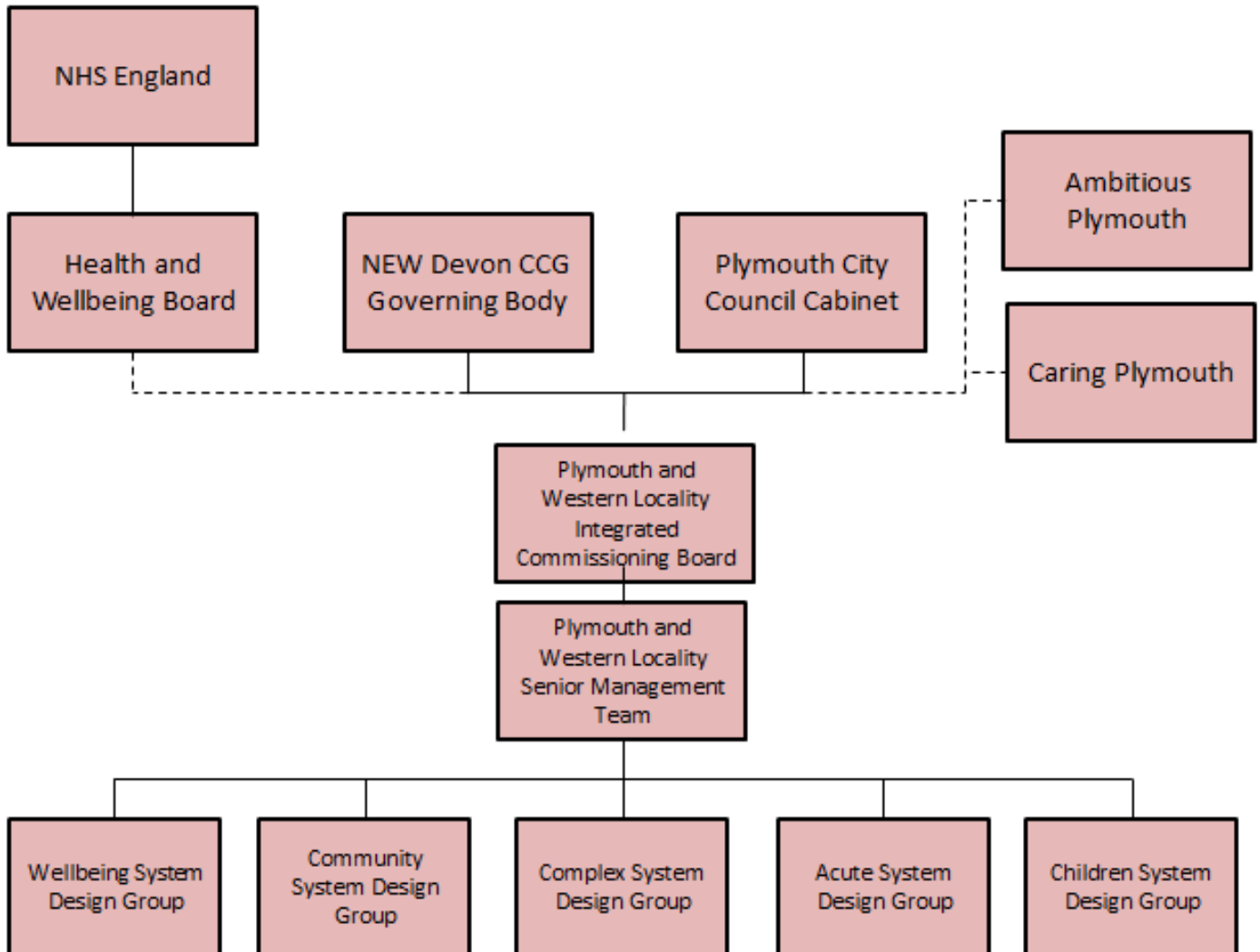
<ul style="list-style-type: none"> • Citizens and communities will be at the heart of all commissioning activity • Commissioning decisions will be open and transparent • Commissioning will seek to promote civic responsibility
<ul style="list-style-type: none"> • We will commission for sustainability by prioritising early intervention and prevention • We will commission for quality and outcomes • Commissioning decisions will focus on delivering VFM and promoting social value
<ul style="list-style-type: none"> • Commissioning will focus on reducing inequalities and making Plymouth a fair City • Commissioning activity will be needs and evidence based • We will develop local, fair and sustainable markets • We will work with organisations that pay their staff a “living wage” as a minimum.
<ul style="list-style-type: none"> • We will commission with a range of partners regardless of organisational form • We will work collaboratively and coproduce public services • We will promote citizen commissioning

The integration will aim to achieve the following outcomes:

- Provide and enable brilliant services that strive to exceed customer expectations
- Use resources wisely.
- Prioritise prevention.
- Help people take control of their lives and communities.
- Children, young people and adults are safe and confident in their communities.
- People are treated with dignity and respect.

Proposed Governance Model: April 2015

Much of the Governance arrangements are in place and these should not be diluted. Cabinet and the CCG Governing Body will remain the statutory and most senior decision making bodies. To help support GPs and Members, the following approach is being considered:





In this scenario the Plymouth and Western Locality Integrated Commissioning Board (PWLICB) would oversee the strategic direction and spend of the Integrated Commissioning Unit and ensure the effective delivery of key objectives. The PWLICB will ensure compliance with both organisations’ clinical and corporate governance and standards and an equal focus on delivering what is required under both the CCG and PCC’s outcome frameworks.

It is important to recognise that each party will remain ultimately accountable for its respective organisational functions, statutory obligations and budgets and therefore key decisions will need to go through the parallel Cabinet and CCG Commissioning Body processes for approval.

Section Three Finance Arrangements

Background and Legal Context

Section 75 of the National Health Service Act (2006) (formerly Section 31 of the 1999 NHS Act) provides the framework for health bodies and local authorities to pool money, delegate functions and integrate resources and management structures. The framework allows for the commissioning of existing or new services and provide for arrangements for working together.

A pooled fund is a single, common fund set up by partner organisations in order to meet an agreed list of partnership objectives. The partners decide which is to be the host body, which then manages the pool on behalf of both partners, through agreed delegation arrangements.

Scope of Pool Budget and System Benefits

The CCG and the Council are carrying out detailed work to identify an equitable and deliverable scope to the pool. Both organisations agree that the maximum scope of services that are provided to the Plymouth population should be included in the pool. The original decision by both organisations, that acute expenditure remained outside of the scope of the Pooled Budget, has therefore been reviewed. Further analysis concluded that this would limit a whole system approach and it is now recommended that acute expenditure is put into the pool. This means that the working assumption is that the CCG would transfer its whole budget for commissioning services for patients registered in Plymouth, based on 14/15 outturn (adjusted). The Council is seeking to include commissioning funding for those services that are likely to have an impact on the effectiveness of the outcome of the services commissioned. As such the Director of Public Health has made the decision to commit the entire Public Health Commissioning Budget covering both mandatory and non-mandatory services. On this basis the scope of the pool budget, and associated benefits, has been drafted.

Significant modelling has been undertaken to quantify the impact of planned interventions on future client/patient trends and associated financial benefits. Each separate organisation has plotted the 'as is' position on client/ patient cost and volume data as an initial baseline. An informed judgement has then been applied to each separate intervention to articulate its impact on future data and associated costs.

A systems-based approach has been applied to this financial modelling to best reflect the 'journey of care' under the new operating model. Integrated financial benefits from this modelling have then been apportioned to each separate organisation to provide clarity on how changes will impact on existing budgets.

Combined net revenue budgets that are currently deemed as being 'in scope' for the IHWB programme are £421m for 2015/16, increasing to £429m by 2017/18 (factoring in the planned interventions). In broad terms, the level of investment in terms of the budget input to the pool is 75% CCG (£321m in 2015/16) and 25% PCC (£100m in 2015/16).

Integrated Commissioning Combined Pool 3 Year Plan

	15/16	16/17	17/18
Integration Groupings	Total (£000's)	Total (£000's)	Total (£000's)
Wellbeing	£17,158	£17,158	£17,158
Community and bed based	£184,408	£183,254	£186,349
Bed Based	£109,829	£112,820	£114,894
Acute	£151,414	£150,421	£148,768
Staffing	£18,142	£18,240	£18,313
Income	(£32,728)	(£32,730)	(£32,733)
Support costs	£0	£0	£0
Total Planned Spend	£448,223	£449,161	£452,749
Revenue Resource Limit	£421,481	£424,196	£428,965
Over Spend vs Rev Resource Lim	£26,742	£24,965	£23,784
Planned Deficit	(£12,442)	(£12,442)	(£10,887)
IHWB Benefits	£14,300	£12,523	£12,897

Integrated Commissioning Combined Benefits

	2015/16 £'000s	2016/17 £'000s	2017/18 £'000s
Integrated Provision	-	500	1,000
Integrated Commissioning	4,276	7,901	11,608
Cooperative CYPS *	234	234	234
Care Act	-	-	-
People Directorate review *	200	200	200
Further QIPP savings	9,590	3,687	(146)
	14,300	12,522	12,896

Integrated Health & Wellbeing Programme Costs

	14/15	15/16	16/17		Total
Cost type	£'000s	£'000s	£'000s		£'000s
Resources	326	232	38		596
Other	800	405	225		1,430
Total	1,126	637	263		2,026

System Performance Benefits

- Reduction in the rate of admissions to long term care homes by 6% achieved via the provision of good quality preventative services
- Reduction in number of non-elective admissions by 3.5%
- Reduction in the rate of Delayed Transfers of Care days by 46%, from 1,572/100,000 to 843.3/100,000 by the end of March 2016

Developing the Financial Framework

The pooled arrangement needs to be underwritten by a clear set of principles and rules that lay down the way that the host and the partners to the pool will manage their roles and responsibilities. This agreement is set out legally, in the section 75 agreement. Setting a clear framework of understanding of the financial rules underpinning the partners' relationship with the pooled fund will improve the future resilience of the pooled fund.

The detail of the agreed approach to managing the governance, regularity and financial management of the pool will be set out in a jointly owned Financial Framework, which is currently being drafted. The scope of the framework addresses:

- adopting the framework
- scope and objectives of the pool
- partners' responsibilities
- pool's responsibilities
- governance of the pool, including the structure of governance
- corporate and annual plans and annual budget setting
- managing the pool and the pooled budget
- monitoring performance
- managing risks.

The framework sets the rules for both partners to the pooled fund. Recognition of the key likely financial risks and challenges; and how these will be addressed, is a critical element of the framework.

Risk Sharing Principles for Health Integration

Both organisations start with the premise that the pool will be managed in such a way that allocative efficiency is achieved; it will not overspend and commissioning intentions and activities will be directed towards achieving this. However it is also recognised that significant elements of the pool are demand led and along with the current and forecast pressure on resources, there needs to be clear risk sharing principles in place from the start. A suggested basis for our principles is:

- The pooled budget arrangements will be managed in such a way as to avoid destabilising either organisation;
- Each partner will retain responsibility for dealing with any deficit it has at the start of the pooled budget arrangement.
- The contribution each partner makes to the services funded from the pooled budget will be the same contributions that would be made if the services were funded within its own agency.
- The partners will strive to achieve a balanced budget within the pooled budget.
- The statutory requirements of each organisation must be maintained
- The pooled budget will contain a mechanism for dealing with significant changes to the funding or statutory responsibilities of either partner that affect the areas in scope of the pooled budget arrangement. This will include limits around materiality and apply where changes have a cumulative impact of less than £500k a year.
Changes with a cumulative impact of more than £500k per year will be dealt with as a material change to the pooled budget arrangement that requires renegotiation and amendment to the s 75 agreement.
- The mechanism should be transparent and as simple as possible
- These risk sharing principles need to be revisited on an annual basis at the same time as the S75 agreement is reviewed to ensure there have not been any significant changes. Arrangements must be flexible enough to respond to changes in funding frameworks
- Current reserves will remain within existing organisations and a portion of any pooled budgets need to be held as a contingency to allow scope for delivering either new innovations or supporting unforeseen demands in the system until a planned approach can be developed.
- Both organisations will meet on a quarterly basis to update each other on indications from central government in terms of priorities and funding.
- The partners will develop appropriate financial management agreements which feed into the corporate governance arrangements of each partner agency and provide robust management information.

- Both organisations through joint working on integration will move towards redressing existing underlying overspends
- The partners will agree a clear mechanism for setting annual operational and financial forecasts that meets each partner's timeframes for budget setting
- The partners will agree a mechanism for the early identification of potential in-year under or over spends and for the evaluation of any potential remedial actions
- Risks and benefits will be apportioned in the same proportion as contributions to the pooled budget arrangement (currently assumed to be on a 75%/25% split for working purposes)
- Maximising income generation through treasury management is a priority for both partners with benefits shared on 75/25 % split.

Managing the Pooled Budget

In order to supplement the risk sharing arrangements and to provide appropriate levels of assurance and ensure rigorous and robust management of the pool a series of structures and systems are required to be put in place. As such it is proposed that the following arrangements be further scoped, designed and then implemented.

Development of Integrated Management Structure (IMS)

Consists of Finance, Performance and Finance Leads

Responsible for the day to day management of the services within the pool

Appointment of Pool Manager

Responsible for managing the budget of the pooled fund

Responsible for forecasting and reporting to (IMS)

Providing quarterly reports to each partners and annual report

Arranging for auditing of accounts

Managing Over/Underspends

Pool Manager notifies partners within 10 working days

IMS prepare joint action plan

Annual Reviews of Pool Budget

An annual review of the section 75 will be undertaken to include operational arrangements, demand issues and funding sources

Exit Arrangements

Each party will be able to serve 3 months-notice

It is proposed that the final version of the Section 75 is presented to both governing bodies in early 2015. Before this the Section 75 will be subject to independent legal scrutiny to provide assurance to both organisations that the appropriate levels of due diligence are in place.

Section Four Pool Budget Holder- Options

Hosting of the Pool

Bevan Brittan has been commissioned, by the Department of Health to draft a template section 75 agreement for clinical commissioning groups and local authorities for jointly commissioning services to deliver the objectives of the Better Care Fund. Paragraph 7 of this model reflects the Regulations to the Act that require a host partner to be appointed. It states that:

“...the Partners agree to appoint a Host Partner for each of the Pooled Funds set out in the Scheme Specifications. The Host Partner shall be the Partner responsible for:

- holding all monies contributed to the Pooled Fund on behalf of itself and the other Partners;
- providing the financial administrative systems for the Pooled Fund; and
- appointing the Pooled Fund Manager;
- ensuring that the Pooled Fund Manager complies with its obligations under this Agreement.”

The Healthcare Financial Management Association (HFMA) suggests that either party to the s75 agreement may act as the host partner (Pooled Budgets and the Better Care Fund, HMFA, October 2014). One of the key factors specific to the choice of host for the Plymouth pooled fund is the need to clarify the respective ability to set up the contracts that will be necessary for commissioning the range of services covered by the Pool, including the requirement to ensure that commissioning for prescribed NHS services is delivered through the NHS standard contract; and any differences in the scale of re-drafting, or novating of contracts that will be required at the start of the pooled fund hosting arrangements.

Whichever organisation is chosen to host the pooled fund(s) will need to ensure that governance and management arrangements are sufficient to deliver the statutory, regulatory and local requirements of both partners, including:

- staffing the pooled fund administrative team, including arrangements for sharing staff between the two organisations
- VAT management differences in NHS and local government
- statutory financial reporting regimes, including annual accounts closure and reporting requirements
- ledger management arrangements
- income charging arrangements
- external and internal performance monitoring and reporting requirements.

The HFMA guidance also identifies that both partners will need to be aware of the cultural differences between NHS and local government.

Critical Decision Factors Summary

To support the decision making process the following decision matrix has been developed.

● Category	● Decision Factor	● PCC Considerations	● CCG Considerations
● Finance	● VAT Regulations	● Able to reclaim VAT	● Health care spend is VAT exempt
●	● Budgetary Practises Management	● Obligation to achieve balanced budget	● Obligation to achieve balanced budget although some history of agreed deficit
●	● Spend profile	● Spend distributed across multiple contracts	● Spend largely distributed across two major contracts
●	● Budgetary Scale	● Budget is approximately £100mil	● Budget Approximately £400mil
● Legal	● Contractual Obligations	● Mostly locally determined through prioritisation with some nationally prescribed obligations	● Nationally mandated and locally determined through prioritisation
● Corporate Governance	● Management structure	● Political hierarchy	● Clinically Lead
● IT	● Budgetary support systems	● Challenges around robustness to support joint budget	● Challenges around robustness to support joint budget
● Operations	● Ease of business migration	● Difficulty is segregating shared centrally held budgets	● Part of integrated commissioning function will serve wider geography; must be mutually permissive with wider CCG
●	● Existing Practises in joint commissioning	● Already holds contracts for CCG/makes payments	● Historically in Plymouth often does not assume lead commissioner role in joint commissioning

Further work on who will host the pool budget is ongoing and will be finalised as part of the section 75 development. Once the decision as to which organisation should host the pooled budget has been made, it will be important to establish the pooled fund management arrangements promptly, so that the plans for administering the pool can be agreed.

Section Five Integrated Commissioning Design

Introduction

The ultimate Goal of the Integrated Commissioning Project is to create a single integrated Health Care and Social Care Commissioning organisation to serve Plymouth and, for health care commissioning, the remainder of the Western Locality (i.e. South Hams and West Devon).

- Building on co-location and existing joint commissioning arrangements, the focus will be to establish a single commissioning function, the development of integrated commissioning strategies and pooling of budgets
- Integrated commissioning will provide the opportunity to commission an integrated provider function stretching across health and social care providing the right care at the right time in the right place.
- An emphasis on those who would benefit most from person-centered care such as intensive users of services and those who cross organizational boundaries
- A focus on developing joined up population based, public health, preventative and early intervention strategies
- An asset based approach to providing an integrated system of health and wellbeing, focusing on increasing the capacity and assets of people and place

Key Outcomes

Outcome	Benefit
A single, integrated and coordinated approach to commissioning across the social care and health system	Targeted investment
Established protocols and pathways with clear governance agreements	Increased efficiency
Transparent performance framework	Robust quality management
Transparent financial framework	Robust cost management
Shared services	Resource savings
Financial risk sharing	Value for Money
Removed Organisational Boundaries	Increased Flexibility
	Increased Efficiency
	Financial certainty for providers
	More integrated back-office support

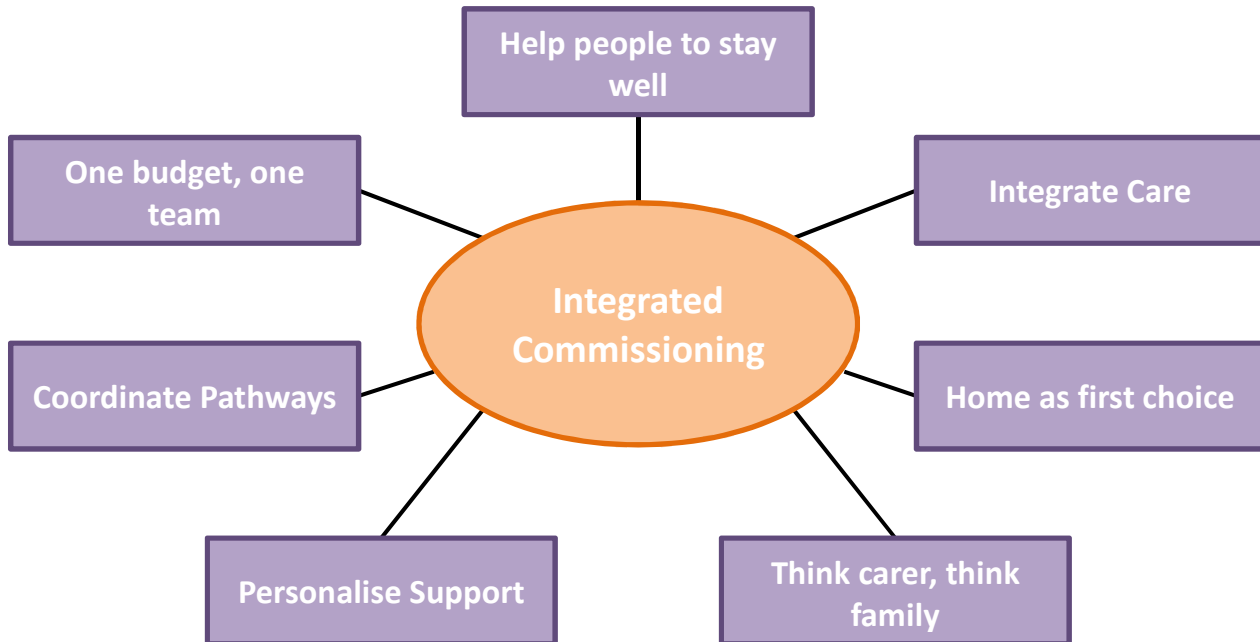
Areas for consideration

The following areas are what have been listed as under consideration by both PCC and CCG for delivery of Integrated Commissioning by 1st April 2015

Area	Under Consideration		Out of Consideration	
	PCC	CCG	PCC	CCG
Finance	✓	✓		
IT	✓	✓		
HR	✓	✓		
Legal	✓			✓
Operations	✓	✓		
Governance	✓	✓		
Organisation	✓	✓		
Information and Intelligence	✓	✓		
Quality and Patient Safety and Safe Guarding	✓	✓		
Market Management and Procurement	✓	✓		
Contract Monitoring	✓	✓		
Communications	✓	✓		

Design Principles

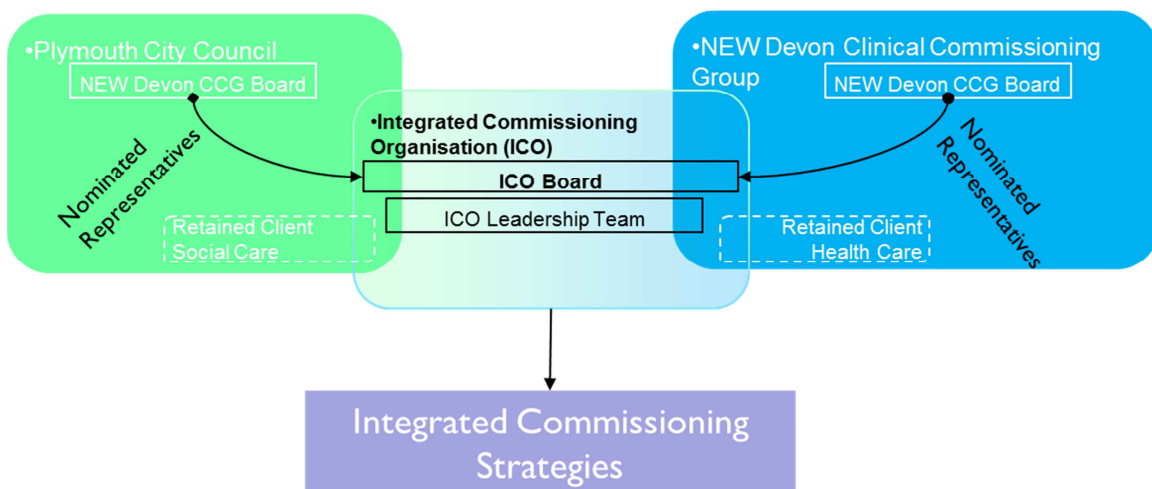
The integrated commissioning function will work to the agreed vision and strategies. Some current features of the strategies of both organisations include the following:



Logical Organisation April 2015

Key features of this structure are:

1. Health care and Social Care Budgets will be pooled under PCC or CCG
2. Commissioning staff associated with each form of care will be working according to the new Integrated Commissioning Strategies
3. Both PCC and NEW Devon CCG will devolve commissioning responsibilities and make resource contributions to the “shadow ICO” whilst retaining their individual statutory accountabilities



Integrated Commissioning Business Capabilities

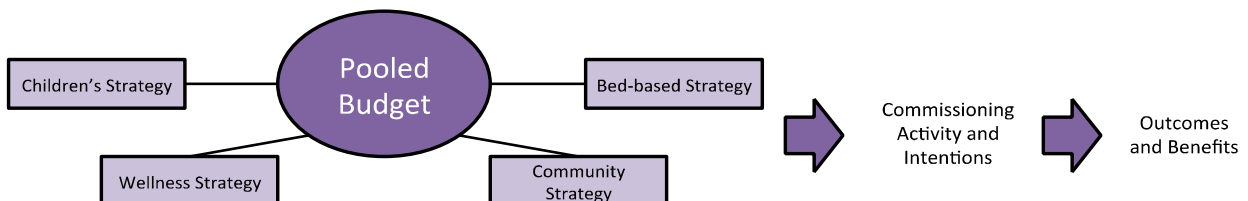
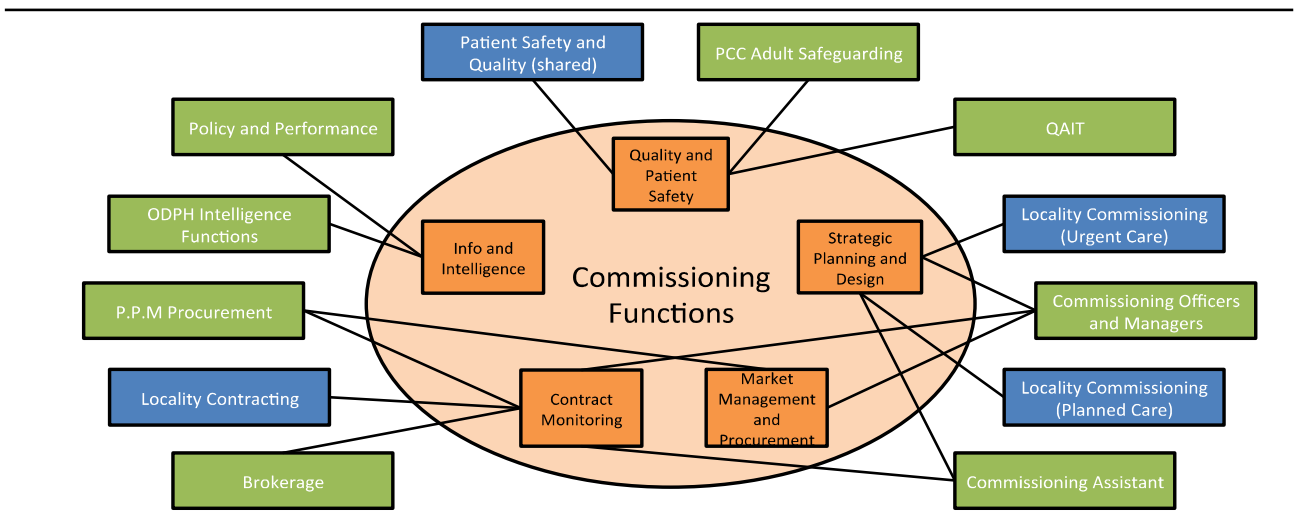
Feedback from workshops and discussions with key personnel have identified the following core capabilities

Integrated Commissioning Core Capabilities				
Information and Intelligence	Quality and Safety	Strategic Planning and Design	Market Management and Procurement	Contract Monitoring
Population Needs Assessments	Quality & Patient Safety	Service User Engagement	Market Management and Development	Performance Monitoring
Operational Intelligence	Safeguarding	Commissioning Strategy Development	Strategic Procurement	Contract Reviews
Evidence Based Advice	Quality Assurance and Improvement	Resource Prioritisation	Brokerage/Individual Placements	Quality Reviews
Outcome Setting		Service Design and Spec Development	Decommissioning	
Research				
Monitoring and Evaluation				
Support Capabilities				
Finance Management	IT Management	HR Management	Legal Management	Communications Management
Business Administration	Change Management	Partner Management	Medicines Management	

Capability Mapping

Capability	PCC Organisation	CCG Organisation
Information and Intelligence	Policy and performance	
	ODPH Intelligence Functions	
Quality and Patient Safety and Safeguarding	PCC Adult Safeguarding	Patient Safety and Quality (Shared)
	Quality Assurance Improvement Team (QAIT)	
Strategic Planning and Design	Commissioning Officers	Locality Commissioning (Planned Care)
	Commissioning Managers	Locality Commissioning (Urgent Care)
	Commissioning Assistants	
Market Management and Procurement	P.P.M. Procurement	
	Commissioning Officers	
	Commissioning Managers	
Communications	-	Locality Communications (Shared)
Contract Monitoring	P.P.M. Procurement	Locality Contracting (Shared)
	Brokerage	
	Commissioning Assistants	
	Commissioning Officers	
	Commissioning Managers	
Finance		Locality Finance (Shared)
Partnerships		Locality Partnerships (Shared)
Medicines		Medicines Optimisation (Shared)
Business Administration		Locality Office
Change Management		Locality Programme

Commissioning Support Functions:



Capability Changes

<p>IT</p> <p>The following changes will be made to the IT Management Capability:</p> <ul style="list-style-type: none"> ▪ A shared folder will be provided that is visible to both PCC and CCG integrated commissioning staff to allow for collaboration ▪ Existing IT workarounds within PCC will be retained 	<p>HR</p> <p>The following changes will be made with respect to the Human Resource Management Capability configuration:</p> <ul style="list-style-type: none"> ▪ Staff involved in Integrated Commissioning will be identified and notionally segregated ▪ Staff involved in integrated commissioning activities will still be employed by their owning organizations ▪ There will be no staff transfers or secondments ▪ Staff serving the Western Locality within the NEW Devon CCG will continue to serve the Western Locality
<p>Finance</p> <p>The following changes will be made to the Finance Management capability:</p> <ul style="list-style-type: none"> ▪ Funding for Integrated Commissioning Operations will be re-aligned to a single pooled budget ▪ The single pooled budget will be held by a single organisation (TBD) ▪ Accountabilities of the organization contributing to the pooled budget will be retained by the contributing organization ▪ VAT operations with respect to Integrated Commissioning operations will be re-aligned to satisfy the VAT regimes of both Plymouth City Council and the NEW Devon Clinical Commissioning Group 	<p>Legal</p> <p>The following changes will be made to the legal management capability configuration:</p> <ul style="list-style-type: none"> ▪ The Integrated Commissioning organisation will be supported by a legal agreement that adheres to Section 75 of the Health and Social Care Act 2012 ▪ A new legal entity will not be created to support the April 1st 2015 release of the Integrated Commissioning function ▪ There will be no changes to existing contracts ▪ Legal services for social care will continue to be provided by the PCC in house Legal function
<p style="text-align: center;">Commissioning</p> <p>The following changes will be made to the Commissioning function:</p> <ul style="list-style-type: none"> • Model will put people/communities in the centre • Design will be easily recognisable to staff from both organisations, be clear and simple • The new Integrated Commissioning function will be supported by the creation of an Integrated Leadership team • Public Health Advice and Business Intelligence will inform and influence the ICO across the entire system • The commissioning design will maximise the use of existing knowledge and skills whilst facilitating a culture where the workforce is developed to address future requirements. 	

