Chapter Three
Strategy

Strategy

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3.1 Introduction

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

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

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

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

3.2 Vision and Purpose

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

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

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

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

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

Vision

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

Values

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

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

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

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

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

3.3 Strategic Objectives

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

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

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

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

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

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

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

Figure 3.1			
Strategic objective	**Rationale**	**Timescale for delivery**	**Link to underpinning enabling strategy**
1. To reduce health inequality by ensuring that we provide services proportionate to need and close to where people live.	• There is evidence from the Joint Strategic Needs Assessment and needs assessment undertaken to support the development of the Children and Young People's Plan that there are marked variations in health outcomes across the city. • The direction of national policy, evidenced clearly in *Equity and Excellence* (and supported in the Public Health White Paper published in December 2010) supports the move towards the delivery of services outside of traditional, acute hospital settings, with a shift to community based provision delivered closer to the homes or workplaces of service users.	• 2011/12 – 2016/17	• Transformation & Service Development Strategy
2. To increase the physical and mental health of our population, evidencing this through clinical outcome measurement.	• The direction of national policy, evidenced clearly in *Equity and Excellence* expects the development of well-defined and meaningful outcome measures that enable organisations to evidence the impact of their intervention. • Clinical outcome measurement is already operating across specific service lines and informing clinical practice. Adopting this practice organisation-wide will improve the quality of services provided as well as enabling informed business decisions to be made.	• 2011/12 – 2016/17	• Transformation & Service Development Strategy

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

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

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

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

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

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

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

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

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

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

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

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

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

3.4 Rationale

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

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

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

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

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

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

There are a range of benefits associated with the chosen social enterprise model. They include:

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

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

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

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

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

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

"For the city as a whole, we will:

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

For the individual we will focus on:

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

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

3.5 Transition Process

In order to comply with the policy requirements outlined in *Enabling New Patterns of Provision*, clarity about the timescales to facilitate both the transfer and the transformation of services has been established.
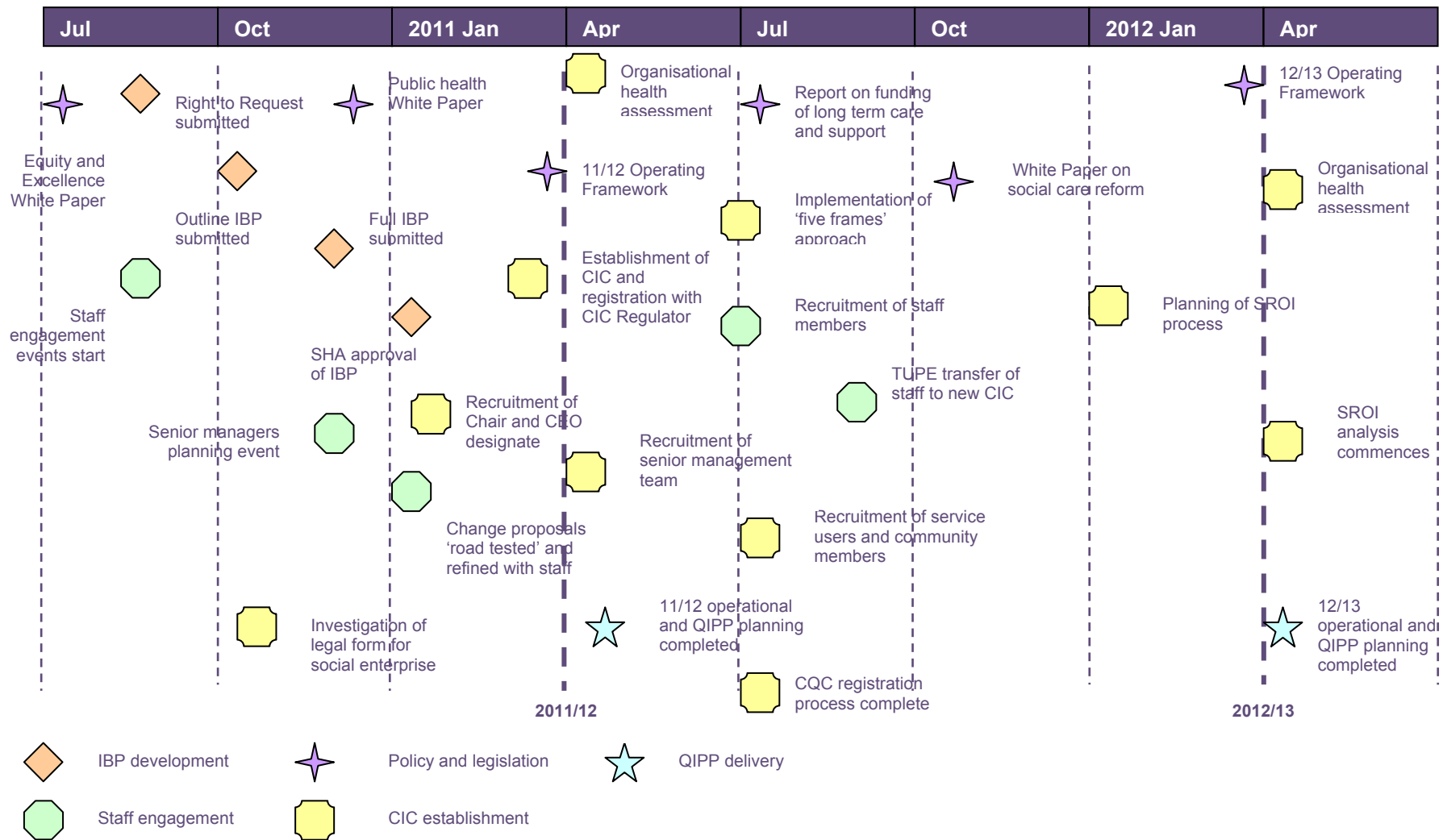
The timetable describing the transfer process is defined by the specific milestones indicated as part of the 'Right to Request' process for third wave social enterprises. This required that significant progress has been made towards enabling the transfer of staff to a new organisational form and this means that the new organisation must be legally constituted by 31 March 2011.

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

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

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

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

Jul	Oct	2011 Jan	Apr	Jul	Oct	2012 Jan	Apr

Right to Request submitted

Public health White Paper

Organisational health assessment

Report on funding of long term care and support

12/13 Operating Framework

Equity and Excellence White Paper

11/12 Operating Framework

White Paper on social care reform

Organisational health assessment

Outline IBP submitted

Full IBP submitted

Implementation of 'five frames' approach

Staff engagement events start

Establishment of CIC and registration with CIC Regulator

Recruitment of staff members

Planning of SROI process

SHA approval of IBP

TUPE transfer of staff to new CIC

Senior managers planning event

Recruitment of Chair and CEO designate

SROI analysis commences

Recruitment of senior management team

Change proposals 'road tested' and refined with staff

Recruitment of service users and community members

Investigation of legal form for social enterprise

11/12 operational and QIPP planning completed

12/13 operational and QIPP planning completed

CQC registration process complete

2011/12

2012/13

IBP development

Policy and legislation

QIPP delivery

Staff engagement

CIC establishment

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

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

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

3.6 Conclusion

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

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