- Initially staff will be aligned in 5 key areas:

Wellness

Community-based Care

Complex

Acute

Children

Section Six High Level Commissioning Strategies

In order to make the step change in planning and designing public services it is vital that commissioning activity is focused at a system level. To support this approach a number of system level commissioning strategies have been developed and these are outlined below. These strategies will be further developed leading to the development of integrated commissioning intentions and activity.

COMMISSIONING STRATEGY FOR ACUTE CARE SERVICES - SUMMARY

Currently NEW Devon CCG commissions a range of planned care services and interventions across a variety of settings, for which the CCG has existing strategies and associated plans which are relevant to the scope of “acute” commissioning.

There is also a variety of specialist health care needs which may be provided locally or outside of the Locality and for which the CCG does not have direct responsibility but an interest in terms of delivery of pathways of care.

PCC do not currently commission planned health care services.

As part of integrated commissioning, all service provision will be considered jointly as this aligns with the proposed whole system approach.

COMMISSIONING STRATEGY FOR CHILDREN AND YOUNG PEOPLE- SUMMARY

This strategy seeks to take a whole system review of services to meet all levels of need, including collaborative working and capacity building with partners to enable prevention and early help.

The Case for Change

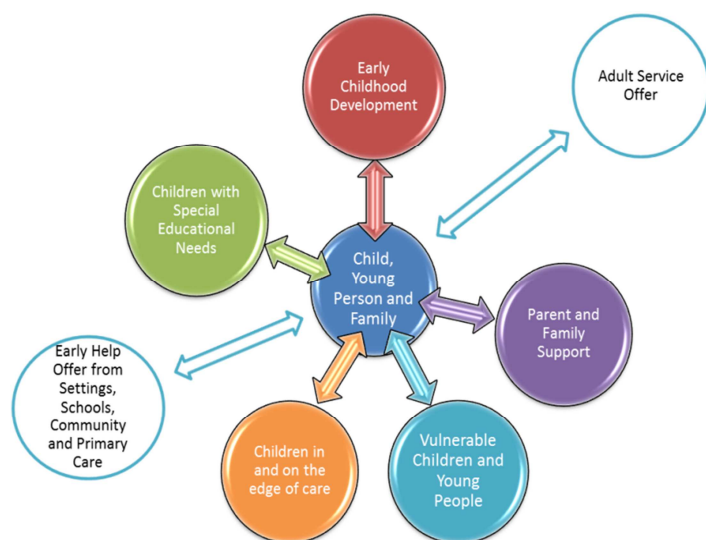
- The Children and Families Act 2014 seeks to improve services for vulnerable children and support strong families.
- Childhood represents a unique opportunity to prevent lifelong poor outcomes through targeted prevention and intervening early when difficulties arise.
- Deprivation in Plymouth is higher than average and about 22.4% (10,100) children live in poverty
- There are continued significant health and education inequalities between vulnerable children and their peers.
- Plymouth has seen a steady increase in the number of referrals to specialist services, including Children's Social Care, Child and Adolescent Mental Health Service (CAMHS) and hospital admissions.

The Current System & Spend

- A large part of the existing pattern of services has been designed and developed around specific service responses to specific need, with a range of thresholds, outcomes and targets.
- The separation of budgets and processes can cause a delay in the ability to offer the right support at the right time.
- Despite some improvements in the targeting of services to those who need them most, there is still an increase in the numbers of children with complex needs, who require a high cost service response.

The Proposed Future System – What We Need To Do

This strategy sets out five core categories of services to inform future commissioning to form an offer of integrated service provision to meet presenting need.



Commissioning Priorities

- Create an Early Help Single Point of Contact
- Remodel Family Support into a single service response.
- Review how Early Years services deliver key pathways to ensure
 - the right support for vulnerable families,
 - improvement in public health outcomes
 - children are ready for school
- Build a competent, confident and collaborative workforce that can deliver early help including for
 - Behaviour, social and emotional difficulties
 - Speech language and communication issues
 - Autistic Spectrum Conditions
- Develop business case to fully integrate the health and local authority offer for those with special educational needs and disability
- Commission an alliance/collaboration of providers to support vulnerable Children and Young People
- Develop integrated “wrap-around” support for children in and on the edge of care

COMMISSIONING STRATEGY FOR WELLBEING – SUMMARY

This strategy covers services that are generally universally accessible with key aims of promoting individual, family and community health and wellbeing, and / or preventing the need for statutory services.

The Case for Change

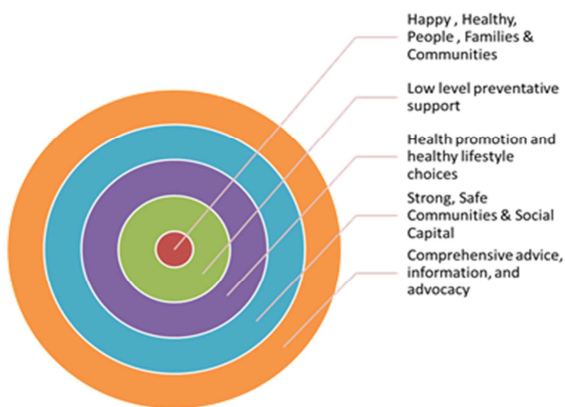
- Health inequalities – health outcomes are persistently poorer in deprived areas
- Negative health behaviours e.g. smoking are more prevalent than comparator areas and mortality rates for preventable disease are high in Plymouth: 4-4-54%
- National and local policy and legislative drivers push towards more preventative and early intervention services that build the capacity of people to make healthy life choices
- Increasing ageing population will put pressure on the health and care system
- People in Plymouth have told us they want health and care services that enable them to manage and improve health in a community setting

The Current System & Spend

- There is no defined wellbeing ‘system’ - multiple commissioners and limited join up
- Range of services have been commissioned in response to specific priorities and needs, that overlap / duplicate
- Limited understanding of the impact ‘Wellbeing’ services have on health promotion and prevention
- Majority of commissioning activity and resource through Plymouth City Council

The Proposed Future System – What We Need To Do

Commission wellbeing services that empower and enable people to live healthier lives for longer are crucial to meeting future demand for health and care services.



Commissioning Priorities

Develop a ‘Advice and Information Strategy’ in response to the Care Act

Strategic review of volunteering

Primary Care co-commissioning with Area Team

Physical Activity Commissioning Plan

4-4-54 Action Plan

Strategic review of low level preventative services to ensure a sustained impact on improving wellbeing and reducing pressure on the wider health and social care

Wellbeing System Element	System Outcomes	Potential delivery mechanisms
Comprehensive advice, information and advocacy offer	Well informed communities empowered to make positive health choices	Advice and information (Advice Plymouth, Livewell Team PCH, libraries), social prescription, support early diagnosis
Strong, Safe Communities & Social Capital	Improve wider determinants of health	Timebanking, volunteering, carers
Health promotion & healthy lifestyle choices	Promoting and enabling healthy lifestyle choices	Primary care, physical activity services, self-management Livewell Team PCH
Low level preventative support	Reducing or delaying the need for specialist care and support	Befriending, home from hospital, sheltered housing

COMMISSIONING STRATEGY FOR COMMUNITY - SUMMARY

This strategy covers targeted health and care services for people who need support to live in the community, or who may be at risk in the future. This includes services that provide an urgent or rapid response to an immediate health and care need, to longer term services that help maintain independence for as long as possible.

The Case for Change

Projected demographic changes indicate an increase in the older population, and an increase in complexity of health and care needs

There is significant overlap in the support needs of people currently accessing homelessness, substance misuse and mental health services

National and local policy requires a focus on:

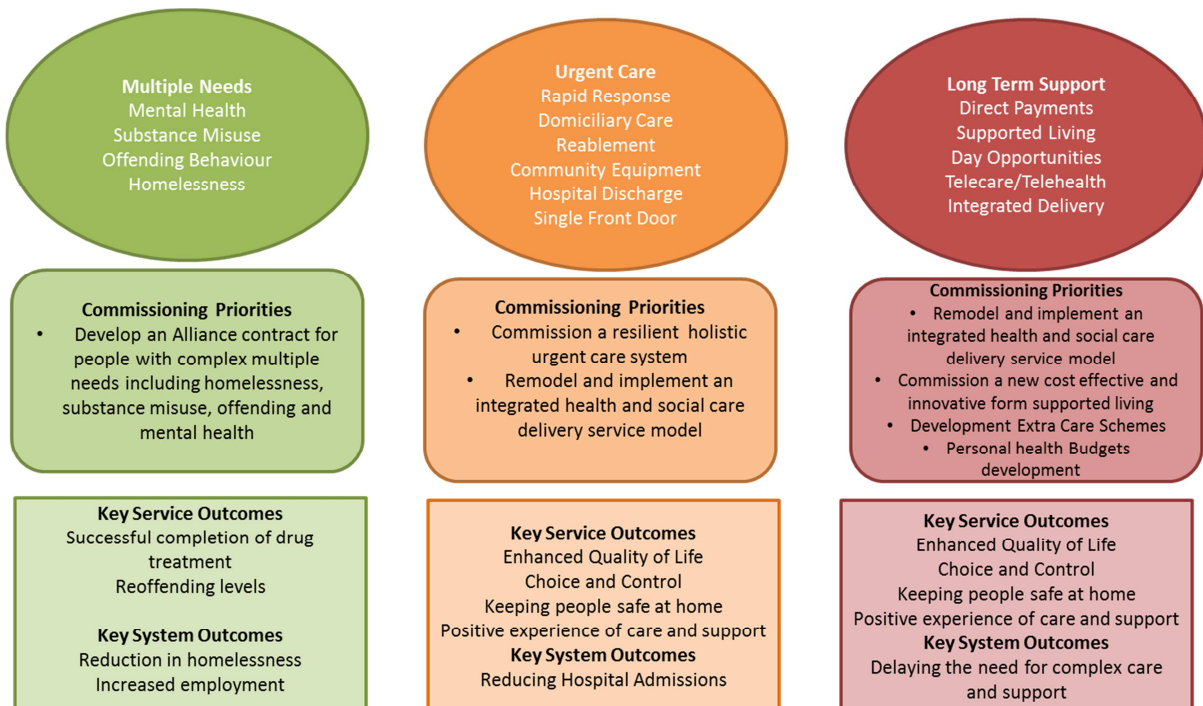
- Preventing avoidable hospital admissions / readmissions
- Improving hospital discharge - reducing delayed transfers of care from hospital to the community, and proportion of people still at home 91 days after discharge
- Preventing permanent admissions to residential and nursing homes
- Individualised care – Self Directed Support and Personal Health Budgets
- Integrated health and social care delivery

People in Plymouth have told us they want health and care services that enable them to manage and improve health in a community setting, and they only want to 'tell their story' once

The Current System & Spend

- No consistent approach to delivery of health and social care
- Multiple commissioners across the system - a more joined up approach would create streamlined services
- Significant budget pressure across the system

The Proposed Future System – What We Need To Do



COMMISSIONING STRATEGY FOR COMPLEX - SUMMARY

This strategy covers services that support people with complex health and care needs, who require specialised care mainly delivered in hospital, residential or nursing home settings and some support at home.

The Case for Change

Projected demographic changes indicate an increase in the older population, and an increase in complexity of health and care needs – putting pressure on the current health and care system

A high proportion of Plymouth’s mental health spend is on out of area Individual Patient Placements (IPP’s)

National and local policy requires a focus on:

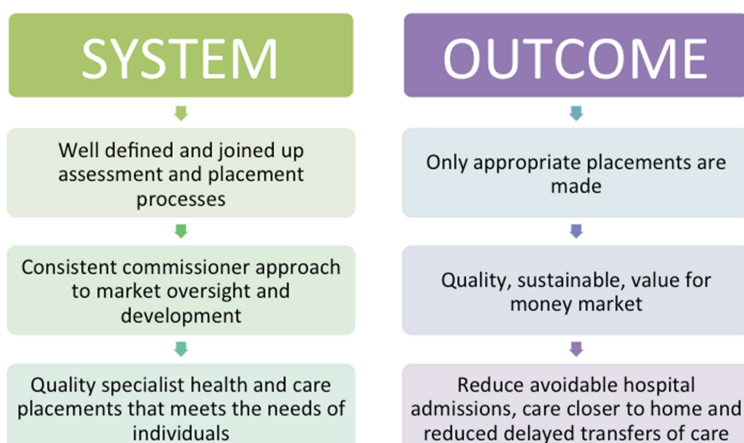
- Preventing avoidable hospital admissions – we have a statistically significant higher proportion of admissions to hospital from care homes
- Reducing delayed transfers of care from hospital to the community – local studies / information indicates that older people in hospital could be cared for in an alternative community setting
- Ensuring the quality and governance of CHC and IPP assessment processes
- Providing care closer to home where possible
- Increasing the proportion of all deaths that occur at home
- Having clear market oversight as a result of the Care Act 2014

People in Plymouth have told us they want health and care services that enable them to manage and improve health in a community setting

The Current System & Spend

- The system for assessing, sourcing and placing people in care homes or IPP’s is inconsistent across both providers and commissioners
- There are budget pressures on Continuing Health Care and Individual Patient Placements (out of area beds)
- There is limited oversight across commissioners of the care home market creating a range of rates and quality for PCC, CCG, and self-funders.

The Proposed Future System – What We Need To Do



Commissioning Priorities

Develop an integrated assessment, referral and placement process for care homes and IPP’s across health and social care

Market review of the care home sector to ensure consistent quality and rates irrespective of who is the commissioner

Review and redesign local pathways and provision in order to prevent and reduce out of area IPP’s

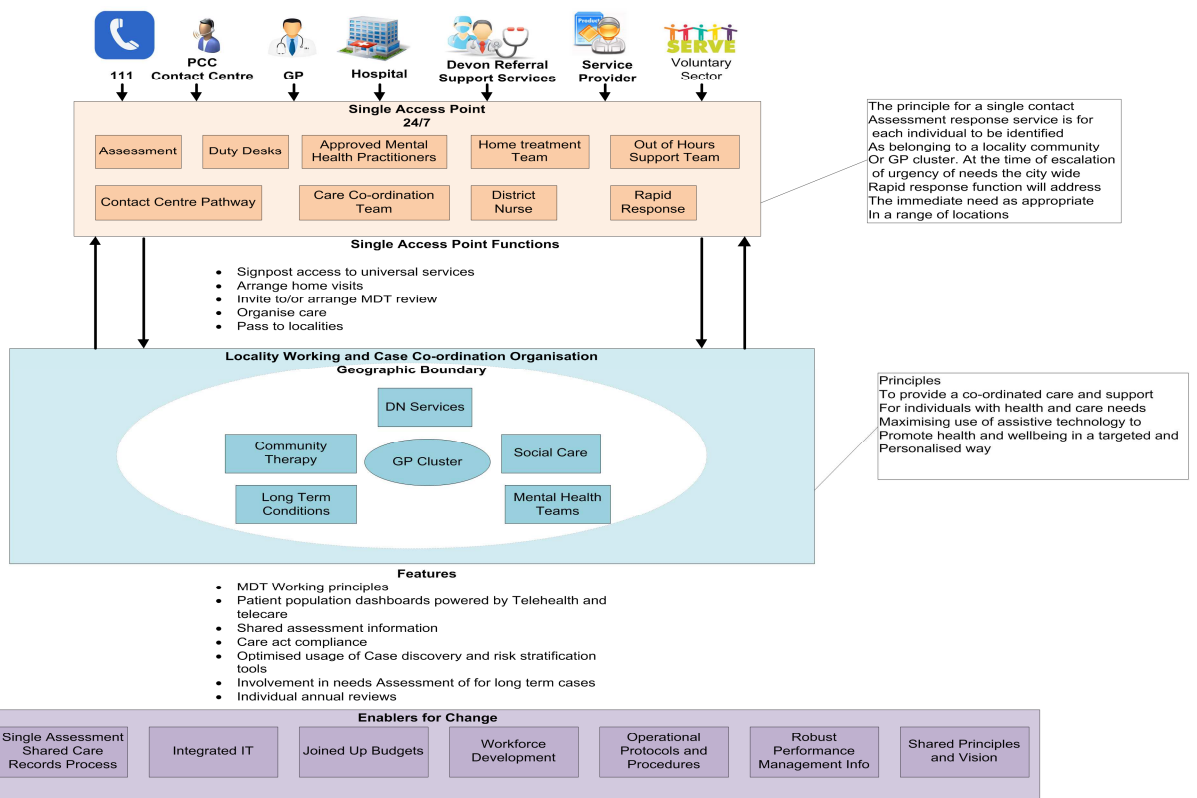
Develop a commissioning plan for end of life care

Commission an effective dementia care pathway

Section Seven Commissioning the new Integrated Health and Social Care Provider

Integrated Provider Design

A key aim of the Integrated Commissioning project is to commission an integrated health and social care community provider. Commissioners and providers have collaborated to develop the following high level design model -



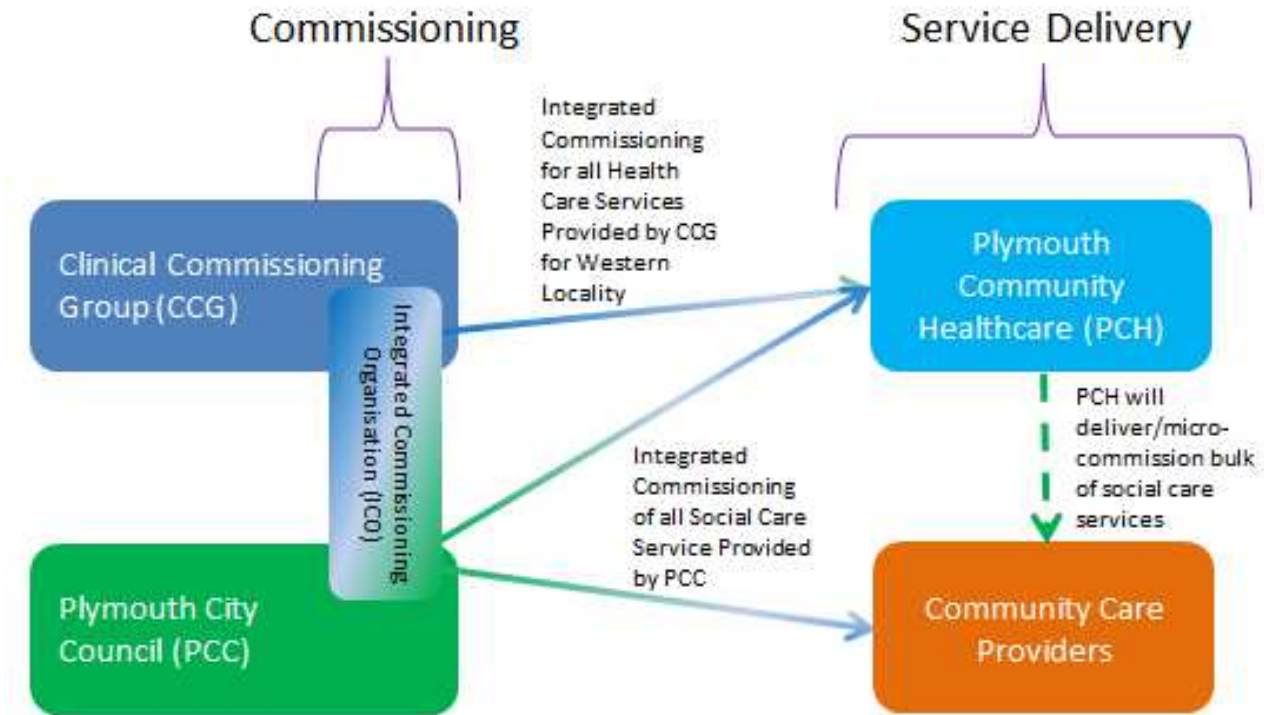
Going forward it is recommended that the Integrated Delivery project focuses on the detailed operational design and transfer of staff whilst the Integrated Commissioning process focuses on the commissioning and contracting of the new provider.

Target Operating Model

The diagram below shows the relationship Integrated Commissioning and Integrated Service Delivery Model that will come into effect 1st April 2015. Key features of this model are:

1. The “shadow” ICO will create the Service Delivery specification, develop the performance frameworks and contract monitoring arrangements that the new integrated provider of Health and Social Care will be required to deliver against.

- The provider will be responsible for assessment and planning of support for users of services, the micro-commissioning social care services will remain where the budget sits and this is likely to be within the shadow ICO.



Protecting Social Care

In order to ensure that Plymouth City Council delivers its statutory duties and ensures a continued focus on promoting social care it is recommended that three interconnected approaches be taken forward.

Contractual	Provider	Retained Client
<ul style="list-style-type: none"> • Due Diligence Process • Specifications • ASC Delegated Statutory • Front Door • Rapid Response • Localities • Service Improvements 	<ul style="list-style-type: none"> • Senior Social Care Staff within PCH • Principle Social Worker • Work Force Development Posts • Specified minimum number of SW, OT's, CCWs 	<ul style="list-style-type: none"> • DASS Role • Oversight of Statutory Functions & Returns • Safeguarding • Brokerage/Verification

Key elements of these arrangements are set out below:

Contracting Process

At the start of the formal commissioning process Plymouth City Council will undertake a thorough due diligence process on Plymouth Community Healthcare to determine its suitability to deliver Adult Social Care services. The process will focus on the following core areas;

- Professional and Business Standing
- Organisational Finance & Insurance
- Health & Safety Policy & associated documentation
- Data Protection
- Equalities and Diversity Policy & associated documentation
- Safeguarding Vulnerable People Policy & associated documentation
- Quality Management
- Recent Contracts/References
- Business Capability – focus on skills knowledge and previous experience and Business continuity plans

The process will be undertaken by an evaluation team with representatives from Commissioning, Procurement, Finance, Human Resources, Legal Services and Adult Safeguarding with sign off being provided by the Strategic Director for People.

Service specification development and Contract Negotiations will be undertaken jointly by NEW Devon CCG and Plymouth City Council and will form part of the wider CCG contracting round with final Contract Award being brought back to Plymouth City Council's Cabinet in early 2015.

Provider Function

The new service specifications set down by Commissioners will clearly state the expectations in relation to Adult Social Care staff, practice, professional development and continuous improvement. This includes ensuring Social Care staff have senior roles in the integrated provider, the appointment of a Principle Social worker to provide quality assurance to practice, develop workforce plans and ensure competency of the workforce is maintained to achieve statutory requirements. The specification will also set down a minimum number of Full Time Equivalents in relation to Social Workers, Community Care Workers and Occupational Therapists.

Retained Client Function and Statutory Functions

Within the new arrangements model it is recognised that Plymouth City Council will delegate some of their statutory functions whilst retaining others. These are set out below-

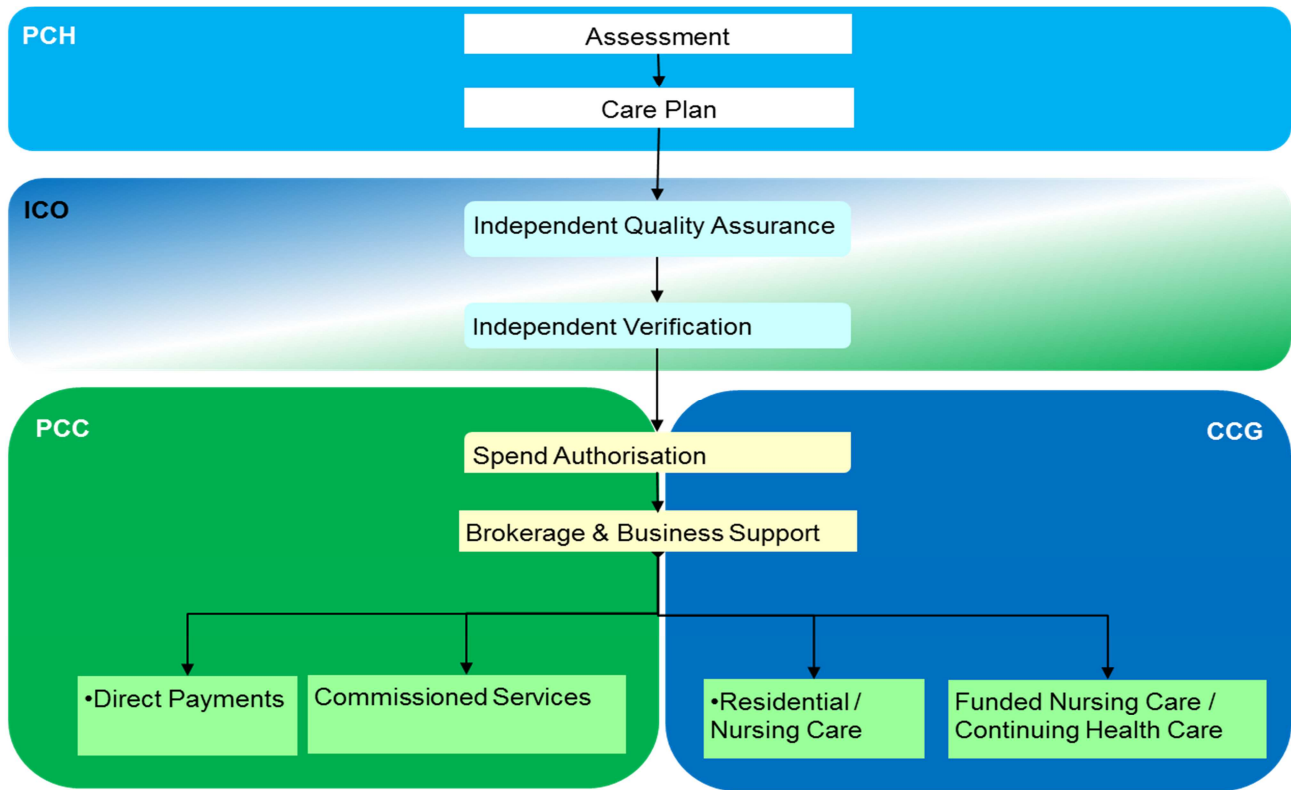
Care and Support Assessments	Can be delegated to alternative provider
Development of Support Plans	Can be delegated to alternative provider.
Provision of personal budget	Can be delegated to alternative provider
Safeguarding	Can delegate alert capture, information gathering and investigation. Outcomes must

	be subject to scrutiny from Independent Chair/Safeguarding Manager within LA
Carers assessments and provision for carers	Can be delegated to alternative provider
Fairer Charging Policy	Provider to apply the policy but LA to hold.
Development of policies	Policy changes overall need to remain in LA.
Powers to enter a property Section 47 of National Assistance Act, now section 47 of Care Act	Specification will need to ensure Social Workers are available to undertake joint visit with environmental Services if access to a property required
Emergency Planning	Responsibility to establish rest centre can be delegated to another Category 1 responder such as PCH.
Communication and disclosures	Liaison with press and members liaison will need to be managed by Commissioners in partnership with new provider
FOI/Complaints/Representations	Initial complaints can be managed by integrated provider. Ombudsman requests and FOI will remain with LA
Necessary and Appropriate confirmation for Disabled Facilities Grants under Housing and Regeneration Act	Can be delegated to alternative provider, but needs to be undertaken by suitably qualified Allied Health Professional
Mental health Act/ Mental Capacity Act	AMHPs need to be approved by LA, cannot be delegated. Guardianship Orders need to be signed off by LA, cannot be delegated.
DASS function/role	Needs to be retained by Local Authority
Statutory Returns (See below)	Cannot be delegated. PCH to collect data and LA to make return.

Adult Social Care Finance Return	Mental Capacity Act – Deprivation of Liberty Safeguards Mental Capacity Act – Deprivation of Liberty Safeguards – Quarterly Return
Mental Health Guardianship	National Minimum Data set for Social Care
Short and Long Term (SALT) Return for the year ending 31 March 2015	Safeguarding Adults Return
Registers of people who are blind or partially sighted	Adult Social Care Survey, 2014/15
Survey of Adult Carers in England, 2014-15 (biennial)	ASC Outcomes Framework

Verification Model

Maintaining oversight and management of Adult Social Care funding will be a key element of the new arrangements with an outline verification process set out below:



The new integrated provider of Health and Social Care Services will provide a single access point for all incoming enquiries across the system. This will be available for members of the public, their carers', service providers, professionals and GP's. This service will offer excellent advice and information using the existing Online Directory, provide access to immediate support or arrange for clinic appointments as necessary. Following the assessment of needs the provider will develop a plan with the individual detailing the support that they require to meet their current needs this may take the form of support from the voluntary sector, friends and family as well as targeted support from commissioned services. Following an internal quality assurance process the provider will pass this proposal to the Local Authority's verification team who will review the plan, ensure statutory needs have been addressed and agree funding for the proposal. Plymouth City Council Brokerage team will then source the package of care to ensure that value for money is obtained from the market.

Section: Eight Project

Project Plan

Workstream	Activity	Timeframe
Commissioning Design	Develop commissioning model for integrated commissioning function	October- November 2014
	Agree areas in scope	November/December 2014
	Confirm staff in scope across organisations	January 2015
	Scope High Level Business Requirements to Support Integrated Function	November-December 2014
	Agree Commissioning Design	February 2015
	New Integrated Commissioning Function in Place	March 2015
Legal and Governance	Develop New Integrated Commissioning Governance Architecture proposals	November 2014 – January 2015
	Develop and Agree Interim Management Structure	November 2014 – January 2015
	Move to Shadow Governance Arrangements	January 2015
	Develop Schemes of Delegation	January 2015
	Finalise Pool and Sign off Section 75	February 2015
Finance	Identify Spend in Scope and Develop Spend Profiles, Funding Framework and Risk Sharing Principles	September – November 2014
	Agree Size of Pooled Budget and Host Organisation	November/December 2014
	Appoint Pooled Budget Manager	February – March 2015
	Agree financial framework and risk sharing	February 2015 (in Section 75)

Workstream	Activity	Timeframe
Strategy Development	Commence Engagement with Providers and Stakeholders on Strategies and Service Specification	November 2014
	Development of Commissioning Strategies (Wellness, Community, Complex, Children, Acute)	November 2014 – February 2015
	Consultation on Strategies	February - March 2015
	Finalise Commissioning Strategies	April 2015
	Establish System Design Group	April 2015
Commissioning the New Integrated Provider	Develop New Integrated Provider Specification	September – November 2014
	Develop Performance/Contractual Management Framework for New Integrated Service Delivery Provider	October – November 2014
	Complete Due Diligence on Preferred Community Provider	November 2014
	Commence Procurement/Contract Negotiation Process for New Integrated Service Provider	November 2014 – January 2015
	Contract Award	March 2015

Communication Plan

A communications plan has been produced by Plymouth City Council and Northern, Eastern and Western (NEW) Devon CCG to support the integrated health and wellbeing (IHWB) transformation programme. The plan covers the communications requirements for the commissioning and delivery of health and social care services. Focused communications and engagement events have taken place as illustrated in the table below in order to support the engagement plan and co-design process with staff from across all organisations. In addition Integration has been added as an agenda item to team meetings with appropriate presentations and other materials shared with the teams. A film is in the process of being edited that includes various people talking about integration and what this actually means and includes interviews with the public, someone who has used and been through health and social care services (as a case study), Commissioners, frontline staff from Plymouth City Council Adult Social Care and those from Derriford and Plymouth Community Healthcare who work in the Care Co-

ordination Team as well as the Cabinet member for Health and Adult Social Care and Dr Steve Harris, clinical GP lead in the CCG for integration.

An engagement plan has also been developed and sets out who we will engage with, how, when and why. For both the Western Locality of NEW Devon CCG and Plymouth City Council it is important that the people affected by decisions are part of the decision-making process, both organisations place a high value on the input of stakeholders into the decision-making process and both work to a set of engagement principles which are that we will:

- Involve and engage all those people who experience healthcare and who wish to be involved
- Involve people in the whole decision making process
- Recognise that interest in being involved will vary and that decisions not to be involved must be respected too
- Provide information that is clear, appropriate, timely, accurate and up-to-date
- Make sure that there are appropriate opportunities for people experiencing care to be involved
- Make sure that any support people need to be involved effectively is provided for
- Treat everyone with respect and respect their dignity
- Value every voice
- Make no decision about you without you

It is proposed that the public engagement fall into three stages. Stage one is predominantly about giving people the information they need to be constructively involved, stage 2 is about providing people with opportunities to contribute to the discussions relating to specific services and stage 3 is about providing feedback so that the public is able to see how their contribution has impacted on the outcomes of the work.

Date	Project	Event/ Actions	Key outcomes/ messages	Comms or Engagement (C/E)	Stakeholder	Channel
Future plans						
TBC	Commissioning / Delivery	Whole staff engagement sessions	AD staff engagement sessions on Integration and BAU	C/E	ASC C & D Staff	F2F
TBC	Commissioning / Delivery	Engagement Events	1) HealthWatch, the Octopus project 2) Facebook page 3) Online via web	C/E	ALL	F2F, Social Media, Internet
TBC	Commissioning / Delivery	Sofa/foyer event at WH	Opportunity for staff to discuss with each other and management and ask questions in an informal setting	C/E	Commissioning Staff PCC/CCG, Delivery staff, Staff at Windsor House	F2F

TBC	Commissioning	Post event comms	To be issued to PCC and NHS staff who attended the design events on 4 & 5 Sep a post event communique.	C	Commissioning Staff PCC/CCG	ASCHQ Email
TBC	Commissioning / Delivery	Case Studies	Cases studies to demonstrate positive outcomes of joint working and commitment to projects	C	Staff across CCG & PCC	Staff intranet
TBC	Commissioning	Visual engagement piece	visual engagement piece i.e. posters, banners etc – these will show ‘I’ statements, key messages from comms plan, quotes, case studies to remind staff of the evidence that supports integration and promote involvement	E	Commissioning Staff PCC/CCG, Delivery staff, Staff at Windsor House	Visuals
TBC	Commissioning / Delivery	Newspaper Article	Launch of integration agenda in the Herald			

Risk Register and Risk Management

Risk Description (A short summary of the event)	Current Risk Rating	Actions to reduce risk to target
Savings delivered from Integration are not sufficient to meet the financial challenge	H	1. Scrutiny and validation of anticipated projected benefits in further phases. 2. Account for optimism bias in financial model when developed
Staff/union resistance to the proposed changes and service redesign	M	1 Early consultation with Unions 2 Union representation at key workshops. 3 Staff co-design process
Difficulty in securing agreement across the partners to structure and ownership of Commissioning Hub causes delay in delivery leading to savings targets being leaked, and delaying benefits realisation	M	1. Areas of potential disagreement highlighted and discussed early in the process 2. Identification of key decision makers and a dispute resolution process 3. Formal agreements and protocols in place to enable teams to work together 4. Confirming VAT impact will support options appraisal. 5. Options appraisal to confirm support. Partners to arrive at decision.
New legislation/policy initiatives introduced which impacts on plans	M	1 Remain well-informed of policy and legislative developments and build in necessary changes early and challenge solution development
Changes to funding environment impacts disproportionately on one agency	M	1 Annual Reviews to be built into Section 75 2 Risk Sharing Principles to be agreed
Legal challenge regarding competition, contracting and procurement	M	1. Ensure notice periods to providers are duly followed and all consultation is documented
Resources required to deliver integration are not available/ funding does not exist to commission external resources	M	1. Plan and get cross party sign up to this 2. Cross- party investment planning meeting to agree resource commitment
Statutory, regulatory or political differences between Health and Social Care or partners lead to tensions (e.g. footprint of NEW Devon CCG) will delay approval of implementation	M	1. Potential areas of conflict identified early and formal protocols or agreements put in place
Failing to reach agreed terms that are compliant with Teckal criteria, due to differing legal opinions	M	1. Follow a long term view or phased approach to delivery model design and implementation. (i.e. implementing one delivery model for a short term with a view of moving to another in the long term) 2. Review with legal teams in PCC and CCG. 3. Regular compliance checks and discussions

CCO objectives may not be achieved in time to support planned 2014/15 service improvements in People & Place directorates (e.g. finance, HR, ICT, FM, business support). This has the potential to delay achieving cashable savings for the IHWB programme if not resolved	M	1. PCC / Portfolio guidance needed on what flexibility and freedom business areas have to determine what it can change independently and where it must follow the corporate line. Clarification over attribution of benefits: savings in support services are attributable to CCO irrespective of origin of the saving (in the same way as all premises savings are P&OD's)
Requirement for Corporate Support (Legal, HR, Finance etc) needs to be managed as there will be a lot of requests for their support and the Transformation 'pot' should be equally split between CCG and PCC.	M	1. Potential internal support requirements identified and raised at Joint Management Meeting
System leadership is not sufficiently embedded and does not drive or leaver system change	M	<ol style="list-style-type: none"> 1. Development of Joint Management team. 2. Workforce development activities directed towards building system leadership 3. Transformation capacity directed towards system change
Providers are resistance is change	M	<ol style="list-style-type: none"> 1. Early engagement with provider base 2. Roll out of commissioning principles 3. Establishment of system design groups

Pro-active risk management is applied throughout the process through a series of measures

- Each risk is allocated a risk owner
- Risks are reviewed at Project and Programme Board Meetings
- Risk Workshops are held with members of the project team

Section Nine: Recommendations

Supported by the above information it is recommended that:

8. The new high level governance arrangements set out in Section two are approved
9. The scope of the integrated commissioning pooled budget is agreed and the indicative contributions are noted
10. The Risk Sharing principles are used as a basis to develop the Section 75 Agreement
11. The high level Integrated Commissioning Design is approved and is allowed to proceed to the design and build phase
12. The High Level Commissioning Strategies for Children's, Wellbeing, Community and Complex are approved for consultation and development.
13. The commissioning and contracting approach for the Integrated Health and Social Care Provider is approved.
14. The next steps are noted and the Contract Award report for the Integrated Health and Social Care Provider and the finalised Section 75 agreement is brought back to Cabinet before March 2015

Integrated Service Delivery Scrutiny Report

Programme Name:	Integrated Health and Wellbeing		
Date:	28-10-2014	Version:	1.3
Projects:	Integrated Health and Social Care Delivery		
Author:	Anna Coles, Craig McArdle, Jenni Doudoulakis, Paul Walshe		
Owner (SRO):	Carole Burgoyne & Jerry Clough		

Recommendations

1. Cabinet approves the high level operating model for Adult Social Care proposed in section two of this document.
2. Cabinet approves the transfer of staff in scope of this project through the use of TUPE arrangements.
3. Cabinet approves the detailed design that is being proposed and authorise its implementation in partnership with staff and stakeholders and are in support of the actions that will take place as outlined in this document.

I. Document Control

VERSION HISTORY: (version control e.g. Draft v0.01, v0.02, v0.03 Base line @ v1.0)

Version	Date	Author	Change Ref	Pages Affected
1.1	24-10-2014	Crag McArdle / Anna Coles	Update following Cab Planning	All
1.2	24-10-2014	Sam Sposito	Editing / proofread	All
1.3	27-10-2014	Jenni Doudoulakis	Editing	All

FILE LOCATION: (Final version base lined @ v1.0, v2.0, v3.0)

Location	File Address	Date
VI.3	S:\Transformation\Programme and Project Folders\5. IHWB Programme\21. 02 IHWB Delivery\05. IHWB_02 Business Case\Scrutiny	27-10-2014

REVIEW AND APPROVAL PROCESS:

Date	Organisation	Meeting
29/09/14	PCC	People JCC
29/09/14	Joint	IHWB Programme board
30/09/2014	PCC	CMT (for discussion)
07/10/14	PCC	Cabinet Planning and TPB
08/10/14	CCG	WL Board Seminar (Discussion)
08/10/14	CCG	SRG and UCP (Views)
14/10/14	PCC	CMT approval
15/10/14	CCG	CCG Executive (Views and support)
21/10/14	CCG	Finance Committee (Views and support re: financial models, risk sharing, benefit sharing)
21/10/14	CCG	WL SLT (Support pre WL Board)
21/10/14	CCG	Primary Care Strategy Group (Views)
23/10/14	PCH	Plymouth community Healthcare Board approval
29/10/14	CCG	Western Locality Board (Support ahead of GB)
06-07/11/14	PCC	Scrutiny Panels
05/11/14	CCG	Governing Body – private session (Support ahead of GB)
11/11/14	PCC	Cabinet
18/11/14	CCG	Senior Leadership Team (Support ahead of WL Board)
26/11/14	CCG	Western Locality Board (Support ahead of GB)
3/12/14	CCG	Governing Body (Decision)



NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group



INTEGRATED SERVICE DELIVERY

The 'right care, at the right time in the right place'

SECTION	SUB SECTION
1. Introduction	Background Strategic Context Programme Approach Workstreams Communication Approach Key Decisions
2. Integrated Service Design	Introduction Context for Change Co-design and High Level Proposals Staff in Scope
3. Project Plan	Next Steps Communications Timeline Benefits Risk Log
4. Recommendations	

SECTION I Introduction

Background

The personalisation agenda acted as a catalyst for Local Authorities to bring about significant changes to how adult social care services delivered community care assessments and support plans. Despite these improvements many people that use health and social care services still experience care that is fragmented, with services reflecting professional and institutional boundaries when they should be co-ordinated around their needs. This can result in duplication, inefficiency, gaps in care, feelings that 'no-one is in charge' and ultimately poor outcomes. Currently people who require support from health or social care in Plymouth have multiple access routes in order to gain support (some are available 5 days per week, some available 7 days per week).

The feedback from the Transforming Community Services engagement work highlighted that individuals are sometimes unsure of how to access support when they need it and organisational boundaries can get in the way of excellent care being delivered. This picture was echoed by staff working across the community through workshop feedback, who have described complex pathways and referral mechanisms to access services which are time consuming to navigate, thus removing their capacity to deliver frontline care and support.

There are a number of national and local drivers for integration including the Health and Social Care Act which contains provisions to enable NHS and Local Authorities to improve patient outcomes, the Care Act which aims to create the new principle where the wellbeing of an individual is at the forefront of their care and support, the Better Care Fund which ring fences budgets to improve out of hospital care, early intervention and admission avoidance as well as Public Health, Adult Social Care and NHS Outcomes frameworks.

The Integration of Health and Social Care service delivery is a complex activity but will be achieved by adhering to the following agreed principles:

- To ensure people who use services design and shape the way these are delivered
- To ensure staff who deliver services have an opportunity to shape the future
- To provide access to the right care and support for individuals at the right time and in the right place
- To ensure people only have to tell their story once

Strategic Context

Public sector organisations across the country are facing a combination of severe budget pressures and increasing demand for services. System wide changes will be needed in order to meet these challenges. PCC and NEW Devon CCG are looking to seize the opportunity created by sector wide reform, to create a vision for integrated delivery that will help to improve outcomes for people, reduce cost in the system and align to the Health & Wellbeing Strategy.

The Health and Wellbeing Board's aim is to "promote the health and wellbeing of all citizens in the City of Plymouth". The vision "Happy, Healthy, Aspiring Communities". It provides a core programme to promote integration of Health and Social care, with an emphasis on person centred care. It aims to deliver the right care at the right time and in the right place. The three key principles are:

- Working together and with those that the Board serves to take joint ownership of the sustainability agenda.
- Ensuring systems and processes are developed and used to make the best use of limited resources.
- Ensuring partners move resources (both financial and human) to the prevention, and health and wellbeing agenda.

This will involve working across the whole of the local health, public health and social care systems and also working with other local authority services, key stakeholders, people and communities. This approach fits with PCC's ambition of being a co-operative council and supports the ethos of collaboration set down by all partners.

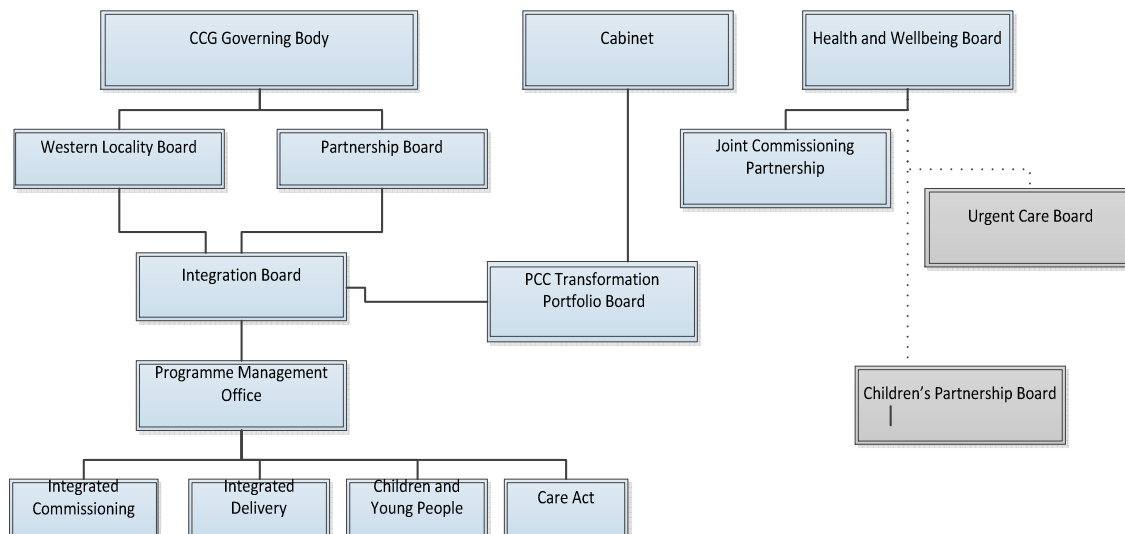
Programme Management Approach

In order to meet the challenges facing Plymouth and also to support the wider challenged health economy work, New Devon CCG and Plymouth City Council have established a joint programme of work known as the **Integrated Health and Wellbeing Programme (IHWB)**.

The IHWB programme is made up of four significant projects:

- Integrated Commissioning
- Integrated Service Delivery
- Children, Young People and Families
- Care Act 2014 Implementation

The following overarching governance structure has been adopted

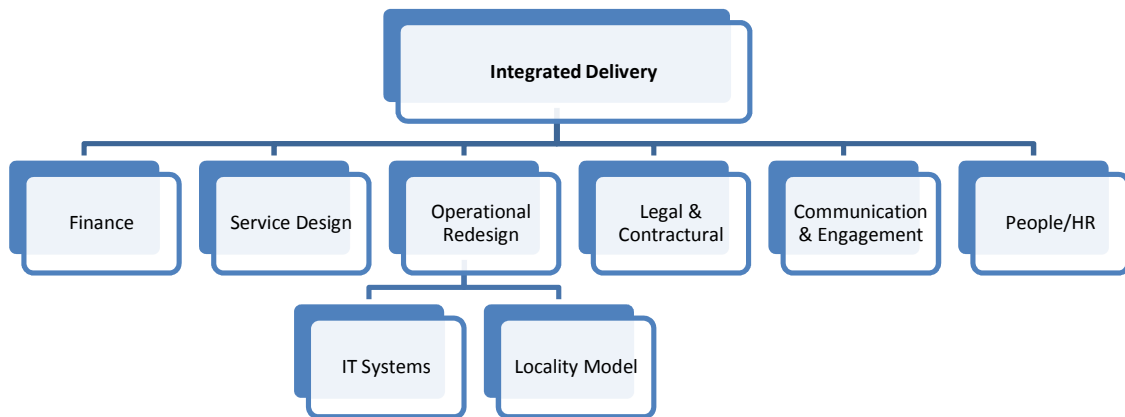


In order for more detailed work to start on the development of an integrated Health and Social Care offer; in July 2014 New Devon CCG and Plymouth City Council approved the following recommendations for the Integrated Delivery Programme:

- Plymouth City Council to work with NEW Devon CCG to develop a Section 75 agreement that pools relevant Adult Social Care and CCG budgets to facilitate the creation of a single community health and social care delivery model
- Plymouth City Council to work with NEW Devon CCG to develop robust governance, contractual and financial systems that provide appropriate assurance to both organisations
- Plymouth City Council works with NEW Devon CCG and Plymouth Community Healthcare (PCH) as the incumbent local community health provider, on developing and evaluating options for the integration of Community Health and Adult Social service delivery in the City by April 2015.
- To consult with staff, unions and stakeholders in developing the new service model.

Workstreams

The development and design of an integrated health and social care system will be achieved through extensive public and staff engagement, the evaluation of existing interfaces and services along with the development of a new specification by the Integrated Commissioning project which will ensure that statutory social care functions are delivered via the new integrated provider. The service will be measured using a range of key outcomes and performance indicators. To deliver an integrated Health and Social Care offer the following workstreams have been developed, they all have nominated leads who report to the project team and will deliver a number of core products:



Communication approach

A Communications Plan for the Project and Programme has been developed jointly by NEW Devon CCG and PCC. This will form the basis of the overarching communication strategy for this project, which will be continuously developed. Key activities in relation to this project include:

- Briefings and workshops with Members and GPs
- Communication Sessions, with Staff, Stakeholders and Partners
- Regular written and face to face briefings
- Co-design workshops with staff

SECTION 2 Integrated Service Design

Introduction:

The future integrated provider service will focus on the redesign of how people will access services, , the delivery of shared records via the use of a single assessment process, the creation of a shared IT, the establishment of integrated workforce development, delivery against key outcomes as set by the Commissioners of Health and Social care.

The specific teams that are considered to be in scope within PCC are:

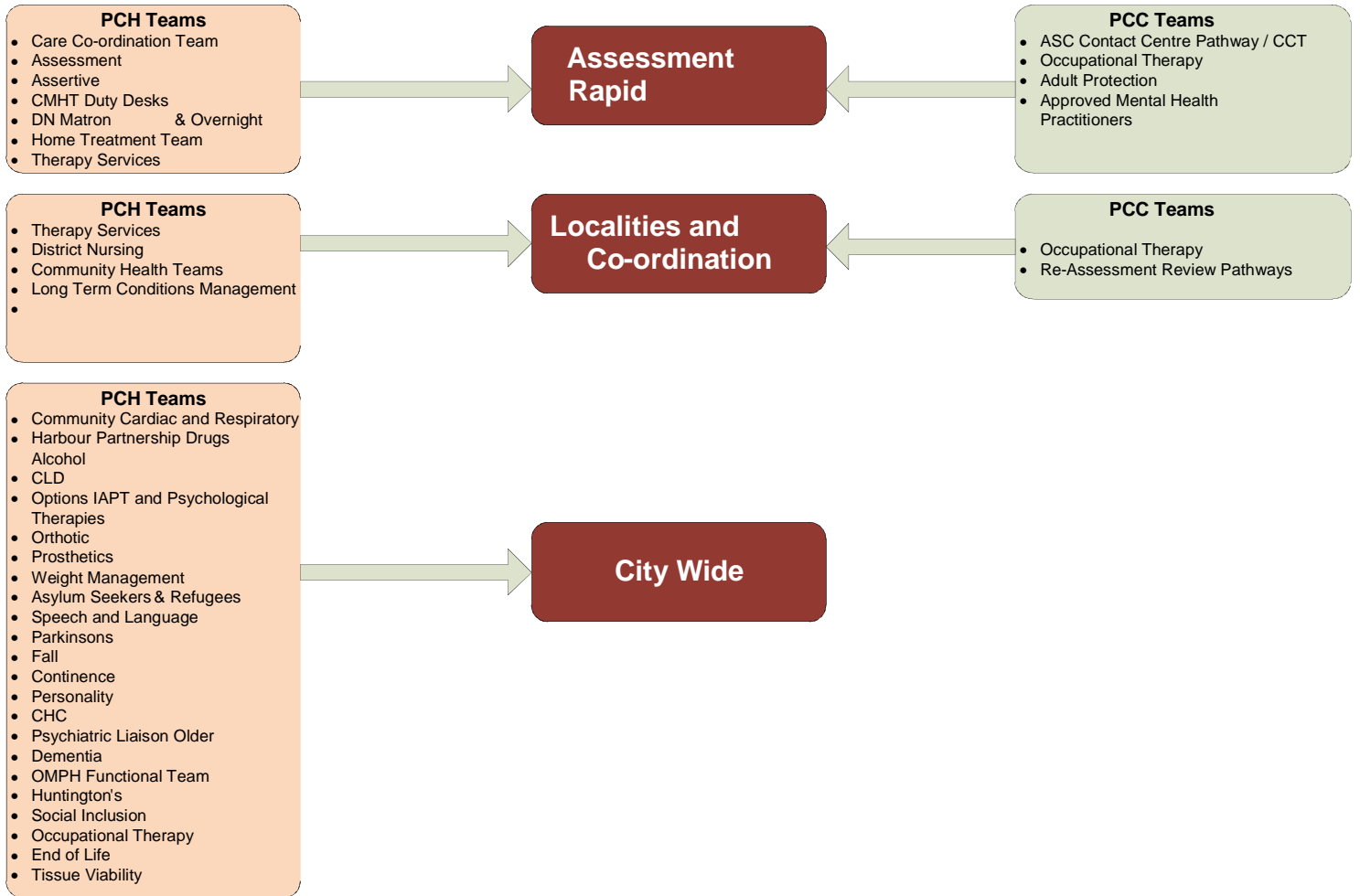
- Social Care Assessment and Support Planning Service, including Social Workers, Occupational Therapists and Community Care Workers.
- PCC back office functions including Business Support, HR, Finance

The Plymouth Community Healthcare services in scope of the project are those available in the community including:

- District Nursing
- Long Term Condition Management
- Therapy Services
- Mental Health services
- Out of Hours functions
- Intermediate Care services (CCT)
- Duty functions

The scope of the programme does not include certain Children's Social Care services (including assessment and case management of 'Looked After Children' or those subject to a 'Child Protection Plan') that are currently provided in-house by PCC, however consideration will be required to ensure detailed pathways for individuals moving through transitions are in place.

The following diagram illustrates the scope of the teams across health and social care that will be affected by any changes to the way we deliver services in the future.



Context for Change

Employees from both PCC and PCH were invited to a series of workshops in July to begin co-designing the future service. Employees were given an update on the following key drivers for change;

- Integration of Health and Social care
- Frailty, Reablement and complex care delivery
- Urgent care and prevention of admission
- Care Closer to Home
- Care Act Compliance

INTEGRATION

- Improvement of patient/individual experience and outcomes,
- Better management at times of escalation of need i.e. preventing hospital admission, and immediately post hospital discharge,
- Efficiency of use of staff and staff capacity and skills. Reduction in queues for access to services.
- Minimising duplication of roles and assessments.
- Economy of workforce and value for money.

CARE CLOSER TO HOME

- To provide for patient/individual preference and choice.
- Increase the likelihood of achieving the best outcomes when assessment and care is delivered and monitored in an environment the individual knows and functions best in.
- To drive the need for joining teams together in the community as multi-professional groups focused around the person, looking to find the best way of using resources and meeting their health and social care needs.
- To allow bed/hospital related resources to be re-channelled to support care closer to home

FRAILTY OR COMPLEX CARE

- Individuals need simpler ways of accessing health or social care services
- Teams need to be more holistic in how needs are assessed and how care is then delivered in a more co-ordinated way, rather than through separate teams with little sharing of information across services.
- Skills need to be developed to meet as many needs as possible in single visits and preferably at home wherever possible, or in the most appropriate environment to meet these needs most effectively.
- Physical, mental health and social care services to come together more holistically to

jointly assess, care plan and deliver.

CARE ACT COMPLIANCE

- Drive to pool health and social care budgets under the Better Care Fund and performance metrics.
- The integration of ASC with PCH will see the integrated service provider undertaking statutory responsibilities that are enshrined within this act.
- Services must be co-ordinated for an individual, delivering an integrated level of support. Personal health and social care budgets are made available more generally for individuals with multiple and longer term needs.
- Create the appropriate support to meet choice and individual needs.

URGENT CARE AGENDA

- It is well recognised that acute hospitals continue to struggle to meet the levels of demand for urgent care provision that tends to arrive at the front doors of Emergency Departments.
- Commissioners are required by April 2015 to have started to shape their commissioning intentions with regard to alternative urgent care options.
- It seems very logical to look at all the urgent response services that exist within PCH and ASC and to explore how and where these might come together to form a joined up and multi-professional range of approaches to the provision of urgent care (not acute care) for those who need rapid response to meet escalating needs, whilst largely not being in need of the types of functions that an acute hospital setting appropriately provides. Examples are many where social breakdown starts to result in health issues emerging; a person who does not keep up with the need to take tablets or eat and drink well, or a person who may become more confused than normal has perhaps an infection which underlies what might be happening. Many of these are scenarios that could be responded to rapidly within a community setting and made easier if the range of different professional inputs could be brought together in a more co-ordinated way than currently exists across PCH and ASC.
- An expectation from the public and the Government that services, will move increasingly towards 7 day working and for 24 hours a day where this is appropriate, in order that the open all hours option of Emergency Departments, is not always the default for the public and for referrers.
- Overall, there remains little new money to aid in supporting the growth in demand and complexity of what health and social care are trying to achieve, and whilst joining up and integrating what all teams do, may bring some economy of scale, efficiency and hopefully professional satisfaction to staff, it will be necessary to look at new ways of working, more use of technology to create efficient ways of managing workload and encouragement of self-care and responsibility.

Co-Design and High Level Proposals

PCH and ASC have run 18 joint open workshops for staff over the last two months. The above context and agenda has set the scene and then two main problems have been posed to them as groups of multi-professional staff.

Community Support and Integration

Individuals in the community have the majority of their healthcare needs met by the GP practice with which they are registered. When an individual's needs increase they may come into contact with a variety of professionals in other organisations. Each of these workers will record their needs in separate systems and none of them currently have the ability to share information with each other relating to the person. As a result support is often delivered in an uncoordinated way.

An individual might be known and supported by the voluntary sector, social workers or support roles from ASC, a domiciliary care provider, sometimes a district nurse or community therapist, perhaps a community mental health worker – or a combination.

They may experience several people calling them and talking to them about their care needs, or visiting them where they live, do things for them or encourage them to do things for themselves. They may be asked to come to a variety of appointments, clinical or office environments, whilst also needing to access their own primary care services closer to home. This can be very confusing for those people with a range of complex or longer term needs.

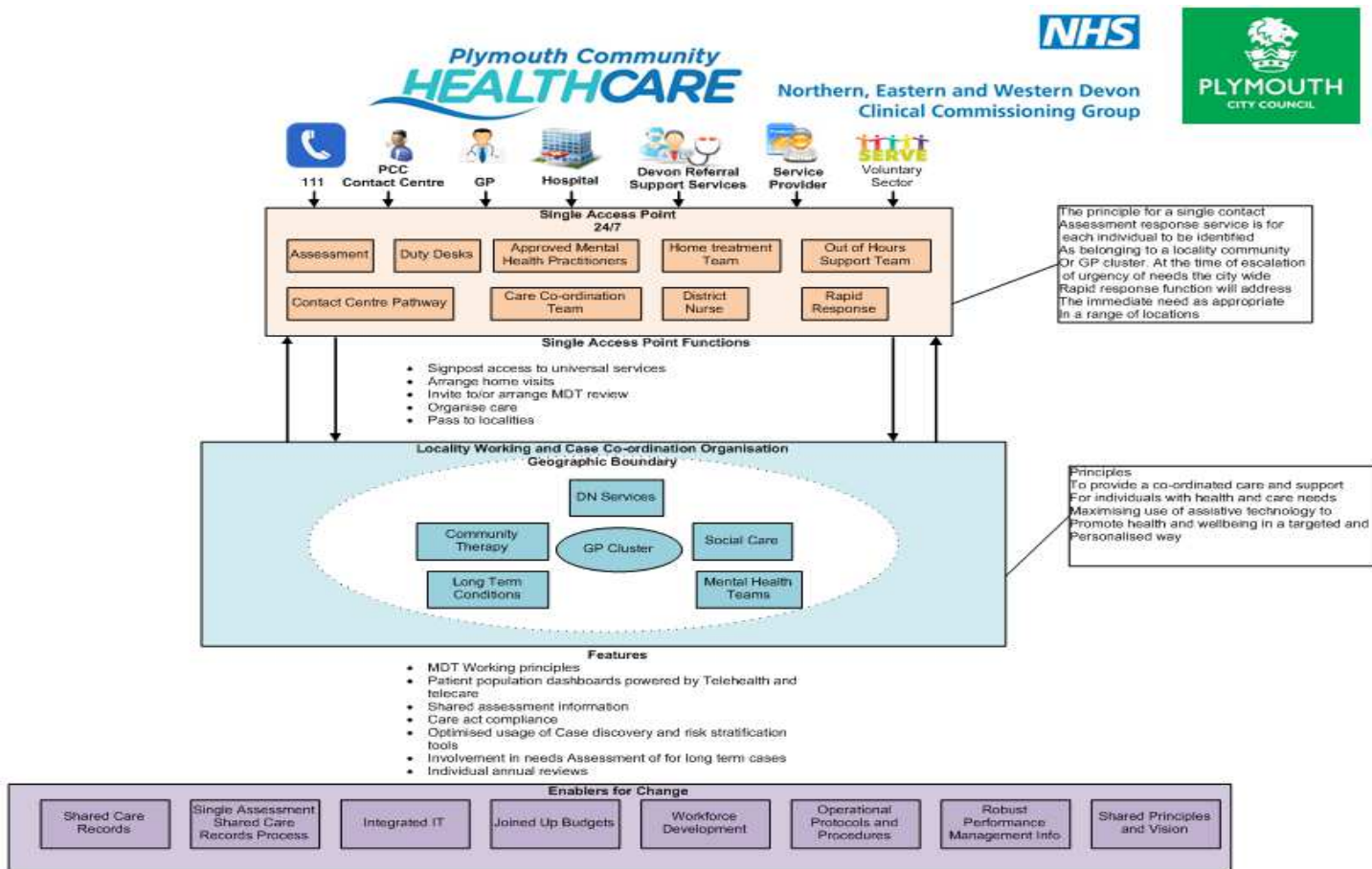
The challenge is to look at how to bring these teams together in a way that allows a more co-ordinated approach to deliver a quicker and less complicated service.

I. Single access point

This is well recognised as a better way of co-ordinating care:

- A single telephone number.
- Available 24/7
- People referring someone for a service will be able to get straight through to discuss the individual/patient with the professional they wish to speak to.
- The team will be multi-professional and co-located.
- The team will run the assessment unit and the rapid response services to the place where someone lives. This will allow for the team to pool skills and expertise, be flexible depending where demand is greatest and be very open to deciding jointly the best environment in which to see an individual or patient.
- Staff will rotate between functions.

The proposed model is illustrated below:



2. Urgent and Rapid response services

The view from the public, commissioners and from these organisations is that this citywide offer would need to be directly available from the single contact point and would provide an urgent response for individuals in times of escalating needs.

For an individual facing the need for some urgent support and/or help, the current service can feel be confusing. From a primary care perspective it is also confusing, when facing the need to get some additional support for someone, especially if this happens out of hours.

Teams within the joint organisation staff workshops were able to identify the range of points of urgent response currently on offer between ASC and PCH. It is anticipated that by joining the functions together which are currently delivered by duty desks across the city individuals' access to the right support can be achieved in a more timely way.

3. Multi-professional localities/case management/longer term care

It generally makes sense for as much care as possible to be provided, organised and delivered in these locality settings. This enables continuity for the patient/individual, links to wider community services and primary care, specific needs/high incidence of specific areas of need in particular areas of the city. There is an import that the teams are resourced to cope with urgent and more planned and preventative care support to enable continuity, rather than handing off the patient/individual to other teams; with all the associated difficulties: lack of continuity of information, the need for reassessment by other teams, confusion over who is doing what and then the question of when does the patient/individual get handed back.

Assessments need to take account of physical, mental and social needs and as such, drives the requirement for the organisations to organise themselves in a way that brings such groups of staff together, to jointly assess, plan, organise and deliver so the persons needs are met. . We need to progress from teams being organised in single professional groups and organising their work in this way, to a multi-disciplinary approach.

There will be a need to accommodate these teams in buildings that allow these multi-professional teams to meet (MDT rooms) and work together on a daily basis, whilst easily accessing the areas of the city in which they need to be available to visit patients and individuals. Staff believed that it would be sensible eventually to design team staffing rotas around peaks and troughs of when workload is referred or is discharged to better meet people needs. With a move to a multi-professional way of working on a day to day basis, it was also felt important to ensure there remain opportunities for single professional supervision, training and governance i.e. a networked organisational model.

These teams would be responsible for the phase of care that also includes assessing long term needs, eligibility for financial support and review in line with statutory requirements to ensure, the continuity of knowledge about the individual is maintained. Locality teams can then build their links and relationships over time, as the GP practices begin to federate and work alongside care homes where many of the most vulnerable individuals reside.

If a patient/individual needs urgent care, the locality will retain responsibility for co-ordinating what is happening and take the patient/individual back after immediate delivery of additional support. This will remove existing team/organisational barriers. Each locality will have a single access point to co-ordinate activity and address enquiries in a timely way.

Whilst initially it is anticipated that teams will incorporate health and social care staff, representatives at the workshops were keen to explore the potential of joining up with the voluntary sector to ensure good access to advice and information on community support available.

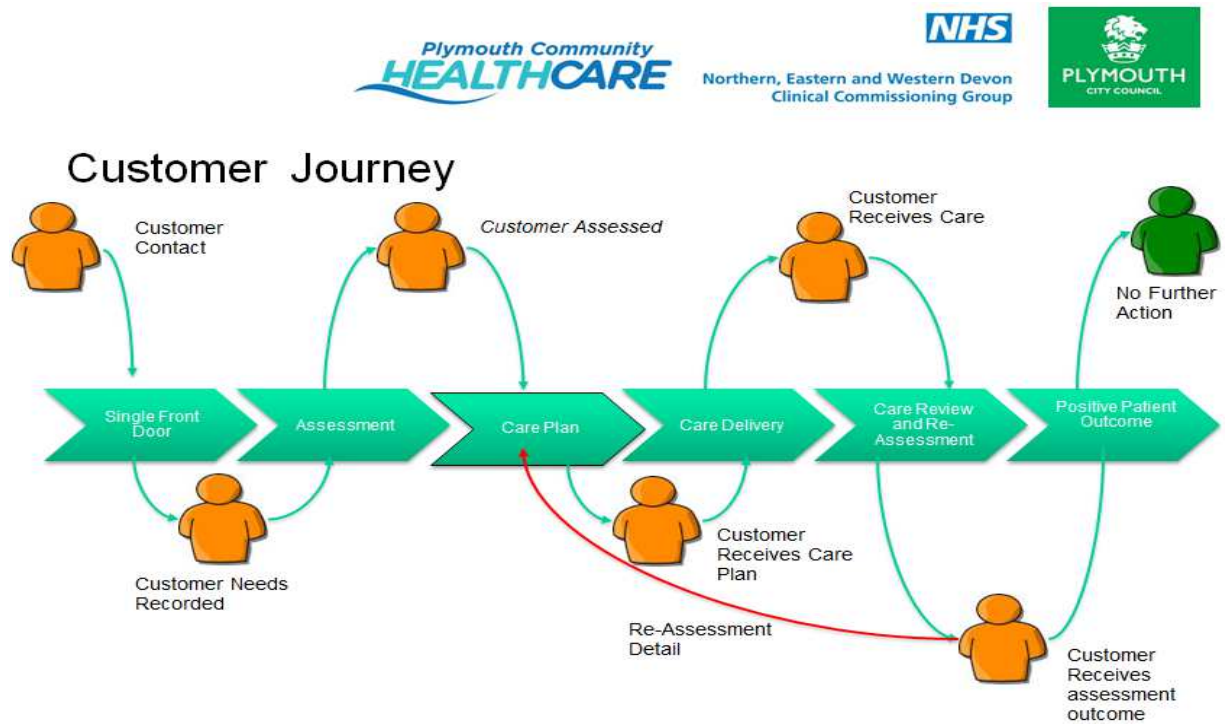
The Locality function will pick up discharges from hospital, undertake regular reviews and reassessments of need. The services may also access the rapid response front door function if needs escalate and a rapid response is required.

The areas identified above are consistent with the feedback received from service users and carers through the Transforming Community Service consultation process and are in line with the Better Care Fund requirements and are summarised in the table below:

Options Considered	Activity	Outcome
Operation Design	Engagement with staff through 'Shaping Our Future' workshops across partner organisations to develop operational design. This combined group has also shaped the design of urgent care, frailty, reablement and complex care delivery.	Emergence of option for a single point of contact, with which firmly places focus on person-centred care. This will be Care Act compliant.
Single Point of Contact	Options considered with staff and subject matter experts to design how the single point of contact could become a reality; how this would look and work. Business architecture has contributed towards building a framework for the design piece.	High level plans have been developed which merges existing contact points to form a multi-professional single access point, open 24hrs, 7 days a week. This will provide a rapid response and assessment function and feed into localities for longer-term care.
Therapy Services	Review to decide how and where services are placed together.	Aim to establish a single referral route, using single assessment principals.
Locality Working	Review of locality working to consider options on how they would operate with a single point of contact.	Each locality/hub will have a single contact point, with teams operating with multi-disciplinary principals, to include for example; Social Care, Community Therapy, Long term Conditions, Mental Health.

IT There are a number of options regarding an IT solution for April 2015, options appraisals are ongoing to investigate the most appropriate solution which will build towards full integration of IT across health and social care. There is requirement for the social care system (CareFirst) to continue to be available post April 2015, however current options intend to make available a single assessment process for all health and social care staff which will involve the health IT system (SystemOne).

The diagram below provides an overview of the customer's journey through a new Integrated Health and Social Care system.



4. Care Records/IT development

The future operational design of a single point of access will require IT systems that can facilitate a joined up approach to health and social care. This workstream will look to enable delivery of seamless health and care support by removing system and institutional barriers. This will enable benefits of health and social care integration to be realised in terms of either release of capacity, or cashable savings.

This project has ambitious plans to integrate IT systems across both Plymouth City Council and Plymouth Community Healthcare (PCH) by using a shared system which will support a single assessment.

There are two main phases to this workstream;

- providing an interim IT solution in time for integration on April 2015; and
- developing longer-term options for full IT integration between organisations post April 2015.

A series of options have been considered for implementation by April 2015 and emerging from those workshops is the requirement for an achievable and realistic solution within this challenging timeframe. Current progress aims to achieve:

- The development of a single assessment (through SystemOne) which will be available to both Health and Social Care employees.
- Providing a shared view for frontline Health and Social Care employees to access both IT systems (SystemOne and CareFirst).
- Utilising NHS numbers as a primary identifier for records and information.
- Maintaining CareFirst for finance function and database, ensuring it is updated to be compliant with the Care Act for April 2015.

The IT work stream continues to work closely with the operational design team to ensure co-ordinated development which will be fit-for-purpose. The interim solution will also contribute towards a phased approach to a full IT integration post April 2015.

There are a number of dependencies to be considered:

- Software licenses require review to establish the number of additional users permitted.
- Resource across IT teams needs to be established as commitment is required to implement solution, update systems and train staff.
- System/IT access needs to be resolved so that employees across partner organisations are able to view required systems on existing equipment or a method made available to allow this access.
- There may be additional cost as a result of the design work, for example location, method or working, hardware requirements etc.
- Reporting requirements need to be resolved through operational design work in conjunction with IT work stream.

Working towards a single central health and care record post April 2015 will realise significant benefits for partner organisations. TPP SystemOne (the digital health records system currently being implemented by PCH) has potential to provide the core platform. In support of this are as follows:

- IT savings from the decommissioning of Plymouth City Council's social care case management and finance system, CareFirst;
- Anticipated benefits from organisational consolidation coupled with pathway redesign and simplification;
- A single assessment process which will drive rationalisation and simplification of business processes and improve patient/individual service experience
- Elimination of duplicate effort and multiple assessment processes
- A significant proportion of GPs within the local CCG area use SystemOne,
- Potential to extend to Children and Young People's data.

The IT workstream will develop options and complete further work to establish if SystemOne is the most appropriate platform given the system needs for social care.

5. Staff in Scope

The PCC staff affected are primarily those within the Adult Social Care part of the People Directorate. The specific teams that are to be considered as part of the integration process and therefore subject to Transfer of Undertakings Protection of Employees (TUPE) transfer are:

- Social Care Assessment and Support Planning Service, including Social Workers, Occupational Therapists, Community Care Workers and their management teams.

The indicative number of frontline delivery staff subject to transfer is 172. This is split across a range of professional, semi-professional, and management staff.

There are a range of back office functions which support this service, however the undertaking relating to "back office" functions will not be considered as part of the transfer until an impact assessment is completed by the Integrated Health and Wellbeing and Co-operative Centre of Operations programmes. This analysis will be presented to PCC Cabinet prior to transfer and as part of the contract award process.

The current staffing budget is £7.9m.

Staff Engagement:

In addition to the 18 workshops already completed; frontline staff have access to fortnightly briefing sessions delivered by the Assistant Director for ASC. There have been regular communications issued and a questions and answers page has been established to gather

feedback. Over the coming weeks, the detail to support the new operating model will be co-designed with current and future users of services along with frontline staff who are affected by these changes. Once the new operating model design has been completed and has been through the due diligence process the intention is to transfer staff from the Adult Social Care provision team from Plymouth City Council to the new provider in accordance with Transfer of Undertakings (Protection of Employment) Regulations 2006 (usually referred to as TUPE), this will be completed by April 2015.

Existing terms and conditions of employment of transferring staff are protected and will transfer with them. The protected terms include such areas as salary, pension, annual leave and sick pay. A further period of 'due diligence' work will be undertaken in order to ensure that the TUPE process is completed in a fair and consistent way.

Workforce Development

In order to support the new integrated model of service provision there will be a requirement that the delivery workforce is remodelled to support the new operational framework. The intention is that employees are aligned in a way that ensures the right skills are in the right place to achieve this.

There are 2400 staff across both organisations with a range of professions and disciplines that will be impacted by the project, there is a widespread acknowledgement that significant investment in workforce development will be required to achieve a truly integrated approach to health and social care support. Over the coming months workforce skills profiles will be developed to support the creation of a system wide development plan and workforce profile to allow for adequate modelling to take place.

The following are some of areas that would benefit from a workforce development targeted approach:

- Breaking down cultural differences across organisations by jointly developing staff
- Understanding of practices across disciplines, professional accountabilities and statutory duties to support co-ordinated working
- Further developing skills and knowledge at all levels that improves current care and support by keeping individuals at the centre

The project recognises the risks associated with change and the impact this has to both staff and service delivery. Fundamental to the new service provision will be a workforce development programme that will support and equip staff through the change process and ensure that the workforce is appropriately skilled to work within the new integrated models that intelligently commission and deliver care tailored to the needs of the individual.

Staff will be supported through this process by:

- Developing the required culture and behaviours of a confident and capable workforce with the appropriate skills and knowledge to deliver the organisations priorities and outcomes.

- Being equipped to be agile and adaptable to requirement changes and allowing the organisations to be able to use their asset base to meet the needs of its customers and the services that it supports by being able to deploy capable staff in the right place at the right time.
- A well-developed system leadership approach.
- The implementation of a toolkit for learning and development which will support staff transition. This will include the development and implementation of processes, governance, policies and tools to meet the needs of staff.

Through the operational design process an analysis of existing practices and functions will be undertaken and a program will be developed that focuses on how best to support staff through the transition. Ultimately the success of a well-integrated workforce will be evident in the community through the impact it has on the wellbeing of the individuals receiving support, however success will also be measured by:

- Improved staff retention
- Increased staff satisfaction and feedback
- Customer surveys
- On-going progression and development of existing workforce (where opportunities present themselves)
- Impact on baseline measurements of performance (to be set once integration is live) through departmental metrics such as numbers of individuals assessed within a set timeframe
- Staff engagement and participation in developing services further.

PROJECT

Next Steps:

- Completion of demand analysis across existing pathways
- Detailed design workshops with frontline staff from PCC/PCH
- Stakeholder/Provider re-engagement events
- Development of the new operating model, protocols and procedures
- Development of cross organisational staff briefings
- Arrangement of shadow opportunities for staff/managers
- Commencement of TUPE consultation
- Development of single assessment framework
- IT Option implementation plan

Communications

The project principles aligned to the integration transformation are;

- **Sharing information** – to plan and deliver intelligently
- **Sharing financial resources** – to maximise the effective use of financial resources
- **Sharing staff** – to enable best use of skill and resources
- **Sharing risk** – to maximise shared gain and mitigate shared losses

Meeting need through the operational re-design of adult health and social care

- | | |
|---|---|
| <p>“I want services that support me to manage my situation in life not just my condition”</p> | <ul style="list-style-type: none"> • Information sharing protocol to be put in place to allow sharing of information across wider range of organisations. • Workforce development to increase awareness of voluntary sector and universal services available to support individuals in the community. • Workforce development to enable staff to support plan with individuals holistically. |
| <p>“I want the information I need to make healthy choices and stay healthy, and to have systems in place</p> | <ul style="list-style-type: none"> • Workforce development to work together with a person to design their health and care needs support plan to best suit their needs • Workforce development to ensure staff are up to date and able to promote telecare / telehealth as well as support them in accessing universal and |

<p>that can help me at an early stage to avoid a crisis”</p>	<p>information services.</p> <ul style="list-style-type: none"> • Care Co-ordination function in place to support individuals in managing their care • Structured care and support plans that focus on meeting need and plan for any breakdowns • System that provides support for carers • Service accessible 24/7 capable of addressing crisis and able to put in place immediate short term support
<p>“I want the ability to talk to a health or social care professional when I need to and to tell my story once-share my information with colleagues”</p>	<ul style="list-style-type: none"> • Single Front Door into community based health and social care • Staff working from a joined up IT system approach • Information sharing protocol to be developed to allow sharing of information across wider range of partners • Single Assessment form that is owned by a locality and that allows contributors to update / add • Access into service 24/7 at first instance
<p>“I want to be able to have services provided in lots of different places, at a time that suits, me having choice and control over the care I need”</p>	<ul style="list-style-type: none"> • Locality model to be created around population need • Access into service to be delivered through face to face visits, telephone assessments and in a clinical environment working in the best environment for the person
<p>“I want access to a range of services that support me and the people who care for me to lead a full and healthy life”</p>	<ul style="list-style-type: none"> • Commitment to increase number of carer assessments and support • Workforce training to identify and support carers earlier

A Communications Plan has been developed jointly by PCC, PCH and the CCG. Key activities in relation to the Integrated Delivery of Health and Social Care include:

- Clear timelines: For stakeholder engagement, both internal and external.
- Identification of all stakeholder groups: Both Plymouth City Council and NEW Devon CCG have existing relationships with stakeholders and agreed approaches and involvement will be decided according to these legacy relationships.
- Clear shared messages: To agree a set of clearly defined messages that both organisations can sign up to and uphold throughout the integration phases.
- Staff as key champions and endorsers: Staff will be taken through the transformation process in an informed way using the evidence base that has been clearly prescribed through these processes.
- Consistent leadership: Leaders within the integration and transformation programme should maintain consistency at all levels.
- A set of agreed principles: Agreed principles that both organisations sign up to throughout the integration programme, as an internal code of conduct.
- Frequently asked questions: A living FAQ document will be maintained throughout the integration programme by the project team.
- Ensuring use of the existing evidence base: Using the TCS process and other engagement and consultation activities that have taken place across the city over the last few years.
- Meet the differing needs for internal and external communications: Communication plan outlines how the needs and requirements of key groups will be met.
- Media use: Digital communications, Social Media, Direct Communications, Face to face, Board to Board and Public Relations.

Focused communications and engagement events have taken place as illustrated in the table below in order to support the co-design process with staff and ensure that the staff groups received information tailored to them. A number of events and communications have been shared between the commissioning and delivery project as these are closely linked and the PCC staff are currently part of the same department.

Integration has also been added as an agenda item to team meetings with appropriate presentations and other materials shared with the teams, and staff have been encouraged to raise any questions with their managers and senior managers.

Date	Project	Event Actions /	Key outcomes/messages	Comms or Engagement (C/E)	Stakeholder	Channel
Future plans						
TBC	Commissioning / Delivery	Whole staff engagement sessions	AD staff engagement sessions on Integration and BAU	C/E	ASC C & D Staff	F2F
TBC	Commissioning / Delivery	Engagement Events	1) HealthWatch, the Octopus project 2) Facebook page 3) Online via web	C/E	ALL	F2F, Social Media, Internet
TBC	Commissioning / Delivery	Sofa/foyer event at WH	Opportunity for staff to discuss with each other and management and ask questions in an informal setting	C/E	Commissioning Staff PCC/CCG, Delivery staff, Staff at Windsor House	F2F
TBC	Commissioning / Delivery	Case Studies	Cases studies to demonstrate positive outcomes of joint working and commitment to projects	C	Staff across CCG & PCC	Staff intranet
TBC	Delivery	Video	Video to explain and promote integration to the city		Public	Integration
TBC	Commissioning / Delivery	Newspaper Article	Launch of integration agenda in the Herald			

Timeline:

Activity	Timeframe
Staff consultation	Throughout September/October 2014
Consultation and Engagement with staff and partners to support remodelling work	September through to November 2014
Due diligence process	Throughout October and November 2014
PCH / CCG contract update	Beginning of November 2014
CCG Governing Body	5 th November 2014 and 3 rd December 2014
Plymouth City Council Cabinet	11 th November 2014
Finalise High Level Operating Design	November 2014
Scope accommodation requirements	November 2014
Commence detailed operational design	November 2014
Develop workforce development plan	November 2014
Finalise integrated/pooled budget accountabilities and monitoring arrangements across organisations	End of November 2014
Provide feedback to Integrated Delivery Specification	End November 2014
Develop Integrated delivery governance architecture	End of December 2014
Commence staff development and training programmes	December 2014
Commence liability arrangements for TUPE of staff	January 2015
Develop and agree workforce structure	January 2015
IT solution in place	End of March 2015
New Integrated delivery structure in place	End of March 2015
Investigate options to integrate IT (SystemOne)	August 2015
Full Integration of IT systems	April 2016

Benefits Map/Profiles

Delivery of health and social care integration will realise recurrent cashable benefits to the Commissioners whilst delivering improved customer outcomes. This supports the requirements for the Better Care Fund to place significant focus on services based in the community, such as:

- Investment in out-of-hospital care,
- Early intervention,
- Admission avoidance,
- Early hospital discharge.

There is effective cross-working in place, with key, trusted relationships to enable and support meaningful collaborative working and realise the full benefit potential that integration can deliver. There is collaborative leadership in place between partner organisations, with the mandate to make the necessary decisions and commit resources to deliver the vision.

Partner organisations have a shared vision and priorities for health and social care integration and there is a firm commitment to achieve this. An integrated programme management approach will coordinate delivery and oversee benefits realisation.

Improved System performance benefits currently scoped are:

- Reduction in non-elective admissions via the provision of timely access to support 24/7 by 3%
- Reduction in admissions to long term care homes by 6% achieved via the provision of good quality preventative services
- Reduction in number of readmissions by 3.5%
- Reduction in the rate of delayed transfers of Care Days by 46%, from 1,572/100,000 to 843.3/100,000 by the end of March 2016
- Increase in number of carers assessments and services

Service delivery benefits for patients/individuals currently scoped are:

- Improved service satisfaction
- Improved wellbeing scores
- Improved carer satisfaction
- Improved access to Universal and Preventative Services for all
- Widespread engagement in how services are designed
- More care delivered in the community
- Better access to condition management information
- People only needing to tell their story once
- Improved sharing of information to enable people to make their own choices
- Support from a well informed professional worker who can provide information or assistance at the time it is needed
- Opportunity to take a lead in the on-going shaping of services
- A single contact place to call when needs arise
- Assistance available 24/7 for when a crisis occurs

Staffing benefits currently scoped are:

- Greater more flexible career opportunities achieved through generic/multi-disciplinary approach
- Improved recruitment and retention performance
- Reduced levels of sickness
- Improved staff morale

The following table illustrates how benefits realisation leads to the Council’s core objectives:

Dependency	Capability Delivered	Project Benefits	Programme Benefits	Council Values
Development of universal services	Integrated IT	Reduction in number of professionals involved in individuals care	Organisational Benefits	We are Democratic
	Single assessment framework	Improved ability to manage the whole system, reduce duplication and wastage and manage variations in demand		
Shared information governance arrangement	Single Management Structure	Increased Wellbeing scores	Financial Benefits	
	Support 24/7	Outcome measures to be determined through contracts		
CCO project - DELT	Intensive co-ordinated multi agency intervention	Increase in carer assessments and support plans	Improvement for Staff	We are Responsible
	Rapid assessment/treatment services	Increased positive response to Individual journey survey (TBD) of those still at home 91 days after		
CCO Project – Support services	Shared commitment to common vision and goals	Reduction in hospitals admissions	Improvement for the Environment	We are Fair
	Single Community provider delivering improved local health and	Reduction in number of delayed transfer of care (days) per 100,000		

	wellbeing	Reduction in non-elective admissions	Improvement for Partners	
P&OD Accommodation Strategy	Simplified collaborative arrangements with opportunities for integration with a greater number of partners	Improved patient experience – more seamless care		Improved Customer Experience
		Greater and more flexible career opportunities		

Details of cashable benefits are captured in the Integrated Commissioning paper as it is commissioning where these benefits will be realised.

Risk Log

Risk (A short summary of the event)	Current Risk Rating	Actions to reduce risk to target
Savings delivered from the integration are not sufficient to meet the funding gap	<i>Amber / Red</i>	<ol style="list-style-type: none"> 1. Development of Budget Recovery plan for ASC to be incorporated into Transformation Plans 2. Incorporate elements of CCG plan arising from PWC Review into project plans 3. Review in July to assess impact on programme 4. Development of robust financial model that incorporates volume/demand data
Disruption to service delivery with an impact on service quality and reputation	<i>Amber / Green</i>	<ol style="list-style-type: none"> 1. As part of business case phase contingency planning undertaken as part of implementation planning 2. Key scenarios identified and mitigation plans developed
Staff/union resistance to the proposed changes and service redesign	<i>Amber / Green</i>	<ol style="list-style-type: none"> 1. Early consultation with Unions 2. Union representation at key workshops. 3. Joint lead rep meeting with PCH 4. Consultation to be undertaken with staff 5. Involvement of staff with Shaping Futures work
Assumptions made will be wrong due to baseline data not being robust and so the business case is undermined	<i>Amber / Red</i>	<ol style="list-style-type: none"> 1. Validation of the baseline data finance, the savings opportunities by service professionals 2. Validation and ownership of the financial model by finance and service areas
New legislation introduced which impacts on plans (e.g. Care Bill and Dilnot)	<i>Amber / Green</i>	<ol style="list-style-type: none"> 1. Remain well-informed of policy and legislative developments and build in necessary changes early and challenge solution development 2. Impact analysis of care act to identify changes and identify solutions
CCO objectives may not be achieved in time to support planned 2014/15 service improvements in People & Place directorates (e.g. finance, HR, ICT, FM, business support). This has the potential to delay achieving cashable savings for the IHWB programme if not resolved	<i>Amber / Red</i>	<ol style="list-style-type: none"> 1. PCC / Portfolio guidance needed on what flexibility and freedom business areas have to determine what it can change independently and where it must follow the corporate line. Clarification over attribution of benefits: savings in support services are attributable to CCO irrespective of origin of the saving (in the same way as all premises savings are P&OD's)

Multiple parties involved resulting in difficulty securing agreement with aspects of service redesign leading to delay in delivering savings and benefits realisation	<i>Amber / Green</i>	<ol style="list-style-type: none"> 1. Key stakeholders identified at the start of the project and engaged regularly 2. Communications plan in place and key stakeholders provided with regular updates 3. Areas of potential disagreement highlighted and discussed early in the process 4. Identification of key decision makers and a dispute resolution process 5. Formal agreements and protocols in place to enable teams to work together
Key Governing bodies, CCG and PCC Cabinet do not support recommendations at November Cabinet and project cannot proceed to Delivery phase	<i>Amber / Green</i>	Brief Portfolio Holders, attendance at Cabinet Planning, share key decisions required with key members at early stage
TCS across the whole of CCG is delayed which impacts on local integration of services	<i>Amber / Green</i>	<ol style="list-style-type: none"> 1. Engage with legal representation at an early stage 2. seek comprehensive legal advice at stage. 3. Understand current contractual arrangements and notice periods 4. Confirm desired options 5. Ensure notice periods are adhered to. 6. Ensure robust documentation is maintained
Lack of resources across project result in key milestones not being met.	<i>Amber / Green</i>	<ol style="list-style-type: none"> 1. Develop programme delivery plan and get cross party sign up to this 2. Cross- party investment planning meeting to agree resource commitment 3. Requirement for Corporate Support (Legal, HR, Finance etc) needs to be managed as there will be a lot of requests for their support and the costs should be fairly split between CCG and PCC
Inability to agree single assessment process across organisations resulting in duplication and poor customer journey	<i>Amber / Green</i>	<ol style="list-style-type: none"> 1. Understand key requirements for all workers 2. Arrange engagement sessions 3. Obtain legal specification 4. Share draft for consultation
Failure to understand the cultural difference between health and social care resulting in poor adherence to eligibility criteria and escalated spend	<i>Amber / Red</i>	<ol style="list-style-type: none"> 1. Arrange shadowing arrangements for managers 2. Develop key learning and development package to support staff through transition
Delay in delivering the single Information Technology (IT) system could impact on co-ordinated working	<i>Amber / Red</i>	<ol style="list-style-type: none"> 1. Identify options to create single customer view across systems to minimise duplication. 2. Develop implementation plan for full integration including cost/benefit analysis and expedite delivery to achieve required outcomes.

Insufficient management capacity to provide leadership through significant change whilst maintaining business as usual demands across the system	<i>Red</i>	<ol style="list-style-type: none"> 1. Minimise impact by ensuring frontline staff are well engaged through communication plans and workshop sessions. 2. Identify potential blockages with Senior Managers/Project Execs
Lack of frontline staff capacity to ensure co-design of new operating system is fully inclusive.	<i>Red</i>	<ol style="list-style-type: none"> 1. Identify issues to Project Execs. 2. provide clarity for frontline staff to assist engagement to be prioritised
Uncertainty for staff regarding TUPE transfer, changes to work base or management arrangements may lead to resistance.	<i>Amber / Green</i>	<ol style="list-style-type: none"> 1. Undertake early mapping of services/teams in scope. 2. Ensure regular staff communication. 3. Engage with Lead Reps, offer appropriate support. 4. Ensure staff inform design processes. 5. Develop accommodation requirements to ensure staff are informed in timely way post November Cabinet decisions
Lack of professional support for adult social workers within health's structure.	<i>Amber / Green</i>	<ol style="list-style-type: none"> 1. Ensure specification for new provider details Professional Support requirements including recruitment to Principle Social Worker and maintenance of Practice Teacher functions
Disparities in Terms and Conditions between Health and Social Care staff.	<i>Amber / Red</i>	<ol style="list-style-type: none"> 1. Undertake mapping of existing T & C's. 2. Staff to transfer with existing arrangements. 3. Identify areas of potential challenge and engage with Unions, HR departments and teams accordingly.
Pension transfers has associated complexities.	<i>Amber / Green</i>	<ol style="list-style-type: none"> 1. Early engagement. 2. Pensions discussions to form part of Due Diligence arrangements.
Current capacity and demand challenges across the system result in difficulty embedding new operating system on time	<i>Amber / Red</i>	<ol style="list-style-type: none"> 1. Identify current waiting lists/blockages across the system. 2. Develop operational action plan. 3. Consider alternative models to improve flow and thus reduce areas of concern. 4. Re-profile elements of workforce to minimise backlog prior to transfer
Ability to release staff to undertake induction and training prior to transfer due to current workload demands	<i>Amber / Green</i>	<ol style="list-style-type: none"> 1. Develop detailed plan of training requirements and dates for delivery to ensure staff can be released at required time
Current accommodation does not allow for full co-location of staff initially	<i>Amber / Green</i>	<ol style="list-style-type: none"> 1. Undertake early mapping of accommodation requirements. 2. Identify those teams who would benefit the most from co-location and prioritise needs accordingly
To consider a shared view of IT, the current license for CareFirst may restrict access to users which will threaten this as an option.	<i>Amber / Green</i>	<ol style="list-style-type: none"> 1. Examine license and consider options available. 2. Possible further negotiations with OLM (CareFirst provider)

<p>ICT resource will be required to support IT options and therefore is dependent on the availability of these teams</p>	<p><i>Amber / Red</i></p>	<p>1. Link into DELT and establish availability of teams to assist in IT project. 2. Plan for most appropriate time to initiate key phases in IT plan.</p>
<p>View access across IT systems (both CareFirst and SystemOne) provides both children's and adults' records.</p>	<p><i>Amber / Green</i></p>	<p>Contact relevant IT teams to establish options around sensitivity of data/data sharing and user access. Develop robust policy and procedures to protect sensitive information.</p>
<p>Joint IT systems will need to provide the necessary reports for statutory performance as well as other indicators, this need to be in place for any IT solution.</p>	<p><i>Amber / Green</i></p>	<p>1. Establish current reporting needs and availability of systems to provide reports. 2. Consider design of new reporting procedures through new systems.</p>

Recommendations

Supported by the above information it is recommended that:

4. Cabinet approves the high level operating model for Adult Social Care proposed in section two of this document.
5. Cabinet approves the transfer of staff in scope of this project through the use of TUPE arrangements.
6. Cabinet approves the detailed design that is being proposed and authorise its implementation in partnership with staff and stakeholders and are in support of the actions that will take place as outlined in this document.

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PLYMOUTH CITY COUNCIL

Subject: Co-operative Children and Young People's Services
Committee: Cabinet
Date: 11th November 2014
Cabinet Member: Councillor Sue McDonald
CMT Member: Carole Burgoyne (Strategic Director for People)
Author: Judith Harwood (Assistant Director for Education,
Learning and Families)
Contact details: Tel: 01752 305960
Email: Judith.Harwood@plymouth.gov.uk
Key Decision: Yes
Part: 1

Purpose of the report:

The purpose of this report is to seek Cabinet's endorsement of an updated Business Case that sets out how Plymouth City Council, in conjunction with partners, is to take forward Co-operative Children and Young People's Services in line with the priorities set out in the Plymouth Children and Young People's Plan 2014-2017¹, and the Outline Business Case, approved by Cabinet on 15th July 2014.

The Cooperative Children and Young People's project, within the Integrated Health and Wellbeing programme, will develop and deliver new models of working with schools, health partners and other agencies who work with children and families to create cooperative, collaborative and effective services that are integrated and sustainable. Inequality and disadvantage will be a focus and issues identified by the Fairness Commission will be tackled through a new way of looking at system leadership and collective ownership of long standing challenges.

The outcomes from the project are:

- The prioritisation of delivering an enhanced prevention and early intervention capability. Children, young people and families will feel and be safe, achieve more through education, be healthier and have access to meaningful employment. They will be treated with dignity and respect. They will feel they have control over the services that meet their needs and personal outcomes.
- The improvement of educational outcomes for all and raising aspiration through an enhanced and integrated way of delivering school to school support and school improvement.

¹ Not yet approved by Cabinet and in draft

- The extension of school organisation and support services through creation of cooperative trading companies where assets can be distributed to meet need.
- The development of community learning and support for neighbourhoods through the creation of a cooperative joint venture between Plymouth Adult and Community Learning Service (PACLS) and voluntary sector organisations.
- The creation of a Local Authority Trading Co-operative Company: the healthy, local, school food co-operative in the light of school funding reforms. The co-operative trading company through its partners as shareholders will work to deliver efficient, economic, viable and sustainable services, committing budgets to provide fair access to services for all and for the benefit of all.

The Brilliant Co-operative Council Corporate Plan 2013/14 – 2016/17:

The propositions made in this business case align to the Plymouth City Council Corporate Plan by working co-operatively to meet the objectives of creating a Caring and Pioneering Plymouth. It also aligns to the Health and Wellbeing Board's vision of achieving integration by 2016, as decided in June 2013.

This project will support the Corporate Vision through:

- Being **pioneering** in developing and delivering quality, innovative brilliant services with our citizens and partners that make a real difference to the employability, health and well-being of the residents of Plymouth through challenging economic times.
- **Growing** Plymouth through learning and community development, creating opportunities for vulnerable people to develop, making us and them stronger and more confident as a result.
- Putting citizens at the heart of their communities and work with our partners to help us **care for Plymouth**. We will achieve this together by supporting communities, help them develop existing and new enterprises, redesign existing services which will in turn create new jobs, raise aspirations, improve health and educational outcomes and make the city a brilliant place to live, to work and create a future for all that reflects our guiding co-operative values.
- Raising aspirations, improving education, increasing economic growth and regeneration people will have increased **confidence in Plymouth**. With citizens, visitors and investors identifying us as a “vibrant, confident, pioneering, brilliant place to live and work” with an outstanding quality of life.

Read more: <http://www.plymouthherald.co.uk/50-pledges-Plymouth-Council-vows-light-landmark/story-21254488-detail/story.html#ixzz36yTnC7nz>

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

Transformation resources will be required for the duration of the project. These should be internal where possible and so will rely on staff being temporarily released from other areas of the organisation.

Requirement for Corporate Support (Legal, HR, Finance, etc.) will need to be managed due to the current high volume of requests for their support.

Project costs should be equally split between CCG and PCC where appropriate.

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:

The proposals strengthen our approach to both Child Poverty and Community Safety by focusing on early intervention and prevention and giving every child the best start to life. In line with our Co-operative commissioning principles, the approach adopted aims to build both community and individual capacity. Children living in families affected by poverty will feel the benefit of improved family health and wellbeing which directly and indirectly affects economic stability and resilience. Taking an integrated approach to a strong, self-improving school system, will support 'closing the gap' between Free School Meal and non-Free School Meal children.

No specific Health and Safety Issues have been identified.

The project will follow the Risk Management Strategy set out for Transformation Programmes and Projects by the Portfolio Office.

Equality and Diversity

Has an Equality Impact Assessment been undertaken? Yes

When considering this proposal it is important to have due regard to the public sector equalities duties imposed upon the Council by section 149 Equalities Act 2010 to

- Eliminate unlawful discrimination, harassment and victimisation and
- Advance equality of opportunity between people who share a protected characteristic from those who do not and to
- Foster good relations between people who share protected characteristics and others

The relevant protected characteristics for this purpose are: (a) age; (b) disability; (c) gender reassignment; (d) pregnancy and maternity; (e) race; (f) religion or belief; (g) sex; (h) sexual orientation.

Compliance with the duties in this section may involve treating some persons more favourably than others.

A programme wide detailed equality impact assessment has been carried out and will continue to be updated through this process.

Recommendations and Reasons for recommended action:

It is recommended that Cabinet approve the Business Case that sets out how Plymouth City Council, in conjunction with partners, is to take forward Co-operative Children and Young People's Services in line with the priorities set out in the draft Plymouth Children and Young People's Plan 2014 – 2017.

In doing so, we will be responding to a number of challenges and opportunities and ultimately, improving the experience of children, young people and their families in Plymouth.

Approval will ensure the implementation of the following:

1. Early Help capability
2. Targeted Services (SEND)
3. New School Improvement System
4. Knowledge, Intelligence and Planning
5. Traded Services
6. Youth Services

Alternative options considered and rejected:

'Do Nothing'

This option has been considered however has been rejected due to partners being committed to improving services and outcomes for individuals and communities; and to the significant and time-critical budget pressures facing Plymouth City Council and NEW Devon CCG.

A number of options were considered in the Outline Business Case and the design of the subsequent recommendations has been developed considerably. During the design process, further, more detailed options have been considered. These have mainly been around the type of delivery vehicle (in-house, outsource, joint venture, LATC and the partners involved) that should be formed. Detailed analysis has indicated that each situation is unique and different legal entities are appropriate for the individual circumstances of a spin out of a Council function. These are discussed in more detail in the Full Business Case section of this report.

Published work / information:

Corporate Plan 2013/2014 – 2016/2017, Report to City Council, ²nd July 2013.
<http://www.plymouth.gov.uk/mgInternet/documents/s48110/Corporate%20Plan%20Full%20Council%2022.07.13.pdf>

The Brilliant Cooperative Council Three Year Plan, Report to City Council, 6th September 2013.
<http://www.plymouth.gov.uk/mgInternet/documents/s48110/Corporate%20Plan%20Full%20Council%2022.07.13.pdf>

NHS NEW Devon CCG Five-year Strategic Plan (draft), 4 April 2014
<http://www.newdevonccg.nhs.uk/who-we-are/what-is-clinical-commissioning/commissioning-framework/100925>

The Brilliant Cooperative Council Three Year Plan, Report to Cooperative Scrutiny Board, 6th October 2013.
<http://www.plymouth.gov.uk/modgov?modgovlink=http%3A%2F%2Fwww.plymouth.gov.uk%2FmgInten et%2FieListDocuments.aspx%3FCId%3D1071%26amp%3BMid%3D5544%26amp%3BVer%3D4>

Transformation Programme, Report to Cabinet ²5th March 2014, including the IHWB Outline Business Case.
<http://www.plymouth.gov.uk/mgInternet/documents/s53610/transformation%20cabinet%20march%222014%20final%20MCv1%202.pdf>

Plymouth Children and Young People’s Plan 2011 to 2014, Published by Plymouth City Council, May 2011
http://www.plymouth.gov.uk/pcypt_plan_20112014.pdf

Draft Plymouth Children and Young People’s Plan 2014 to 2017

Background papers:

Title	Part I	Part II	Exemption Paragraph Number							
			1	2	3	4	5	6	7	

Sign off:

Fin		Leg		Mon Off		HR		Assets		IT		Strat Proc	
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Originating SMT Member: Judith Harwood (Assistant Director for Education, Learning and Families)
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Has the Cabinet Member(s) agreed the contents of the report?	Yes
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DRAFT Business Case

Programme Name:	<i>Integrated Health and Wellbeing</i>		
Date:	24/10/14	Version:	0.19
Project:	Co-operative Children and Young people's Services		
Author:	Judith Harwood		
Owner (SRO):	Carole Burgoyne and Jerry Clough		

Document Control

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Location	File Address	Date

QUALITY REVIEWERS: (General QA and accuracy)

Name	Position	Signature	Date
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Portfolio Office	Sue Thomas		
Business Technical Architect	Rob Cole		
Programme Accountant	Guy Marshall		

SIGN OFF:

Position	Name		Date
Senior Responsible Owner	Carole Burgoyne & Gerry Clough		
Portfolio Office	Sue Thomas		
Business and Technology Architecture	Rob Cole		
Portfolio Accountant	Guy Marshall		

REVIEW AND APPROVAL PROCESS:

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EXCEPTIONS/WAIVERS

Detail waiver/ exception	Requested by	Reason	Agreed by	Decision ID

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Preface: Transformation background and overview

**An introduction to Plymouth City Council's Transformation Programme
Context**

2002-12: A Decade of Improvement

The City of Plymouth has had an extra-ordinary journey over the past ten years. A decade ago, it had a reputation as a city of low aspiration with a lack of vision, weak financial and strategic planning, poor relationships between agencies, and service delivery arrangements that did not meet the needs of all of its citizens. An acknowledgement of the determined and sometimes inspired effort that was then made to improve the city came in 2010 when the Council was voted 'Highest Achieving Council of the Year' by the Municipal Journal. Behind that accolade, foundations had been laid by successive political administrations of a clear, ambitious vision for the city, sound financial management arrangements, the development of strong strategic partnerships and a determined focus on the improvement of service delivery. The Council has acknowledged and embraced its role as a key player in influencing the broader city and regional agenda, driving economic growth and making coherent contributions to broader policy-making.

Drivers for Transformation:

The Brilliant Co-operative Council with less resources

On its adoption of a new Corporate Plan in July 2013, the council set the bar still higher, to become a Brilliant Co-operative Council. This 'Plan on a Page' commits the Council to achieving stretching objectives with measurable outcomes, and also sets out a Co-operative vision for the Council, creating a value-driven framework for the way that it will operate as well as the outcomes that it is committed to achieve. The Corporate Plan was developed using the principles of a Co-operative Council. It is a short and focused document, but does not compromise on its evidence base, and was co-developed with the Cabinet of the Council, before being presented in person by members of the Corporate Management Team to every member of staff throughout the council at a series of 74 roadshows. The positive results of this commitment to strong communications and engagement were evidenced by 81% of council staff responding to the workplace survey conducted in October 2013 agreeing that they understand and support the values and objectives set out in the Corporate Plan.

OUR PLAN THE BRILLIANT CO-OPERATIVE COUNCIL



CITY VISION

Britain's Ocean City

One of Europe's most vibrant, waterfront cities where an outstanding quality of life is enjoyed by everyone.

CO-OPERATIVE VALUES

One team serving our city

WE ARE DEMOCRATIC

Plymouth is a place where people can have a say about what is important to them and where they can change what happens in their area.

WE ARE RESPONSIBLE

We take responsibility for our actions, care about their impact on others and expect others will do the same.

WE ARE FAIR

We will be honest and open in how we act; treat everyone with respect; we will champion fairness and create opportunities.

WE ARE PARTNERS

We will provide strong community leadership and work together to deliver our common ambition.

OUR OBJECTIVES

Creating a fairer Plymouth where everyone does their bit

PIONEERING PLYMOUTH

We will be pioneering by designing and delivering better services that are more accountable, flexible and efficient in spite of reducing resources.

GROWING PLYMOUTH

We will make our city a great place to live by creating opportunities for better learning and greater investment, with more jobs and homes.

CARING PLYMOUTH

We will promote a fairer, more equal city by investing in communities, putting citizens at the heart of decision-making, promoting independence and reducing health and social inequality.

CONFIDENT PLYMOUTH

We will work towards creating a more confident city, being proud of what we can offer and growing our reputation nationally and internationally.

THE OUTCOMES

What we will achieve by this plan

- The Council provides and enables brilliant services that strive to exceed customer expectations.
- Plymouth's cultural offer provides value to the city.
- A Council that uses resources wisely.
- Pioneering in reducing the city's carbon footprint and leading in environmental and social responsibility.

- More decent homes to support the population.
- A strong economy creating a range of job opportunities.
- A top performing education system from early years to continuous learning opportunities.
- Plymouth is an attractive place for investment.

- We will prioritise prevention.
- We will help people take control of their lives and communities.
- Children, young people and adults are safe and confident in their communities.
- People are treated with dignity and respect.

- Citizens enjoy living and working in Plymouth.
- Plymouth's brand is clear, well known and understood globally.
- Government and other agencies have confidence in the Council and partners: Plymouth's voice matters.
- Our employees are ambassadors for the city and the Council and they are proud of the difference we make.

#Plymouth
www.plymouth.gov.uk/ourplan



The economic, demographic and policy environment affecting public services is accepted as the most challenging in a generation. At the same time as an aging population is placing increased demand on health and social care services, the UK is facing the longest, deepest and most sustained period of cuts to public services spending at least since World War II. The Council's Medium Term Financial plan identified in June 2013 funding cuts of £33m over the next three years which, when added to essential spend on service delivery amount to an estimated funding shortfall of circa £64.5m from 2014/15 to 2016/17, representing 30% of the Council's overall net revenue budget.

The Council has shown remarkable resilience in addressing reduced funding and increased demand in previous years, removing circa £30m of net revenue spend from 2011/12 to 2013/4 through proactive management and careful planning. However the Council has acknowledged that addressing further savings of the magnitude described above while delivering the ambitions of the Corporate Plan will require a radical change of approach.

Review of existing transformation programmes

The council commissioned Ernst and Young in June 2013 to:

- Examine the council's financial projections and provide expert external validation of our assumptions about costs and income in the medium term
- Review the council's existing transformation programmes and provide a view as to whether they will deliver against the Corporate Plan
- Provide advice as to how the council might achieve the maximum possible benefit through a revised approach to transformation

Ernst and Young validated the council's current Medium Term Financial Plan based on projections and assumptions jointly agreed, and judged it to be robust, taking into account the complex financial landscape and changing government policy.

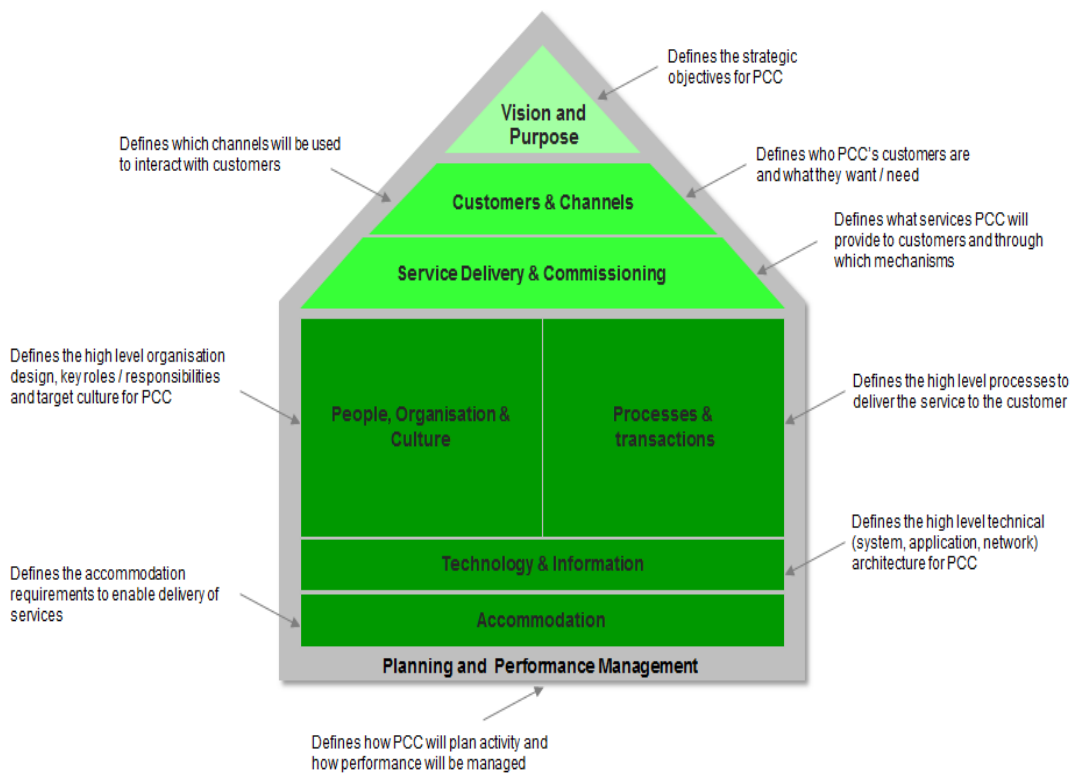
The council has initiated a number of far-reaching and ambitious change programmes over 2012-13 to address the twin aims of addressing financial constraints and improving service delivery. These include:

- Investment in Customer Transformation and Core ICT infrastructure (Cabinet approval September 2012)
- ICT Shared Services: DELT (Cabinet approval October 2013)
- Redevelopment of the Civic Centre and future accommodation requirements (Cabinet approval September 2013)
- Modernising Adult Social Care Provision (Cabinet approval January and August 2013)
- Co-location with Clinical Commissioning Group at Windsor House (Cabinet approval January 2013)

In addition to feedback and advice about individual programmes, the Council received advice that has been carefully considered, and which has informed the overall design of the Transformation Programme and the content of the business cases for the five programmes.

Vision and Direction: The Blueprint

The Council has responded to concerns that, despite strong support for the Corporate Plan from both officers and members, there was a lack of clarity about how the Corporate Plan translates into practical action and a danger that the council might be attempting to ‘do the right things, but in the wrong way’. After significant consultation with Members and over 100 staff from all levels and disciplines within the organisation, the Council’s vision for the Brilliant Co-operative Council has been translated into a Blueprint which describes the capabilities which the Council will need in the future. These capabilities will be commissioned by the council and will result in services being delivered by the Council and a variety of other organisations operating across the public, community and voluntary and private sectors. The components of the Blueprint are illustrated below:



To inform the development of the main components of the Blueprint, a number of principles have been developed co-operatively with Members, senior officers and staff to ensure that the values set out in the Corporate Plan guide how the Blueprint is developed.

Governance and Oversight

The council has also responded to advice that governance and oversight arrangements for transformation projects would benefit from being strengthened. Whilst ensuring that the council's existing constitutional arrangements for decision making are unaffected, a number of bodies have been put in place to ensure a co-ordinated approach is taken to oversight of the Transformation programme. The detail of the transformation governance arrangements were considered by the council's Audit Committee on 13 March 2014 and can be summarised as follows:

Members

- The Transformation Advisory Group builds cross party dialogue, understanding and consensus on Transformation, and is chaired by the Cabinet Member for Transformation, comprising the Shadow Leader, Chair of the Co-operative Scrutiny Board and an additional ruling group Member.
- The Co-operative Scrutiny Board and Panels provide scrutiny within their terms of reference

Officers

- The Transformation Portfolio Board co-ordinates the delivery of the Blueprint, prioritises decisions within and between programmes, ensures effective engagement, ensures overall resourcing and delivery of the programme and recommends Programme Business cases and exceptions. It is chaired by the Chief Executive and comprises Senior Responsible Officers for the Programmes, the Transformation Director, engagement leads, finance and HR Responsible Officers and the Head of the Portfolio Office
- Programmes are led by a Senior Responsible Officer, who is accountable for the successful delivery of the programme, achieving desired outcomes and realising expected benefits and is responsible for chairing the Programme Board and leading the Programme
- Each project within the five Programmes is led by a Project Executive who is accountable to the Senior Responsible Officer for the successful delivery of the Project, and chairs the Project Board.
- The Portfolio Office provides co-ordination and support across all the programmes and projects and ensures that sufficient capacity and capability is in place to deliver the overall programme.

I. Executive Summary

I.1 Current Situation

The population of Plymouth is set to grow and we are experiencing an increasing strain on Children's Services, especially in the numbers of children requiring a Child Protection Plan. The relationship with schools continues to change, with more funding going to schools. The consequence of these changes is the need to work in a co-operative manner with partners in health, education and the third sector, to ensure the more efficient and effective provision of services.

Increasingly, the emphasis will be on the early provision of less intensive service supports, working in a multi-disciplinary, multi-agency, family-focussed way, which will prevent situations from becoming critical and requiring expensive, statutory service responses.

I.2 Benefits and Capabilities

The benefits and capabilities that the project will deliver include:

- Reduced costs of service provision
- Reduction in expensive, statutory provision of services
- Increased educational attainment
- Increased resolution of issues affecting families
- Improved partnership working
- Creation of centralised data repository of contact with children and young people
- Increased level of community involvement

I.3 Strategic Fit

This project is aligned to the values of the Brilliant Co-operative Council through its consultation on the proposed new ways of working with external agencies, partners and customers taking responsibility for improving outcomes for children and young people; delivering services which assess all customers in a fair and honest way; and working in an integrated way with our partners to deliver services.

The Early Help approach, which will be implemented across all of the departments in scope, will prioritise prevention and thereby reduce health and social inequality whilst using Council resources more efficiently. This approach is being driven by a desire to continue and improve on our existing high level of social responsibility.

Through recognising each child and young person as an individual with a unique combination of need, and providing an action plan that matches these needs, services will be more flexible and efficient, resulting in a greater level of accountability with reducing resources.

Working with partners and other agencies, the emphasis will be on building the capacity of individuals and communities to provide self-help. The review of Youth

Services is instrumental in this approach, creating a significant number of community helpers, receiving coaching and mentoring by PCC staff.

The implementation of a Co-operative Children's Partnership Board will provide governance to a set of new entities that bring together appropriate and willing partners. These will share management responsibilities and pool budgets, and will result in improved educational achievement from early years through to adulthood.

The project is part of the IHWB Programme and is aligned to its strategic principles of:

- Helping individuals to stay well and achieve their potential
- The integration of health, care and education services
- The personalisation of support
- A family approach, where appropriate
- Increasing capacity through integrating with our partners

1.4 Scope

The project consists of the following work streams:

- Early Help – the transformation of care provision
- New organisational entities
- Cluster model
- Trading Services
- Co-operative commissioning

1.5 Financial Summary

The table below is a summary of the expenditure and savings for the project over three years. It demonstrates the value to the Council of undertaking the project in order to achieve the service quality and financial gains that will contribute to the Council's strategic objectives.

	Yr 1 £	Yr 2 £	Yr 3 £	TOTAL £
SUMMARY INFORMATION (ANNUAL)				
PROJECT COSTS	289,702	322,963	0	612,665
OTHER COSTS	0	0	0	0
TOTAL COST	289,702	322,963	0	612,665
CASHABLE BENEFITS	450,000	621,000	1,009,000	2,080,000
Cumulative NET COST(-) / BENEFIT (+)	+160,298	+458,335	+1,467,335	+1,467,335

The benefits shown above do not include savings from the reduction in overheads as these are being counted within the CCO Programme. In this way,

the CCYPS project is enabling the delivery of benefits as well as being directly responsible for the delivery of the above.

1.6 Recommendations and Decisions Required

It is recommended that approval is given to the implementation of the following:

- Early Help capability
- Targeted Services (SEN)
- New School Improvement System
- Knowledge, Intelligence and Planning
- Traded Services
- Youth Services

2. Case for Change

The case for change was comprehensively documented in the Outline Business Case, however, it is summarised below.

The population of Plymouth is estimated to grow by 4.7% by 2016 and the increase in numbers of children is likely to put a further strain on education, health and social care services in the future. There has also been a significant increase in the number of looked after children subject to a Child Protection Plan and it is anticipated that this trend will continue without intervention and change.

The relationship between the Local Authority and the schools of Plymouth is responding to the changing national picture. With funding continuing to go directly to schools and the academisation of many schools, PCC retains many of its statutory functions and strategic responsibilities, whilst having fewer resources to intervene when necessary or champion the wider issues of inclusion, employability and aspiration.

The Munro Principles, which establish how local authorities and their partners, should provide services to children and young people (early help, family support, the provision and measurement of effective help etc) are an integral part of the design work being undertaken on this project.

For services to be effectively and efficiently delivered in the future, it will be necessary to work in a co-operative manner, which will build capacity and deliver on the Munro principles.

There continues to be a financial imperative to reduce costs of service delivery.

The Children and Families Act 2014 was designed to give greater protection to vulnerable children and has reformed the systems for adoption, looked after children, family justice and special educational needs.

The Government has also transformed the system for children and young people with special educational needs, including those who are disabled (SEND), so that services can consistently support the best outcomes for them through commissioning and working in a more integrated way.

The Act, together with the guidance within Working Together to Safeguard Children 2013 emphasise the importance of early help as a means to provide a more timely response to children, young people and their families which focusses on a coordinated approach to improve outcomes for families. Within Plymouth, there is a wide recognition that better information for families, good communication across agencies and coordinated planning will enable us to use our resources to better effect in order to support children, young people and families when difficulties arise. We already have a strong system in place to deliver the Common Assessment Framework (CAF) but this now needs to be expanded into a whole system approach to develop an Early Help offer and pathway.

The Early Help review will create a pathway from the point of early identification. It will include the early help assessment of need and provision of early help services which are delivered in a coordinated way. A tracked pathway will mean that there will be a clearer understanding of the need within families, including a chronology of early help support. This provides staff with the essential information to support effective planning and allocation of resources.

The services included within the Early Help offer are wide but it is recognised that there is not a shared understanding across families or workers about the range of support that can be accessed to contribute to a plan. Early Help can draw on universal services, family and parenting programmes, support for children with additional needs, and more targeted services for substance misuse, alcohol and domestic abuse. By developing a more coordinated approach planning and the provision of support services, the work will improve family functioning and build capacity within the family to become more able to address their own difficulties and use the support services available within the City.

2.1 Current Situation

The Project is continuing to develop the detailed design for all work streams in order to ensure implementation will take place as early as possible. The detailed design is aligned to the PCC Enterprise Architecture and the design described in the Outline Business Case. It is also ensuring:

- Alignment with our Brilliant Co-operative Council Plan
- Escalating demand for children's social care services is minimised
- Prevention is used as a way of driving down higher end demand
- Improved outcomes from targeted support
- Alignment of resource, particularly with schools and health partners, leading to improved outcomes
- Reducing resource wherever possible, without a detrimental effect on service provision

- The creation of a stronger, more resilient market of service provision

2.2 Benefits and Capabilities

The benefits and capabilities for the project are described below.

Early Help

- Reduction in expensive, statutory provision of services
- Increased elimination of issues for children and young people
- Increased educational attainment
- Increased resolution of family issues
- Creation of a centralised data repository of contact with children and young people

Cluster Implementation

- Reduced costs to the Council through management reductions and increased capacity being delivered through partners
- Co-operative working with key partners through improved services to the child or young person
- Increased educational achievement

Youth Services

- Increased level of community involvement through trained volunteers, community development and joint delivery
- Reduction in funding requirements through integrated management and delivery
- Increased level of Preventative and Targeted Support
- Improved offer for particularly vulnerable groups e.g. Care Leavers and Service alignment and response to recommendations from national learning such as the Jay Report
- Increased opportunities for Young People to have involvement in the decisions that affect them

Trading Services

- Service subsidies eliminated
- Surplus for re-investment created
- Increased efficiency of workforce

The financial benefits will be achieved through a combination of the following:

- Reduction in management posts
- Increased revenues
- Elimination of subsidies
- Increased productivity
- Reduction in overheads
- Reduction in salary and other costs from new recruits

3 Strategic Case

3.1 Scope

The purpose of the Co-operative Children and Young People's Services Project is to establish, guided by a set of principles, a system that will improve outcomes using fewer resources. A range of co-operative entities for service delivery will be enhanced or created and governed by citywide partnerships and cooperation.

Within the People Directorate, functions from the following departments are affected:

- Education, Learning and Families
- Homes and Communities
- Children's Social Care
- Adult's Social Care (Disability and Day Care)

As a result of this project, changes to these departments will include the functions that they perform, the processes that they use to deliver their operational services, some elements of the technology used and an overall reduction in their operational budget.

The project is governed and guided by the Independent Health and Well-Being Programme. The People Directorate Review, an IHWB Programme-level activity will also have an impact on the subsequent organisational structure for the departments in scope.

On 15th July 2014, Cabinet approved the Outline Business Case for this project and since that time, progress has been made in all areas of activity. This Business Case will provide an update on that progress, providing assurance that the benefits previously outlined are on track to be achieved and to seek approval for further work to be undertaken in order to fully implement the project scope.

This will be achieved through the following projects:

- Transformation of care provision for children and young people through co-operating with other departments and agencies to provide co-ordinated:
 - Information, advice and guidance
 - Early Intervention & Prevention
 - Intense and statutory activities with a re-configured CSC
 - The integration of Family Support within CSC
 - SEND services
 - Provision of Youth Services
- New organisational entities:
 - Education Catering – JV with schools (included for reference as Educational Catering will be implemented in January 2015)
 - PACLs – JV with Shekinah and YMCA (included for reference as PACLs is subject to a separate Cabinet Report)
 - Others as developed through design work
- Cluster model with new governance
 - Teaching and Aspiration (a new system of school improvement)

- Knowledge, Intelligence and Planning
- Community and Extended support
- Increased trading with schools
 - To improve effectiveness and resilience
 - To produce surplus for re-investment
 - To eliminate subsidies
- Co-operative Commissioning
 - A city-wide implementation of multi-disciplinary and multi-agency commissioning of services for children, young people and their families

32. Strategic Fit

This project is aligned to the values of the Brilliant Co-operative Council through its consultation on the proposed new ways of working with external agencies, partners and customers; taking responsibility for improving outcomes for children and young people; delivering services which assess all customers in a fair and honest way; and working in an integrated way with our partners to deliver services.

The Early Help approach, which will be implemented across all of the departments in scope, will prioritise prevention and thereby reduce health and social inequality whilst using Council resources more efficiently. This approach is being driven by a desire to continue, and improve on, our existing high level of social responsibility.

Through recognising each child and young person as an individual with a unique combination of need, and providing an action plan that matches these needs, services will be more flexible and efficient, resulting in a greater level of accountability with reducing resources.

The design work undertaken on Family Support and Early Help has established the principle of integrating some teams within an existing service structure which covers related functions. The Family Support Review work is at an advanced stage due to the urgency associated with completing service change to respond to growing demand and rising costs. It remains part of an overall principle and philosophy around integrating all Early Help functions but due to the size and scope of this piece of work the design work is progressing at different rates. It is generally the case that phase one of this transformation will manage the internal changes required to bring functions together. Phase two will commence integration with external partners and phase three will complete transformation once the delivery vehicle for a comprehensive and co-operative Early Help function is understood and agreed.

The current Family Support design document is included as Appendix I.

Working with partners and other agencies, the emphasis will be on building the capacity of individuals and communities to provide self-help. The review of Youth Services is instrumental in this approach, creating a significant number of community helpers, receiving coaching and mentoring by PCC staff.

Through adopting an approach, which recognises a continuum of need and consequently provides a continuum of support, children and young people will be kept safe and confident that when they require help, it will be provided to them.

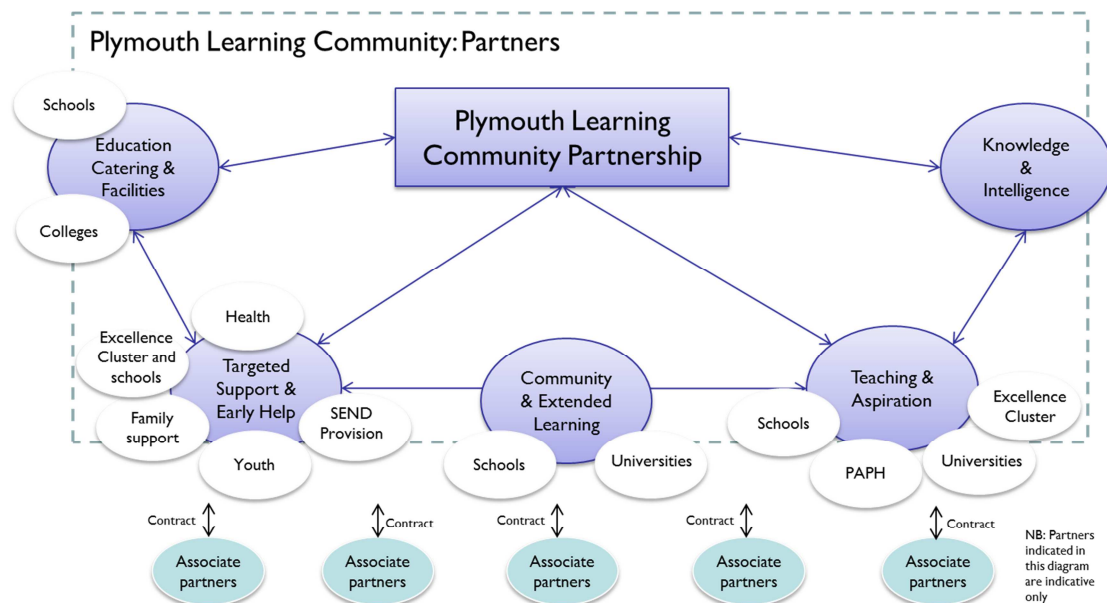
A significant new entity will be a Local Authority Trading Company (LATC) similar to that which has been established for Educational Catering. This LATC will incorporate many of the current functions within ELAFS and will receive its revenues from two major sources; the schools' purchasing of their services; and the Council's commissioning of their services.

An overarching element of governance which will be implemented towards the end of Phase One will be the Co-operative Children's Partnership Board. This will have the following key responsibilities:

- Quality Assurance of service provision across Plymouth
- Provision of strategic leadership on the types and capacity of service provision

In this way, PCC will continue to exercise their strong, strategic influence on the provision of services to the children and young people of Plymouth.

The diagram below demonstrates how the project will integrate PCC and third sector organisations in the delivery of services.



The project continues to work with government agencies in the pursuit of excellent practice. The early intervention and prevention approach is being developed in conjunction with the Early Intervention Foundation, through exchanging practical ideas about achieving outcomes. The successful implementation of the SEND project has applied the philosophy of early intervention and is regarded as a pilot for the directorate's approach to Early Help.

It is envisaged that benefits can also be realised from the integration of the Adult Disability Service and related functions with the Children's Integrated Disability

Service (CHIDS). In this phase of transformation it is recommended that the strategy is formed that describes a seamless pathway for users and their families. It is anticipated that from April 2015 PCC staff can begin to operate as one integrated disability team whilst work is undertaken to understand how best to deliver an improved offer to users at best value.

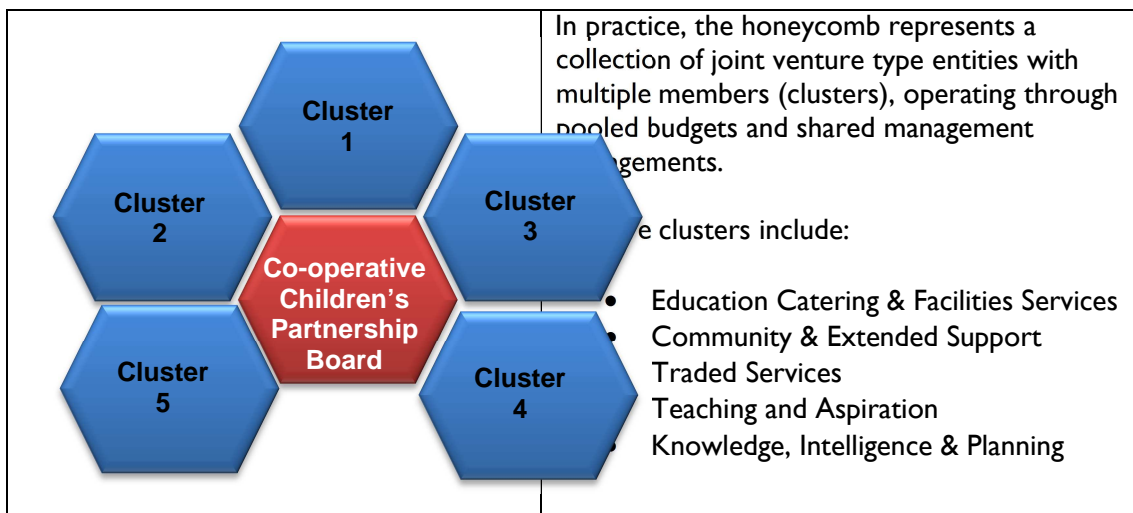
Work has already begun to ensure that our key partners of the Police, Health and Education are fully engaged with the new, co-operative approach to service provision.

Schools are in the process of transferring their Early Intervention resource into the CiC owned by schools (PAPH CiC). This resource is called the Plymouth Excellence Cluster (PEC) and provides support, upon request, to primary schools in the city. It is funded by schools through the DSG and backed by a decision by the Schools Forum. It comprises over 70 staff and they offer learning mentors, therapists, family support workers, educational psychology (in partnership with PCC) and a range of other behaviour support and preventative interventions.

In the last two years the relationship and working arrangements between PEC and PCC has very much improved and we anticipate that the future service will be an integrated one. It will not possible to achieve full integration in this phase of transformation and design work will continue whilst the Early Help offer is created in parallel. Operationally, the offer will continue to be joined and work will be done to establish the commissioning need and intent that will service the city's needs. It is also critical, from a PCC and family perspective, that the Early Help offer is not restricted to age or stage.

The Police continue to be engaged with the project, participating in the CSC Pilot and Youth Services reforms in particular. They are also involved in the on-going design work for Early Help and their active participation in the notification of issues and their resolution is anticipated.

The contacts with Health colleagues continue to strengthen and they are involved in the detailed design discussions that are a precursor to implementation. It is anticipated that they will be significantly involved in the overall delivery of Early Help, in particular, through the establishment of one or more of the Clusters.



The project is part of the IHWB Programme and is aligned to its strategic principles of:

- Helping individuals to stay well and achieve their potential
- The integration of health, care and education services
- The personalisation of support
- A family approach, where appropriate
- Increasing capacity through integrating with our partners

The detailed design that has been developed to date has been validated by the Transformation Portfolio Enterprise Architecture team and is fully aligned. The Project Team, in conjunction with the Programme Team, have undertaken extensive collaboration with other programmes in order to ensure that they are not replicating work being undertaken elsewhere and are informing them of the changes that are being implemented which will affect other programmes. For example, the establishment of the Educational Catering and the PACLs joint venture have an impact on the corporate centre and therefore will require the CCO and Customer Management programmes to take these impacts into account.

In addition, the organisational design that results from the project will also be aligned to the overarching design of the People Directorate Review with its emphasis on a strong separation between commissioning and delivery.

3.3 Assumptions

The Project implementation and benefits plans are based on a set of assumptions, which include the following:

- Implementation Assumptions
 - The organisation has the capacity to undertake this level of transformational change in challenging timescales
 - Appropriate technology will be available within the implementation timescales
 - The business design is implementable
 - There is sufficient change management capacity within the Council
- Benefits Assumptions

- There is adequate commercial experience in the Educational Catering and PACLs joint ventures
- Overhead reductions can be achieved
- The integration of service provision with our partners will release additional capacity

3.4 Strategic Risks

The strategic risks, which have arisen since the approval of the Outline Business Case and are being actively mitigated against, are as follows:

- Whilst our partners are engaged with the change principles, they will require a change to the way that all parties operationally organise themselves, which can be challenging
- The success of co-operative working will be dependent upon high quality information management, which is difficult to achieve in our implementation timescales
- There is little financial data on the effects of early intervention and prevention in reducing the incidence of high needs provision and therefore a balancing of costs
- Schools are required to be more proactive both in respect to children and young people and to other schools. They may not have the experience or capability to fulfil these new roles, notwithstanding training, coaching and mentoring by the Council and other partners

3.5 Constraints and dependencies

The project has the following constraints and dependencies:

- Organisational design changes introduced by the People Directorate Review
- The need for alignment with the organisational design that the Customer Services Transformation Programme
- The organisational design that the CCO introduces for the corporate centre

4 Options Appraisal

The Outline Business Case examined a number of options based around the level of integration of the Council with its partners in delivering the outcomes from the project. Options appraisal has subsequently been limited by the parameters within the Outline Business Case and has been at the detailed design level.

A number of options were considered in the Outline Business Case and the design of the subsequent recommendations has been developed considerably. During the design process, further, more detailed options have been considered. These have mainly been around the type of delivery vehicle (in-house, outsource, joint venture, LATC) that should be formed. Detailed analysis has indicated that each situation is unique and different legal entities are appropriate for the individual circumstances of a spin out of a Council function. Other options appraisals have included the detail of phasing and the sourcing of corporate support services.

The detailed design is available for review if required.

6. Benefits Realisation

The benefits associated with this project are both financial and non-financial and are both general to all of the work streams and specific to some. These are all identified below:

Educational Catering

- Co-operative working with schools to ensure that all schools can deliver their obligations regarding Free School Meals
- Appropriate ICT, HR policies, finance systems to a commercial organisation
- Opportunity to increase service provision beyond catering to schools

Early Help

- Reduction in expensive, statutory provision of services
- Increased elimination of issues for children and young people
- Increased educational attainment
- Increased resolution of family issues
- Creation of a centralised data repository of contact with children and young people

Cluster Implementation

- Reduced costs to the Council through management reductions and increased capacity being delivered through partners
- Co-operative working with key partners through improved services to the child or young person
- Increased educational achievement

Youth Services

- Increased level of community involvement through trained volunteers, community development and joint delivery
- Reduction in funding requirements through integrated management and delivery
- Increased level of Preventative and Targeted Support
- Improved offer for particularly vulnerable groups e.g. Care Leavers and Service alignment and response to recommendations from national learning such as the Jay Report
- Increased opportunities for Young People to have involvement in the decisions that affect them

Trading Services

- Service subsidies eliminated
- Surplus for re-investment created
- Increased efficiency of workforce

The non-financial benefits will be a mixture of actual performance indicators and proxy indicators where it is not possible to directly measure the effect of change. The financial benefits are discussed in detail below.

7. Financial Case

The Benefits Realisation section has described how the outcomes for children and young people will be improved and how the significant financial savings will be achieved. This section describes the costs of implementing the changes necessary and how they are justified in relation to the benefits that generated.

The table below is a summary of the expenditure and savings for the project over three years. It demonstrates the value to the Council of undertaking the project in order to achieve the service quality and financial gains that will contribute to the Council's strategic objectives.

	Yr 1 £	Yr 2 £	Yr 3 £	TOTAL £
SUMMARY INFORMATION (ANNUAL)				
PROJECT COSTS	289,702	322,963	0	612,665
OTHER COSTS	0	0	0	0
TOTAL COST	289,702	322,963	0	612,665
CASHABLE BENEFITS	450,000	621,000	1,009,000	2,080,000
Cumulative NET COST(-) / BENEFIT (+)	+160,298	+458,335	+1,467,335	+1,467,335

The financial benefits will be achieved through a combination of the following:

- Reduction in management posts
- Increased revenues
- Elimination of subsidies
- Increased productivity
- The enablement of the reduction in overheads
- Reduction in salary and other costs from new recruits

There is a maximum of £125K capital costs involved in the project.

The financial summary above has been derived through the following process.

Each of the projects was matched against their appropriate categories of savings and a potential saving calculated. The savings were calculated on the costs of employees (salaries, on-costs and overheads) for both staff and managers. The savings were subsequently validated by corporate finance staff in order to ensure that they have not already been allocated to other activities. The savings were then allocated into different financial years through an analysis of when these benefits were likely to occur.

The activities of all of the work streams were analysed and therefore they include budgets from the ELAFS, CSC and Homes & Communities departments. As a sensitivity check, the total savings were calculated as a percentage of the overall employee costs and this resulted in an overall reduction of 2-3%.

8. Management Case

The design of the Co-operative Children and Young People's project is aligned to the following Business Principles:

- Provision of Services to children and young people from pre-birth to, where appropriate, 25, in a consistent and coherent manner
- Co-operation with Health and Education partners in the provision of services
- Development of the School Improvement capability across the city
- A family approach to helping children & young people
- Enable services to be commissioned by the Council and traded with schools where appropriate
- Creation and development of a Memory of the Child
- Well publicised, easy to access gateway to the provision of multi-agency, partner based services
- Triage by experienced professionals
- Clear responsibility and accountability to deliver services in accordance with the needs of the children and young people.
- Emphasis on early intervention and prevention
- Team around the Child and Family
- Create a stronger, more resilient market of service provision
- The right service provider, internal or external, commissioned or purchased, will always be chosen
- Fewer, specialist-skilled teams with lower thresholds of access within PCC
- Flexibility of support plan
- Measurement of the effectiveness of intervention
- Whilst:
 - Managing the balance of supply and demand
 - Ensuring Safeguarding and Child Protection are paramount

These principles have been used to sense check the design as it has been developed. As a consequence, the design will result in a coherent business system to be implemented which is linked to the defined benefits and objectives sought.

The key elements of design that reflect this process are described below.

The introduction of the Knowledge, Intelligence and Planning cluster which will help to create a stronger market place.

The introduction of a trading cluster which will increase the efficiency and effectiveness of service provision.

The introduction of an Early Help capability will provide a highly visible means of accessing the Council and its key partners' services, aimed at reducing the need for intensive and statutory provision of services. A triage capability will ensure that all children and young people receive appropriate levels of support, from information, advice and guidance, through a multi-disciplinary, multi-agency, family-based action plan, to statutory intervention where required.

The Early Help capability will be introduced in three phases:

Phase 1 - PCC teams will embrace this culture

Phase 2 - The incorporation of Health into this way of working

Phase 3 – The incorporation of Education and other partners into this way of working

This approach which ensure that the level type and level of help is provided at all times. Monitoring of the effectiveness of the help and support provided will ensure that any additional, required help is provided if the issues and problems have not been alleviated by the initial action plan. The Early Help capability will also learn from the monitoring to ensure that future help is more tailored and effective.

The increase in trading of services will alleviate budget pressures, provide funding for re-investment and improve the effectiveness of service provision.

The technology that has been identified as a requirement is an integrated suite of: a customer relationship management system, a workflow system and a data repository. The IHWB Business Architect is undertaking a review of the requirements and matching them against existing PCC systems and those available in the market place. It is anticipated that there will be a phased implementation of the chosen technology, which will run in parallel with the phased introduction of the Early Help capability.

8.1 Project Plan

Project	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15
Early Help												
Development of Design												
Develop Single Front Door												
Develop Central Resource Allocation												
Develop Triage System												
Develop Lead Professional												
Develop IT system												
Implementation of Early Help Cluster												
Traded Services												
Identify Services for Trading												
Development of Co-op dividend												
Agree Co-operative Governance Arrangements												
Design of new trading entity												
Implementation of trading entity												
Cluster Model												
Identify services for clusters												
Agree 3rd party partners												
Develop commissioning strategy												
Agree cluster governance models												
Spin clusters into new entities												
Youth Services												
Complete Phase 3 Transformation												
Phase 4												
Deliver Benefits												
Family Support												
Development of Design												
Identify teams for Transition												
Implementation												
Children Social Care Reconfiguration												
Design of new structure												
Training for common skill set												
Merging of new teams												
Education Catering												
Agree ownership with schools												
Design of Transition												
Spin out to new entity												
PACLS												
Design Transition												
Move from PCC accommodation												
TUPE to On Course South West												
On Course South West becomes legal entity												
Other Projects												
Develop School Improvement												
Agree citywide ambition and aspiration												
Establish children's commissioning function												

8.2 Key Milestones and Dependencies

Key Milestones	Due Date
SEND reforms become statutory	01/09/14
Draft Full Business Case	29/09/14
Cabinet Approval	11/11/14
Education Catering Live as new entity	10/12/14
PACLS relocates from corporate accommodation	19/12/14
Implementation of re-configured Children's Social Care	30/01/15
Creation of Traded Services entity from five clusters	01/04/15
PACLS TUPE into On Course South West	01/04/15
Implementation of Early, Preventative Help model	30/04/15
Implementation of Family Support Model	30/04/15
Completion of SEN review	01/06/15
Completion of Youth Services Review	01/06/15
Cluster model delivered through appropriate alternative entity.	01/06/15

The successful implementation of the project and the achievement of its benefits are dependent upon the following dependencies:

- The provision from the CCO Programme of corporate services to the clusters and other external entities where required
- The reduction by the CCO Programme of corporate services, including ICT, Finance, HR and accommodation in line with the reduced headcount that are directly employed by the people Directorate
- The introduction of business appropriate technology by the DELT Programme
- Successful alignment of the customer-facing elements of this project with the Customer Services Transformation Programme Team

8.3 Key Risk Analysis and Risk Management

	Description	Likelihood	Impact	Mitigation
1	Due to lack of experience of the CYPS Project, the Business Architecture resource does not contribute effectively	H	M	Monitor effectiveness and escalate as necessary
2	Inability to identify a single IT system that meets all services requirements leads to an over complicated system which is difficult to use leading to frustration and mistakes from staff	H	M	Intensive analysis to be undertaken into IT capabilities so that a software programme can be identified at an early stage or that a programme can be designed
3	Lack of communication and engagement means the multi-agency/multi-team approach isn't supported by all parties leading to a lack of successful integration of teams	M	M	Comms and engagement strategy to be produced to ensure all parties are involved in creating the new service.
4	Unknown financial benefits from the project leading to a lack of clarity on the projects finances	M	H	1.) Programme wide finance group to look at financial position and improve the accuracy of any financial forecast. 2.) Programme and Project manager to meet with Transformation Accountant to create a solution
5	By not capturing all of the access points into children	M	H	1. An extended timescale to be given to business

	services, the customer demand analysis will be inaccurate, leading to a solution that cannot meet the level of need.			analysts involved in the customer demand analysis. 2. Early sharing of findings with service managers to ensure accuracy of all access points that are captured.
6	The lack of team members and business staff contributing to the design and implementation will result in only partial benefits being achieved	M	M	Identify key resource levels required and source them from the Portfolio Office and the business
7	Due to timescales there is not enough time to engage with partners to ensure business cases are bought into/signed off	H	H	1. Early capturing of all possible meetings/ events that may affect the project. 2. Regular engagement with relevant sign off leads to ensure Business Case is bought into.

8.4 Quality Assurance

The quality of the products from this project will be measured and evaluated by peer review and the Project Manager. Subsequently they are submitted to the Project Board to ensure that their objectives have been achieved. They will also be submitted to the Portfolio Office for their assurance. Where relevant, products are submitted to the IHWB Programme Board.

Throughout the project the Senior Responsible Owner will evaluate the outputs and findings to ensure that the objectives meet the high level objectives of the mandate that has been received from the approval of Cabinet Reports.

HR will evaluate all areas of objectives that impact on staffing and staffing budgets as well as proposed structures, grades and for a consistent council wide approach to the future implementation of Single Status.

Business Architects from the Portfolio Office will approve the detailed design to ensure that it is aligned with the Enterprise Architecture.

Financial benefits will be tracked throughout the project and assessed independently by the financial representative of the Portfolio Office.

Corporate Technology will be closely involved in any work streams that have an ICT implication to ensure that they comply with the strategic approach to ICT across PCC.

This document will be authorised by Project Board, Programme Board, the Portfolio Office, HR, Finance, Legal and ICT before submission to Cabinet.

8.5 Change Management

The following co-operative approach steps for change will be followed:

1. Preparing for change - Understand the current situation, the case for change, the future vision, consider what needs to be different
2. Designing the change - Involving others, working cooperatively, using co-design principles with stakeholders
3. Making the change - Use of change agents, monitoring progress, listening to feedback, use lessons learned, sharing success
4. Embedding the change - Ensuring the change is sustained and does not revert back to previous state, on-going measurements

The following will be applied within the change process:

- Strong positive leadership through change from outside the project team
- Robust stakeholder analysis
- Regular feedback and review e.g. engagement levels, workshop feedback, customer panels, change readiness survey etc.
- Relevant and tailored communications and engagement activity using the most appropriate mechanisms
- Consideration of co-design for change options
- Maximising opportunities for joined up and collaborative working between services, colleagues and partners

8.6 Communications and Engagement

Communications objectives

The following activities will be undertaken in the Communications work stream:

- Define the objectives and scope of CYPS communications. Produce a stakeholder and audience analysis.
- Define Key messages.
- Define the communication tools
- Define corporate Involvement
- Produce a regular feed into Portfolio Office and PCC
- Produce internal team communications
- Produce partner communications
- Evaluate effectiveness of communications

These will include:

A clear timeline – the project is working to a March 2015 deadline for Phase I, we need a clear timeline for stakeholder engagement, both internal and external this will vary depending on the requirements of each group. The timeline should also recognise that of the wider partner group, particularly for education settings that work to a term-time operating schedule.

Identification of all stakeholder groups – an internal and external stakeholder map needs to be developed as part of this plan, affected service areas have existing relationships with stakeholders and agreed approaches and involvement will be decided according to these legacy relationships.

Clear shared messages – to agree a set of clearly defined messages that affected service areas and partners can sign up to and uphold throughout the implementation phases. The messages should be in an agreed language by Assistant Directors and any barriers to communication through previous organisational language should be addressed. A glossary of agreed terms should be worked on to make available to all stakeholders.

Frequently asked questions – a living FAQ document will be maintained throughout.

External Communications – All external communications must be designed and developed by SMEs and approved at board level. All external publications or publicity produced on behalf of any Council service must be approved by Corporate Communications before being designed or printed. This includes printed and electronic newsletters, leaflets, posters and signs. Further advice and guidance can be found [here](#).

Meet the differing needs for internal and external communications – clearly there are two key sets of communications channels: internal – *this reflects staff, practitioners, members*, and external – *the public, clients, service users, providers etc*. The communication plan needs to show how the needs and requirements of these key groups will be met.

Internally middle managers are key and should be clear of their involvement and expectations within the integration and transformation programme.

Schedule of Communication Key Dates

Date	Event	Description	Comment
05.09.2014	Message in PAPH newsletter	Promoting engagement with education partners	From Judith Harwood
17.09.2014	Extraordinary SENCO conference	Early Help orientated	Judith Harwood to open?
18.09.2014	Head Teachers conference	SEND orientated	Judith Harwood to open
27.09.2014	Early years providers conference	Will focus on requirements of SEND code of practice but will cover Early Help	Senior Manager TBC to open.
04.10.2014	School Governors conference	SEND CoP orientated but will cover wider C&YP project	Senior Manager TBC to open.
13.10.2014	Formal consultation with staff side starts	Meeting 1 – Staff absent for sickness, maternity, paternity etc to be written to.	
20.10.2014	Formal consultation with staff side	Meeting 2.	
27.10.2014	Formal consultation with staff side	Meeting 3	
03.11.2014	Formal consultation with staff side	Meeting 4.	
31.03.2015	Implementation		

	date		

8.7 Framework and Methodologies

Programme Management Methodology.

Management of Portfolio, Managing Successful Programmes and Prince 2 methodologies will be used as tailored specifically for Plymouth City Council Transformation Portfolio through the Align Framework. See S:\Transformation\Portfolio Office

Judith Harwood

Assistant Director for Education, Learning & Families

Appendix I – Family Support Review

Review

1.0 Introduction

1.1 This review is part of the Children and Young People's IHWB Transformation Programme; it is closely linked to the Early Help and CSC projects within the programme. A phased approach has been adopted and this is the review of the targeted Family Support provision is phase one of the Early Help part of the programme.

1.2 Family Support aims to empower and enable families to take control over their lives and move forward in positive ways. It works in a holistic way; providing structured support for the whole family, using a diverse range of tools in order to:

- Develop stability of the family, aspirations, confidence and competence of adults in their parenting abilities;
- Helping improve relationships within the family to ensure safe, stable, and supportive families who are connected to their communities;
- Enable the emotional and physical wellbeing and development of children in the family and the life chances of the family as a whole.

1.3 Family Support has following characteristics:

- Family driven, meaning there is a true partnership with families;
- Comprehensive, flexible, and individualized to each family based on their culture, needs, values and preferences;
- Build on strengths to increase the stability of family members and the family unit;
- Utilise informal and formal family supports.

2.0 Scope

2.1 In Plymouth there is a wide offer of family support delivered by services across health, early years and schools as well as specialist support in services such as disability services.

2.3 The scope of the Family Support Review encompasses dedicated services for families currently delivered by Plymouth City Council (PCC), including Families With a Future (FWaF), Family Intervention Project (FIP) and FS elements of Children's Social Care (CSC) as well as posts in other PCC services delivering family support, including:

- Intensive Support Team (IST)(Youth Services)
- Intensive Family Support
- Integrated Early Years & Support
- Rapid Response
- Social Inclusion (FWaF posts)
- Family Intervention Project (FIP)
- Family Group Conferencing
- Plymouth Parent Partnership (PPP) (parenting Support only)

2.4 The following areas have been out of scope:

- Children Centre Family Support
- Parent & Child Placement Team

- OAC Rooms
- CHIDS FSWs
- Adult Services – however clear link with commissioning plans for adult services
- PPP Advice & information Services?

3.0 Local needs and demands

3.1 The review has undertaken an analysis and evaluation of local needs that has included data re

- Population, including deprivation, multi-occupancy and single parent households;
- CSC data, including referral rates, CP plans, and the reasons they are subject to plans, CinC;
- Troubled families/FWAF ;
- CAF and early help;
- SEND

3.2 Children's Social Care

- In 2013/14 there were 4776 referrals to Children's Social Care in, 71% (3391) of these proceeded to assessment. This represents an 18.9% increase in referrals from the previous year;
- There was also a 26.6% increase in the number of child protection plans in 2013/14 compared to the previous year;
- The main problems facing families with children subject to a Child Protection Plan were Domestic Abuse (29.5%), Unsafe Parenting (32.78%), Drug Misuse (7.4%), Alcohol Misuse (8.8%), Parental Mental Health Problems (12.9%) and at Sexual Risk from an Adult (6.1%).

3.4 Domestic Abuse

- Numerous studies tell us that in 65-77% of households where women and men are subject to domestic violence, children are also physically maltreated.
- In Plymouth, police are called to over 2000 domestic abuse incidents a year where children are present.

3.5 National Troubled Families Agenda - 2015 onwards

- Early start option – a further 363 more families will come into the programme by March 2015;
- This is anticipated to grow by 2,420 in the next five years;
- Crime, ASB, school absence, children who need help, worklessness & financial exclusion, domestic abuse and health problems are all now factors that signal inclusion into the programme;
- There is a requirement to implement a cost benefit tool for tracking outcomes.

3.6 Children with SEN

- There is a significant rise in children with BESD and ASC which is beginning to adversely affect school placements;
- Increased anxiety or lack of social understanding, which results in either self-harm or suicidal thoughts, outbursts of rage and anger which involve harm to others (often parents) and the police / social care becoming

involved, or depression and withdrawal from usual activities / attending school.

4.0 Summary of the Family Support Review Analysis

4.1 Plymouth transformation team analysts have undertaken a review of the range of services providing family support looking at:

- Who is using the services – how many people and what is their need?
- When can they access the services – what are the thresholds?
- What are the outcomes for the families?

4.2 Each service can demonstrate that they have a clear eligibility and threshold for accessing the service; however outcomes and targets are not so clearly defined across all services. There is a high level of evaluation and outcome data for FIP, and impact has been evidenced within IST, and FGC services particularly in terms of reducing the need for some children and young people to come into care, and ensuring step down from CP plans. The payment by results data reflects impact for the families within the identified FWAF cohort. However it was not possible to identify impact of specific aspects of the work across all teams and service areas.

It was also clear that it was not always the case that different services knew when others were, or had been involved.

4.3 In order to have evidence of the success and impact of Family Support Services in Plymouth, the outcomes from the journey of the child and family needs to be measurable across all services. This should include ease of access by performance monitoring teams and management to the outputs. This is currently not consistently evident.

4.4 The range of referral points, acceptance criteria and separate service offer creates a complex picture for families, and other professionals and practitioners negotiating these thresholds in order to receive the support they need.

5.0 Workforce Engagement in the review

5.1 A series of workshops with managers and with frontline staff have taken place.

The workshops focussed on improved outcomes that the service will prioritise.

5.2 The managers agreed a mission statement for the family support service:

‘To provide the right support at the right time so that children and young people grow up in a safe and loving family. Families experiencing difficulties and problems will be enabled and supported to can equip their children to be resilient and confident.’

5.3 Staff across all services included within the scope of the review were invited to a series of workshops held in September that were tasked to consider the following recommendations:

- A uniform approach to assessment and care planning to include clear outcome monitoring;
- A training programme and tool kit is created for Family Support, ensuring a range of evidence based interventions;

- The current workforce also has a range of specialisms to meet a range of presenting need, held at the moment in different service areas which might be better utilised across the Family Support service;
- Future Service Offer

5.4 Common themes from the workshops included:

1. There are a large number of tools available to support workers undertaking assessments and reflecting the voice of the child/young person. Some tools are universally used in all service areas and some are only used by individuals or single services. A review of the current tool kit and recommendations for moving forward to have a consistent tool kit for all services.
2. Currently all staff receive training and mentoring before undertaking assessments. There is a risk to new joiners and refresher training for current staff as the availability of training has been reduced.
3. There was not full confidence that all services can evidence the success of targeted outcomes for children, young people and families. Reviews and monitoring work are undertaken; however the tools and data recording systems differ across the service areas. It is not possible to identify re-referrals between the services.
4. Current access to specialisms across the family support services varies depending on teams.
5. Preference for a centralised case recording system. Currently the different service areas are unable to access each other's databases and this causes silo working, duplication and an overlap of support. It was strongly felt that this is a key issue that's needs addressing in order to improve the family support service.
6. Breaking down barriers and working together with partners and other agencies. Develop better agreements for sharing of information with professionals, sharing of resource data and cross agency working. It may be that systems currently under review (e.g. Holistix and/or Capita One) could be utilised here.
7. The current timescales for working with families needs to be more flexible. Work can be restricted to up to 8 weeks, 12 weeks or a long term approach of up to 12 months depending on the service area. The advantage of long term working with families is the ability to build relationships with each family member. Alternatively some families don't need to have long-term support, therefore a more needs led approach rather than time led approach is appropriate. This is aligned to the concept of the continuum of care.
8. Improving the management of crisis response to cope with the increase in demand:
 - Rapid response balanced against carrying caseloads;
 - Understanding the access points for crisis, police or CSC OOH';
 - Vacant posts not recruited against therefore loss of resource.

6.0 Recommendations

6.1 A single outcome framework for Family Support. This needs to be further developed in response to a greater understanding of need and consultation with families and stakeholders.

6.2 A single point of referral to Family Support, and a single coordinated response to ensure that families get the right response at the right time. This should link to the Early Help single front door.

6.3 A single assessment and care planning model to include clear outcome monitoring. This will ensure a consistent offer for families, underpinned by best practice.

6.4 A training programme and tool kit is created for Family Support, ensuring an evidence based offer of a range of interventions that can demonstrate outcomes for families.

6.5 Services are configured to create a clear and effective offer that reduces the risks of families “falling through the cracks”. This can best be achieved through bringing together all of the teams, within the scope of the FS review, under one management structure.

6.6 The service will build on assessments and interventions that already evidence direct impact and therefore improved outcomes.

6.7 The service develops an outcomes framework that includes:

- Improving the ability of vulnerable parents to prioritise their children, keeping them healthy and protect them from harm;
- Application of consistent affection and setting of boundaries, including those in separated and reconstituted families children;
- Preventing children and young people requiring a Child Protection Plan;
- Improved relationships and the reduction of conflict within families;
- Increased parental ability to manage behaviour difficulties
- Increased aspiration across the whole family, including
 - ✓ Improved family stability and reduction in chaotic and harmful behaviour
 - ✓ Improvement in family financial management
 - ✓ Reduction in debt
 - ✓ Improved engagement in education, training or employment for both adults and children.
 - ✓ Reduction in persistent absenteeism, fixed term and permanent exclusions
- Prevent intergenerational poor outcomes, ensuring positive transition to adulthood
 - ✓ Prevention of homelessness, including youth homelessness
 - ✓ Reduction in crime and anti-social behaviour within families
 - ✓ Reduction in anxiety, anger, self-harm and depression for young people
 - ✓ Increased coping mechanisms for dealing with stress and distress

6.8 That the service uses a performance framework using suggested KPI's that will include the numbers of

- children prevented from entering the care system
- children where decisions in respect to permanency outside of the family are made in a more timely fashion due to evidence provided from family support

- Reduction of repeat referrals to children's social care
- families where there is a reduction fixed term, permanent exclusions and persistent absenteeism for all children in the family
- young people at risk of youth homelessness living safely with family, relatives or friends
- Number of families where there is a reduction in domestic abuse incidents (121a) in the family
- families at risk of homelessness retaining their tenancy
- families where there is a reduction in anti-social behaviour incidents
- families where there is a reduction in criminal activity committed by young people
- families where parents and young people post 16 are engaged in training and education or employment

6.9 Agreed and common thresholds and referral criteria as set out below.

6.10 For brief interventions, mediation and parenting programmes:

- Families who have inconsistent and unclear parenting skills or hostile and rejecting relationships with their children, where there is significant impact upon children and young people's outcomes that cannot be managed by Early Help services.
- Young people at risk of homelessness.

6.11 For more intensive family support, where the Family Support Worker becomes the lead professional:

- Those for whom brief interventions and parenting programmes have not improved outcomes and where children's behaviour problems are escalating, including those with repeat fixed term exclusions and entrenched persistent absenteeism problems or young people becoming homeless.
- Families have chaotic and/or dysfunctional behaviour and/or erratic or neglectful parenting that is having a significant impact of children and young people's outcomes, including problems with parental:
 - (i) Domestic Abuse
 - (ii) Substance Misuse
 - (iii) Mental Health
 - (iv) Long term unemployment
 - (v) Offending
- Families are involved in high risk (dangerous, abusive or reckless) anti-social behaviour or offending behaviour that is having a negative impact on the community or may result in them losing (or has resulted in them losing) their home.

7.0 Structures and Potential Efficiencies

7.1 The proposal means that there will be a bringing together, and integration of: IST, Family Support Teams, Intensive Family Support, Integrated Early Years & Support, Rapid Response, FWAF, FIP, and FCG, within one service area. There will be a continuum and range of support until 'step-down', or step up if more formal interventions are required, careful and measured handover to relevant service (i.e. CSC, ASC, NHS, and PCH etc.).

7.2 This proposal would require staff to change the way they currently deliver services and where they currently 'sit' in relation to their teams and management. It is anticipated there would be no changes at this stage to existing Role Profiles. However, a review of role profiles is recommended in due course.

7.3 The management structure would need to be reviewed and ratios of Manager to Direct Reports agreed. A flatter structure might be more effective in completing tasks and projects faster, but may not put in place desired (or statutorily required) supervision.

7.4 Organisational analysis will be required once the strategic direction and shape of the People Directorate has been determined.

7.5 Savings will come from the following measures:

- Reduction in senior and frontline management costs currently set against the troubled families grant;
- Review of funding practitioners working with the troubled families cohort of families that are not currently funded through the grant;
- Review of services commissioned through the troubled families grant
- In the medium to longer term savings will be achieved, that will ensure sustainable business model, as outcomes impact on numbers of referrals to CSC.

7.6 The extent of management efficiencies and savings will also be contingent on the outcome of the People Directorate Review.

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PLYMOUTH CITY COUNCIL

Subject:	Plymouth Adult and Community Learning Service: Full Business Case.
Committee:	Cabinet
Date:	11 November 2014
Cabinet Member:	Councillor Sue McDonald
CMT Member:	Carole Burgoyne (Strategic Director for People)
Author:	Judith Harwood (Assistant Director for Education, Learning and Families)
Contact details:	Tel: 01752 305960 Email: Judith.Harwood@plymouth.gov.uk
Key Decision:	Yes
Part:	1

Purpose of the report:

The purpose of this report is to seek Cabinet's endorsement of a Full Business Case that sets out how Plymouth Adult and Community Learning Service (PACLS) will establish a Community Joint Venture company in conjunction with Shekinah and Plymouth YMCA to maintain the current universal service and build on specialist opportunities. This is a project within the Co-operative Children and Young People's Project plan; the Outline Business Case for which was approved by Cabinet on 15th July 2014. It is in line with the priorities set out as part of the Cooperative Council and draft Plymouth Employment and Skills Plan 2014.

The Cooperative Children and Young People's project, within the Integrated Health and Wellbeing programme, will develop and deliver new models of working with schools, health partners and other agencies who work with children and families to create cooperative, collaborative and effective services that are integrated and sustainable. Inequality and disadvantage is a focus and issues identified by the Fairness Commission will be tackled through a new way of looking at system leadership and collective ownership of long standing challenges. The intention behind this Community Joint Venture is fully attuned to these goals.

The outcomes and benefits to be realised from the Community Joint Venture are:

- Ensuring the continued delivery of community and neighbourhood based learning for all residents across the City whatever their interest or requirements;
- Building on the learning offer to those seeking assistance with skills development;
- Allowing access to the expertise held by the leaders of two established charities, with the venture being able to effectively target and engage with vulnerable groups accessing services from these charities;
- Creating a seamless service for learners - increased levels of learner engagement and achieving greater value for money;

- Promoting the economic well-being agenda across the City through linking the priorities of the service to the Plymouth Employment and Skills Plan;
- Increasing the Venture's ability to generate increased levels of income, allowing for the reinvestment of surpluses into community priorities;
- Allowing the Venture to make timely decisions to address performance and market opportunities;

The Brilliant Co-operative Council Corporate Plan 2013/14 - 2016/17:

The propositions made in this business case align to the Plymouth City Council Corporate Plan by working co-operatively to meet the objectives of Growing, Caring and Pioneering Plymouth. It also aligns to the Health and Wellbeing Board's vision of achieving integration by 2016, as decided in June 2013.

This project will support the Corporate Vision through:

- Being **pioneering** in developing and delivering quality, innovative brilliant services with our citizens and partners that make a real difference to the employability, health and well-being of the residents of Plymouth through challenging economic times.
- **Growing** Plymouth through learning and community development, creating opportunities for vulnerable people to develop, making us and them stronger and more confident as a result.
- Putting citizens at the heart of their communities and work with our partners to help us **care for Plymouth**. We will achieve this together by supporting communities, help them develop existing and new enterprises, redesign existing services which will in turn create new jobs, raise aspirations, improve health and educational outcomes and make the city a brilliant place to live, to work and create a future for all that reflects our guiding co-operative values.
- Raising aspirations, improving education, increasing economic growth and regeneration people will have increased **confidence in Plymouth**. With citizens, visitors and investors identifying us as a "vibrant, confident, pioneering, brilliant place to live and work" with an outstanding quality of life.

Read more: <http://www.plymouthherald.co.uk/50-pledges-Plymouth-Council-vows-light-landmark/story-21254488-detail/story.html#ixzz36yTnC7nz>

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

Transformation resources will be required for the duration of the project. These should be internal where possible and so will rely on staff being temporarily released from other areas of the organisation.

Requirement for Corporate Support (Legal, HR, Finance, etc.) will need to be managed due to the current high volume of requests for their support.

Project costs should be equally split between CCG and PCC where appropriate.

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:

The proposals strengthen our approach to both Child Poverty and Community Safety by focusing on early intervention and prevention and economic resilience through the development of skills. In line with our Co-operative commissioning principles, the approach adopted aims to build both community and individual capacity. Children living in families affected by poverty will feel the benefit of improved family health and wellbeing which directly and indirectly affects economic stability and resilience. The new Service will be aligned to the Skills Plan in particular to: 'Preparing for Work and Addressing Worklessness' and 'Improving Core Skills'.

No specific Health and Safety Issues have been identified.

The project will follow the Risk Management Strategy set out for Transformation Programmes and Projects by the Portfolio Office.

Equality and Diversity

Has an Equality Impact Assessment been undertaken? Yes

When considering this proposal it is important to have due regard to the public sector equalities duties imposed upon the Council by section 149 Equalities Act 2010 to

- Eliminate unlawful discrimination, harassment and victimisation and
- Advance equality of opportunity between people who share a protected characteristic from those who do not and to
- Foster good relations between people who share protected characteristics and others

The relevant protected characteristics for this purpose are: (a) age; (b) disability; (c) gender reassignment; (d) pregnancy and maternity; (e) race; (f) religion or belief; (g) sex; (h) sexual orientation.

Compliance with the duties in this section may involve treating some persons more favourably than others.

A programme wide detailed equality impact assessment has been carried out and will continue to be updated through this process.

Recommendations and Reasons for recommended action:

The Full Business Case sets out how Plymouth Adult and Community Learning Service (PACLS) will establish a Community Joint Venture company in conjunction with Shekinah and Plymouth YMCA. This is a project within the Co-operative Children and Young People's Project plan the Outline Business Case for which was approved by Cabinet on 15th July 2014. It is in line with the priorities set out as part of the Cooperative Council and draft Plymouth Employment and Skills Plan 2014.

PACLS is rated 'good' by Ofsted and its reputation and performance has strengthened considerably over recent years. Funding from the Skills Funding Agency (SFA) has reduced however and competition in the field is vigorous. PACLS wishes to maintain and develop its offer to adult learners, particularly those requiring additional core or basic skills for employability and well-being. The service has now explored externalisation of PACLS via a cooperative company as an option for service delivery.

PACLS has therefore developed a business case and is requesting approval to transfer the current service to an independent joint venture involving PACLS and two community partners – Shekinah and YMCA. The community joint venture (CJV) would be called 'On-Course South West' and would operate as a not for profit social enterprise. If established, the CJV would have more freedom to design and deliver a wider range of learning opportunities, access increased levels of external funding, while also ensuring the continuation of targeted community learning to the most vulnerable across the city. This would not undermine the existing adult education offer that allows people to pursue formal and informal learning opportunities according to their interests, hobbies and employment aspirations.

PACLS holds high aspirations for learners and this is shared by partners. Each partner has expressed a commitment to establishing a social enterprise that allows for the re-designing of the service, resulting in operating efficiencies that improve outcomes and support the development of the local and regional economy.

It is recommended that, subject to final due diligence checks and negotiations with partners, Cabinet accept this proposal to establish the service as a CJV on the 1st April 2015.

The final decision to proceed is delegated to the Cabinet member for Transformation and Change in consultation with the Cabinet Member for Finance and the Cabinet member for Children & Young People. This is providing that the degree of risk, as advised by officers, of proceeding after the completion of due diligence, negotiations with partners and implementation planning is acceptable. The reason for this is to allow implementation to continue without further Cabinet approval, within the tolerances set out in the business plan subject to the satisfactory outcome to negotiations with partners.

Subject to On-Course SW receiving this authorisation to proceed, an implementation stage is being undertaken between September and November 2014, involving the establishment of a shadow Board of Directors before the formal establishment of the CJV.

Alternative options considered and rejected:

'Do Nothing'

This option has been considered but has been rejected due to partners being committed to improving services and outcomes for individuals and communities through the sustainable development of the Service. Should an alternative delivery vehicle not be established, PACLS is at risk of generating significant and continuing operating losses due to lack of market agility, the cost of support charges, anticipated reductions in SFA funding and the lack of new income streams being developed to supplement reductions in grant income.

Plymouth City Council would be required to significantly reduce the level of service provision, to the detriment of learners/learner outcomes, staff, stakeholders and the City. Both community learning and adult skills provision would be reduced (in line with anticipated funding reductions). Trading losses would

be incurred as the service would not have the freedom or access to the necessary expertise or capacity to generate revenue to offset these funding losses.

Plymouth City Council would be required to sustain these operating losses and maintain the redundancy liabilities identified (as well as pension deficit liabilities). Skills Funding Agency contracts explicitly exclude the use of funding to cover workforce related liabilities. Should these losses continue, it is considered likely that the Council would need to consider significantly reducing or closing the Service.

Any reduction in delivery would generate negative publicity arising from public perception that services have been cut both directly to adult learning and indirectly to third sector organisations (via sub-contracts) due to the inevitable reduction in the size and scope of service. Council customer research showed that residents place high value on learning services.

A Public Service Mutual

PACLS previously submitted a Business Plan detailing their ambition to establish as a Public Service Mutual (PSM) early in 2014. Feedback from members of the PCC Transformation Board indicated that while the establishment of a PSM was a possibility, the viability of establishing the service as a joint venture with prominent community partners should be considered ahead of other alternative delivery models. The financial business case for the Public Service Mutual was also not as strong as a company developed and operated in partnership.

During the design process more detailed options have been considered. These have mainly been around the type of delivery vehicle (LATC and the partners involved) that should be formed. Detailed analysis has indicated that each situation is unique and different legal entities are appropriate for the individual circumstances of a spin out of a Council function. The CJV was the most appropriate for this type of organisation.

Published work / information:

Corporate Plan 2013/2014 – 2016/2017, Report to City Council, 22nd July 2013.

<http://www.plymouth.gov.uk/mgInternet/documents/s48110/Corporate%20Plan%20Full%20Council%2022.07.13.pdf>

The Brilliant Cooperative Council Three Year Plan, Report to City Council, 16th September 2013.

<http://www.plymouth.gov.uk/mgInternet/documents/s48110/Corporate%20Plan%20Full%20Council%2022.07.13.pdf>

Transformation Programme, Report to Cabinet 25th March 2014, including the IHWB Outline Business Case.

<http://www.plymouth.gov.uk/mgInternet/documents/s53610/transformation%20cabinet%20march%22014%20final%20MCv1%202.pdf>

Background papers:

Sign off:

Fin		Leg		Mon Off		HR		Assets		IT		Strat Proc	
Originating SMT Member: Judith Harwood (Assistant Director for Education, Learning and Families)													
Has the Cabinet Member(s) agreed the contents of the report? Yes													



DRAFT Business Case

Programme Name:	<i>Integrated Health and Wellbeing</i>		
Date:	2/10/14	Version:	0.5
Project:	Plymouth Adult and Community Learning Service		
Author:	Judith Harwood		
Owner (SRO):	Carole Burgoyne and Jerry Clough		

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Version	Date	Author	Change Ref	Pages Affected
0.1	28/8/14	Joe Davies		
0.2	2/9/14	Joe Davies		
0.5	2/10/14	Joe Davies		

FILE LOCATION: (Final version base lined @ v1.0, v2.0, v3.0)

Location	File Address	Date

QUALITY REVIEWERS: (General QA and accuracy)

Name	Position	Signature	Date
Subject Matter Expert	Joe Davies		
Portfolio Office	Sue Thomas		
Business Technical Architect	Rob Cole		
Programme Accountant	Guy Marshall		

SIGN OFF:

Position	Name		Date
Senior Responsible Owner	Carole Burgoyne & Gerry Clough		
Portfolio Office	Sue Thomas		
Business and Technology Architecture	Rob Cole		
Portfolio Accountant	Guy Marshall		

REVIEW AND APPROVAL PROCESS:

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EXCEPTIONS/WAIVERS

Detail waiver/ exception	Requested by	Reason	Agreed by	Decision ID

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Preface: Transformation background and overview

An introduction to Plymouth City Council's Transformation Programme

Context

2002-12: A Decade of Improvement

The City of Plymouth has had an extra-ordinary journey over the past ten years. A decade ago, it had a reputation as a city of low aspiration with a lack of vision, weak financial and strategic planning, poor relationships between agencies, and service delivery arrangements that did not meet the needs of all of its citizens. An acknowledgement of the determined and sometimes inspired effort that was then made to improve the city came in 2010 when the Council was voted 'Highest Achieving Council of the Year' by the Municipal Journal. Behind that accolade, foundations had been laid by successive political administrations of a clear, ambitious vision for the city, sound financial management arrangements, the development of strong strategic partnerships and a determined focus on the improvement of service delivery. The Council has acknowledged and embraced its role as a key player in influencing the broader city and regional agenda, driving economic growth and making coherent contributions to broader policy-making.

Drivers for Transformation:

The Brilliant Co-operative Council with less resources

On its adoption of a new Corporate Plan in July 2013, the council set the bar still higher, to become a Brilliant Co-operative Council. This 'Plan on a Page' commits the Council to achieving stretching objectives with measurable outcomes, and also sets out a Co-operative vision for the Council, creating a value-driven framework for the way that it will operate as well as the outcomes that it is committed to achieve.

The Corporate Plan was developed using the principles of a Co-operative Council. It is a short and focused document, but does not compromise on its evidence base, and was co-developed with the Cabinet of the Council, before being presented in person by members of the Corporate Management Team to every member of staff throughout the council at a series of 74 roadshows. The positive results of this commitment to strong communications and engagement were evidenced by 81% of council staff responding to the workplace survey conducted in October 2013 agreeing that they understand and support the values and objectives set out in the Corporate Plan.

OUR PLAN THE BRILLIANT CO-OPERATIVE COUNCIL



CITY VISION

Britain's Ocean City

One of Europe's most vibrant, waterfront cities where an outstanding quality of life is enjoyed by everyone.

CO-OPERATIVE VALUES

One team serving our city

<p>WE ARE DEMOCRATIC</p> <p>Plymouth is a place where people can have a say about what is important to them and where they can change what happens in their area.</p>	<p>WE ARE RESPONSIBLE</p> <p>We take responsibility for our actions, care about their impact on others and expect others will do the same.</p>
<p>WE ARE FAIR</p> <p>We will be honest and open in how we act; treat everyone with respect; we will champion fairness and create opportunities.</p>	<p>WE ARE PARTNERS</p> <p>We will provide strong community leadership and work together to deliver our common ambition.</p>

OUR OBJECTIVES Creating a fairer Plymouth where everyone does their bit

PIONEERING PLYMOUTH	GROWING PLYMOUTH	CARING PLYMOUTH	CONFIDENT PLYMOUTH
We will be pioneering by designing and delivering better services that are more accountable, flexible and efficient in spite of reducing resources.	We will make our city a great place to live by creating opportunities for better learning and greater investment, with more jobs and homes.	We will promote a fairer, more equal city by investing in communities, putting citizens at the heart of decision-making, promoting independence and reducing health and social inequality.	We will work towards creating a more confident city, being proud of what we can offer and growing our reputation nationally and internationally.

THE OUTCOMES What we will achieve by this plan

<ul style="list-style-type: none"> ■ The Council provides and enables brilliant services that strive to exceed customer expectations. ■ Plymouth's cultural offer provides value to the city. ■ A Council that uses resources wisely. ■ Pioneering in reducing the city's carbon footprint and leading in environmental and social responsibility. 	<ul style="list-style-type: none"> ■ More decent homes to support the population. ■ A strong economy creating a range of job opportunities. ■ A top performing education system from early years to continuous learning opportunities. ■ Plymouth is an attractive place for investment. 	<ul style="list-style-type: none"> ■ We will prioritise prevention. ■ We will help people take control of their lives and communities. ■ Children, young people and adults are safe and confident in their communities. ■ People are treated with dignity and respect. 	<ul style="list-style-type: none"> ■ Citizens enjoy living and working in Plymouth. ■ Plymouth's brand is clear, well known and understood globally. ■ Government and other agencies have confidence in the Council and partners: Plymouth's voice matters. ■ Our employees are ambassadors for the city and the Council and they are proud of the difference we make.
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#Plymouth  www.plymouth.gov.uk/ourplan

The economic, demographic and policy environment affecting public services is accepted as the most challenging in a generation. At the same time as an aging population is placing increased demand on health and social care services, the UK is facing the longest, deepest and most sustained period of cuts to public services spending at least since World War II. The Council's Medium Term Financial plan identified in June 2013 funding cuts of £33m over the next three years which, when added to essential spend on service delivery amount to an estimated funding shortfall of circa £64.5m from 2014/15 to 2016/17, representing 30% of the Council's overall net revenue budget.

The Council has shown remarkable resilience in addressing reduced funding and increased demand in previous years, removing circa £30m of net revenue spend from 2011/12 to 2013/4 through proactive management and careful planning. However the Council has acknowledged that addressing further savings of the magnitude described above while delivering the ambitions of the Corporate Plan will require a radical change of approach.

Review of existing transformation programmes

The Council commissioned Ernst and Young in June 2013 to:

- Examine the Council's financial projections and provide expert external validation of our assumptions about costs and income in the medium term
- Review the Council's existing transformation programmes and provide a view as to whether they will deliver against the Corporate Plan
- Provide advice as to how the Council might achieve the maximum possible benefit through a revised approach to transformation

Ernst and Young validated the council's current Medium Term Financial Plan based on projections and assumptions jointly agreed, and judged it to be robust, taking into account the complex financial landscape and changing government policy.

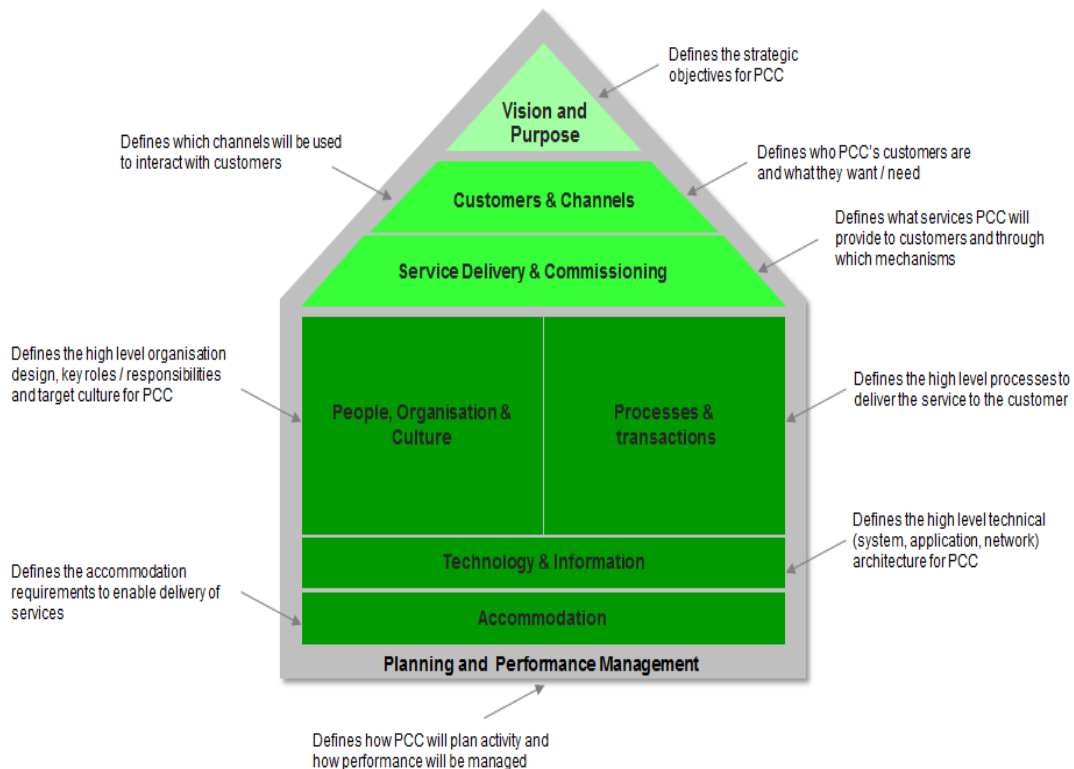
The Council has initiated a number of far-reaching and ambitious change programmes over 2012-13 to address the twin aims of addressing financial constraints and improving service delivery. These include:

- Investment in Customer Transformation and Core ICT infrastructure (Cabinet approval September 2012)
- ICT Shared Services: DELT (Cabinet approval October 2013)
- Redevelopment of the Civic Centre and future accommodation requirements (Cabinet approval September 2013)
- Modernising Adult Social Care Provision (Cabinet approval January and August 2013)
- Co-location with Clinical Commissioning Group at Windsor House (Cabinet approval January 2013)

In addition to feedback and advice about individual programmes, the Council received advice that has been carefully considered, and which has informed the overall design of the Transformation Programme and the content of the business cases for the five programmes.

Vision and Direction: The Blueprint

The Council has responded to concerns that, despite strong support for the Corporate Plan from both officers and members, there was a lack of clarity about how the Corporate Plan translates into practical action and a danger that the council might be attempting to ‘do the right things, but in the wrong way’. After significant consultation with Members and over 100 staff from all levels and disciplines within the organisation, the Council’s vision for the Brilliant Co-operative Council has been translated into a Blueprint which describes the capabilities which the Council will need in the future. These capabilities will be commissioned by the council and will result in services being delivered by the Council and a variety of other organisations operating across the public, community and voluntary and private sectors. The components of the Blueprint are illustrated below:



To inform the development of the main components of the Blueprint, a number of principles have been developed co-operatively with Members, senior officers and staff to ensure that the values set out in the Corporate Plan guide how the Blueprint is developed.

Governance and Oversight

The council has also responded to advice that governance and oversight arrangements for transformation projects would benefit from being strengthened. Whilst ensuring that the council’s existing constitutional arrangements for decision making are unaffected, a number of bodies have been put in place to ensure a co-ordinated approach is taken to oversight of the Transformation programme. The detail of the transformation governance arrangements were considered by the council’s Audit Committee on 13 March 2014 and can be summarised as follows:

Members

- The Members Transformation Board provides executive ownership and accountability for the Transformation Portfolio, chaired by the Cabinet Member for Transformation and comprising the individual Cabinet Members aligned to the five programmes
- The Transformation Advisory Group builds cross party dialogue, understanding and consensus on Transformation, and is chaired by the Cabinet Member for Transformation, comprising the Shadow Leader, Chair of the Co-operative Scrutiny Board and an additional ruling group Member.
- The Co-operative Scrutiny Board and Panels are aligned to the Transformation Board and programmes that match their terms of reference

Officers

- The Transformation Portfolio Board co-ordinates the delivery of the Blueprint, prioritises decisions within and between programmes, ensures effective engagement, ensures overall resourcing and delivery of the programme and recommends Programme Business cases and exceptions. It is chaired by the Chief Executive and comprises Senior Responsible Officers for the Programmes, the Transformation Director, engagement leads, finance and HR Responsible Officers and the Head of the Portfolio Office
- Programmes are led by a Senior Responsible Officer, who is accountable for the successful delivery of the programme, achieving desired outcomes and realising expected benefits and is responsible for chairing the Programme Board and leading the Programme
- Each project within the five Programmes is led by a Project Executive who is accountable to the Senior Responsible Officer for the successful delivery of the Project, and chairs the Project Board.
- The Portfolio Office provides co-ordination and support across all the programmes and projects and ensures that sufficient capacity and capability is in place to deliver the overall programme.

I. Executive Summary

The proposal to create a Community Joint Venture called 'On-Course South West'

Vision and purpose

On-Course SW's vision and mission statements are the result of consultation with CJV partners, staff, learners and Community Learning Trust partners:

On-Course South West

Inspiring learning and opportunities for all

Creating and delivering high quality learning experiences which inspire the growth of individuals, communities and businesses

The existing vision, mission and value statements of both Shekinah and YMCA Plymouth align with the above, ensuring a strategic fit across the CJV.

The CJV's business model will involve increased joint working with Shekinah, YMCA Plymouth and other partners from across the community, voluntary and charity sectors to enable a comprehensive and broad offer to be made to learners. On-Course SW will benefit from the partnerships that have been established by both community partners, while the CJV will also establish an operational relationship with Plymouth City Council through the Children's Plan and Plymouth Employment and Skills Plan.

The above will also enhance the CJV's ability to align with Plymouth's existing large employment partners to develop a package of employer training opportunities (e.g. Continuing Professional Development).

This plan is aligned to the values of the Brilliant Co-operative Council through its consultation on the proposed new ways of working with external agencies, partners and customers taking responsibility for improving outcomes for learners; delivering services which assess all customers in a fair and honest way; and working in an integrated way with our partners to deliver services. Working with partners and other agencies, the emphasis will be on building the capacity of individuals and communities to provide self-help.

The plan is part of the IHWB Programme and is aligned to its strategic principles of:

- Helping individuals to stay well and achieve their potential
- The integration of health, care and education services
- The personalisation of support
- A family approach, where appropriate
- Increasing capacity through integrating with our partners

2. Case for Change

2.1 Drivers

National policy drivers impacting upon the adult education sector include:

- Skills Funding Statement 2012-15 – Future levels of SFA grant funding remain uncertain. Recent announcements contained within the 2015/16 Spending Review confirm that funding for apprenticeships and traineeships will be increased, while Community Learning budgets will be protected in the medium term. Funding associated with Adult Skills decreased during 2013/14 and is expected to continue to decline in the future;

- 24+ Advanced Learning Loans - A recent BIS survey indicated that potential customers felt that loans would open up opportunities for career progression and employment. This has led to SFA funding being made available so that loan funding can be offered to learners;
- Community Learning Trust (CLT) - PACLS has taken the lead role in the establishment of a CLT for the City. A recent visit from Ofsted inspectors resulted in PACLS being complimented for their work in establishing the CLT. The CLT strategy was identified as being forward thinking and aspirational, while current levels of engagement with members of the partnership (including VCS agencies) were commended. The SFA have identified the establishment of a CLT as a requirement for the receipt of Community Learning funding. The integration of the CLT into the city's blueprint for co-operative working will enable learning to form part of an integrated package of support offered across the City;
- Raising the participation age – The Government has recently increased the age to which all young people in England must continue in education or training, requiring them to continue until the end of the academic year in which they turn 17 from 2013 and until their 18th birthday from 2015.

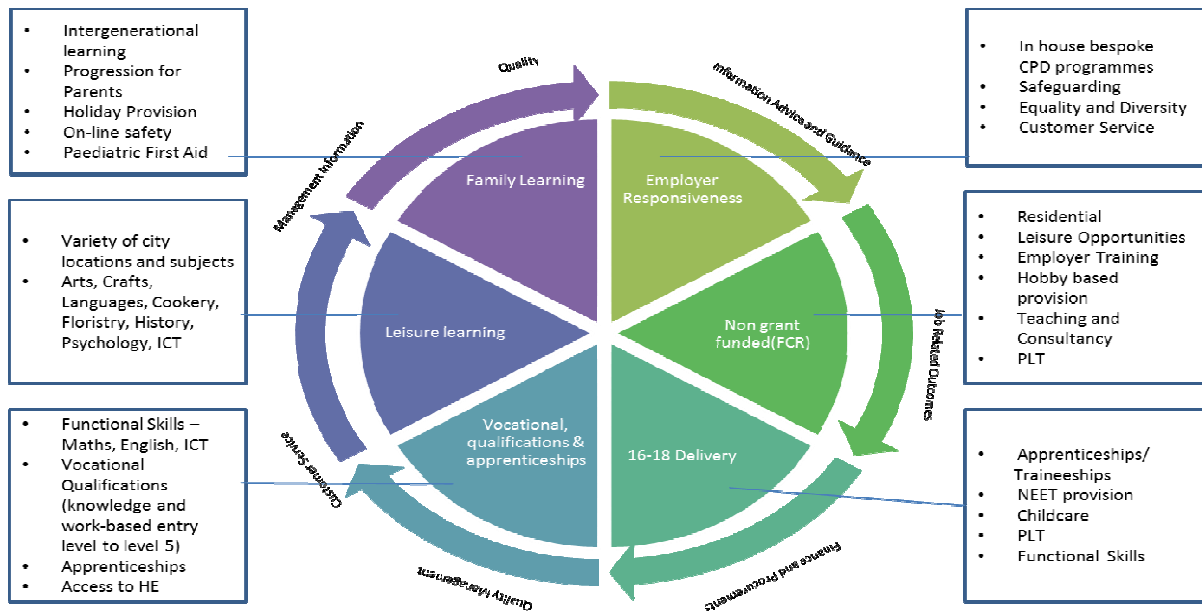
Local drivers impacting upon the adult education sector include:

- Alignment with Plymouth City Council's transformational aspirations – the proposal is in line with the Transformation Programme and is designed to establish the Local Authority as part of a 'Co-operative led service-hub', the forming of a CJV is both innovative and aligned to the strategic vision;
- Skills Funding Agency support – The SFA representative involved in the scoping of this proposal has highlighted the innovative and progressive nature of the proposed social enterprise, suggesting that the CJV could be considered as a 'trailblazer' and a potential blueprint for development across the adult education sector;
- Learner preferences and needs - PACLS prioritises consultation with current and potential learners via Learner/Employer forums and surveys. The results of these consultations clearly indicate that learners are requesting an increased number of short courses, particularly unitised stand-alone learning packages. Learners currently enjoy community learning in community locations and have requested its continuation. Learners have outlined a preference for services being delivered in partnership with community organisations and involving an increased amount of internet based online learning that allows flexibility for learners who are working or who wish to undertake a more flexible learning package;
- Staff support for the proposal - PACLS Senior Management has engaged with both core staff and tutors throughout the business planning process. Support for the proposed establishment of the CJV was demonstrated by core staff (via a ballot) and tutors (group meetings). Positive feedback has been received, with staff seeing the establishment of the CJV as a way of improving outcomes and freeing the service to meet need in a more effective and inclusive manner.
- The cost base of the service will be reduced in several areas. Most notably, significant savings will be realised through the purchasing of business support services and shared staff support from Shekinah and/or YMCA Plymouth.
- The CJV intends to move premises from the Civic Centre/Guildhall/ Hartley House Portacabins to the Mutley Plain office unit.
- Several barriers to growth will be overcome should the CJV be established. These barriers have proven difficult to address historically and the opportunities exist in the plan to:

1. Develop an effective and independent brand for the service;
2. Establish an effective and commercially focussed online presence;
3. Source specialist and affordable support services with partners;
4. Access increased levels of external funding not available to Local Authority based services;
5. Create and re-invest surpluses;
6. Develop the service to compete regionally.

The Current Overview

PACLS current delivery consists of both accredited (adult learner responsive, employer responsive, apprenticeships and 16-18 learning) and non-accredited learning programmes (family learning, leisure and continuous professional development (CPD) type opportunities). The service delivers a range of subject specific areas to young people and adults from the age of 14 through to 90.



The service has operated successfully as a self-funding traded unit for a number of years and is currently located within the Education, Learning and Family Support department of Plymouth City Council. As well as delivering grant funded learning opportunities, PACLS also delivers Full Cost Recovery (FCR) opportunities. The service utilises internal and external (via sub-contracted delivery partners) knowledge, capacity and expertise to provide coherent, responsive, community and employer based adult learning opportunities.

PACLS received a 'Good' rating following an inspection from Ofsted in November 2013. The findings demonstrated a number of significant improvements to the service, with the new rating being above the 'Satisfactory' rating received during the previous inspection.

3. Strategic Case

3.1 Funding and Contracts

PACLS currently delivers Skills Funding Agency (SFA) and Education Funding Agency (EFA) contracts on behalf of Plymouth City Council. While several procurement routes are available to allow for the establishment of a CJV, the Business Plan is designed to demonstrate the benefits associated with On-Course South West receiving funding directly from the SFA, as opposed to via the Plymouth City Council as is currently the case. This proposal is in accordance with the updated SFA Funding Rules 2013/2014 Paragraph 319. The rules also state that the level of SFA funding to be received by a newly registered and independent provider is to be below a maximum contract level of £2 million per annum; the level of SFA funding received by the Plymouth City Council is currently below this level.

For this arrangement to take place, On-Course SW would be required to achieve registered provider status with the SFA. The SFA Due Diligence Assurance Gateway requirements (including checks to assess financial viability and sustainability via a health score) associated with the application process have been analysed as part of the business planning, with no significant barriers identified in terms of the CJV achieving this status. As part of this proposal, the CJV would register with the SFA as an independent provider in 2014.

Should Plymouth City Council confirm their intention to remove themselves from current funding arrangements, the CJV would become directly responsible for meeting Ofsted's performance measures. The onus would fall directly upon the CJV to ensure that performance measures are met/exceeded.

The new Venture can approach funding requirements through a diversification of income streams. In order to achieve this On-Course SW will prioritise the following areas as part of the CJV's business development strategy:

- Full Cost Recovery - To offset the risks associated with future levels of grant funding, On-Course SW intends to increase the range of full-cost recovery (FCR) courses available, resulting in an increase in the revenue realised that offsets the reduction in grant funding received. FCR will be particularly relevant in relation to the following:
 - Learner fee income generated via Community Learning accredited and non-accredited courses. It is anticipated that fee paying Community Learning provision will increase due to improved marketing undertaken by the CJV (including the development of a new brand) and meeting the levels of unmet need that have been identified;
 - Learner fee income generated via Adult Skills related learning;
 - Learner fee income generated via recreational learning opportunities.
- 16-18 provision - Significant growth in funding associated with EFA 16-18 provision and SFA 16-18 apprenticeship provision will lead to an increase in opportunities for young people within the City.

New business opportunities - PACLS market research has led to the identification of several new service lines that would create income in the future, further reducing the CJV's dependence upon grant funding. In addition to the FCR opportunities currently delivered, new income streams have been identified.

Online learning also forms an important part of the CJV's development strategy. The development of a commercially focussed website will allow for the CJV to offer an online portal into learning, with learners able to enrol and access internet based learning opportunities (some via Skype).

- External funding - several funding streams are accessible to adult education services with charitable status. These provide a useful pipeline of opportunities that would be available to the CJV from April 2015 onwards. Although the CJV does not (at least initially) intend to apply for charitable status, this is a useful guide on which assumptions can be based. For the purposes of this business plan, we have assumed that the CJV achieves a modest success rate in terms of external funding applications.

Social responsibility donations – The CJV intends to establish strong relationships with local businesses to access funding via their social responsibility budgets.

3.2 Strategic Fit

The new Venture will work with partners, other agencies and communities with the emphasis being on building the capacity of individuals and communities to provide self-help and improve health and well-being. A close, continuing relationship with the Council is fundamental in order to achieve the priorities set out in the Health and Well-Being Strategy and Local Economic Strategy and Skills Plan.

The detailed design has been validated by the Transformation Portfolio Enterprise Architecture team and is fully aligned. The Project Team, in conjunction with the Programme Team, have undertaken extensive collaboration with other programmes in order to ensure that they are not replicating work being undertaken elsewhere and are informing them of the changes that are being implemented which will affect other programmes. For example, the establishment of the PACLs joint venture will have an impact on the corporate centre and therefore will require the CCO and Customer Management programmes to take these impacts into account.

In addition, the organisational design that results from the project will also be aligned to the overarching design of the People Directorate Review with its emphasis on a strong separation between commissioning and delivery.

3.3 Assumptions

The implementation and benefits plans are based on a set of assumptions, which include the following:

- Implementation Assumptions
 - The organisation has the capacity to undertake this level of transformational change in timescales
 - Appropriate technology will be available within the implementation timescales
 - The business design is implementable
 - There is sufficient change management capacity within the Council
- Benefits Assumptions
 - There is adequate commercial experience in PACLs and partners
 - Reductions and growth can be achieved as quickly as anticipated
 - The integration of service provision with our partners will generate additional capacity and resilience

Service Assumptions:

As an independent social enterprise, the CJV will:

- Establish a service that offers learning opportunities to all ages;
- Include membership from PACLS, Shekinah and YMCA Plymouth;
- Ensure that management costs incurred remain within the SFA's guidance levels;
- Increase the number of revenue streams and learners engaging with the service;
- Maintain all future pension and redundancy liabilities incurred;
- Apply for Admitted Body Status (ABS) of the Local Government Pension Scheme (LGPS), and function provider status with the Teachers' Pension Scheme (TPS);
- Develop surpluses that will be reinvested into the service as well as the building up of financial reserves;
- Take decisions relating to the investment of surpluses in consultation with learners, staff and member agencies;
- Procure and access business support and other services from CJV members where these services achieve best/improved value.

3.4 Strategic Risks

The strategic risks, which are being actively mitigated against, are as follows:

- Whilst partners are engaged with the change principles, they will require a change to the way that all parties operationally organise themselves, which can be challenging
- The success of co-operative working will be dependent upon high quality information management, which is difficult to achieve in implementation timescales
- The formal transfer of contract – AMEND
- A delay means a new Venture cannot begin to operate and cashflow issues will arise from 1/4/2015
- Admitted body status to LGPS must be confirmed
- Competition in the market for decreasing funding and loss of business could diminish funding further
- The inability to realise surpluses for re-investment could lead to business failure

3.5 Constraints and dependencies

The project has the following constraints and dependencies:

- The need for alignment with the organisational design of the Customer Services Transformation Programme
- The organisational design that the CCO introduces for the corporate centre

4. Options Appraisal

Work with an external agency (with support offered through Cabinet Office) had identified a PSM as an original option. Since then the development of the Outline Business Case examined a number of options based around the level of integration of the Council with its partners to deliver the outcomes from the project. Options appraisal has subsequently been limited by the parameters within the cooperative principles, the legal framework and the SFA contract and moved to the detailed design level for a CJV.

The detailed design is available for review if required.

5. Financial Case

The Case for Change section has described how the outcomes for residents will be improved and how the Venture can achieve financial stability and growth. The detailed business plan (commercially sensitive) shows the full financial information and forecast.

Financial benefits – Should the CJV be authorised to establish, Plymouth City Council is expected to experience the following financial benefits:

- Limit Plymouth City Council's future pension deficit liabilities;
- Reduce Plymouth City Council's redundancy liabilities;
- Reduce the need for Plymouth City Council to house PACLS – By establishing a new base for the service, Plymouth City Council will not be required to house the service.

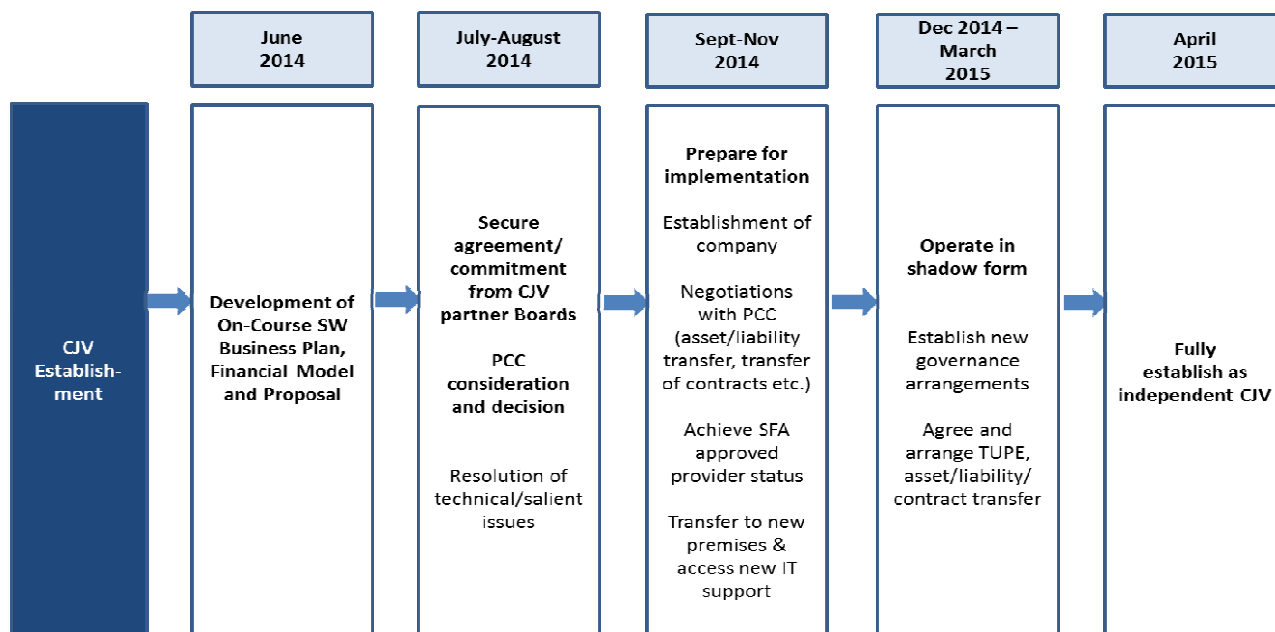
Managing a Downturn in Revenues

In the event of a significant downturn in revenues, expenditure would reduce in line with the income reductions due to the Service being peripatetic: venues are hired and the majority of tutors are employed on hourly contracts – therefore a reduction in income would reduce the workload and consequently the need for tutor staff and venues. Other expenses, such as photocopying and travel, would also reduce on a proportionate basis. If it became necessary to address fixed overheads, there is an opportunity to reduce them without adversely the core running of the organisation. Through modelling, this approach has been proven to address a shortfall of 50% of revenues which is deemed to be highly unlikely.

6. Summary Project Plan

A Summary Implementation Plan is provided below, while a full Implementation Plan is contained within the Full Business Plan.

Route to establishment – Overall timeline



Exit strategy - In the event that On-Course SW is unable to operate as a sustainable CJV, several options are available to both the CJV and Plymouth City Council to ensure the continuation of the service:

- Include additional partners within the CJV;
- Transfer staff, assets, contracts and services to a separate company/organisation;
- Transfer the service so that it operates under the South West Learning & Skills regional company 'umbrella';
- Transfer staff, assets, contracts and services back to the Council.

7. Recommendations

It is recommended that Cabinet approve the transfer of the current Plymouth Adult and Community Learning Service into a Community Joint Venture with Shekinah and YMCA.

By authorising the establishment of On-Course SW, Plymouth City Council will be supporting the continued delivery of community learning and adult education across Plymouth. On-Course SW would be in a position to strengthen its position as the main provider of community learning across Plymouth. The benefits associated with the delivery of these Community learning services are both evident and compelling in terms of the positive links to health & well-being, economic regeneration and social inclusion. Community learning positively impacts upon the most vulnerable, with two thirds of PACLS staff currently responsible for the delivery and monitoring of this form of learning.

Judith Harwood
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