

TRANSFORMATION PROGRAMME SUMMARY OF PROJECTS DELIVERING SAVINGS IN 2014/15

Integrated Health and Wellbeing



1. Programme Summary

The programme is aligned to the wider PCC transformation portfolio of programmes, which has been developed to deliver the Council's Blueprint for future service delivery. It will also play a key role in describing what an integrated suite of community health and social care services may look like in the future, which will then feed into the CCG's Transforming Community Services programme as part of its procurement timescales.

The programme will aim to engage with commissioning and delivery partners to establish a more collaborative, integrated and strategic approach to how the organisations commission and deliver services, with the aim of reducing costs, improving patient/service user experience and improving outcomes for residents in Plymouth. As part of this, the programme recognises the importance of investing in preventative and early intervention services in order to reduce demand on higher cost community and bed based services, particularly acute services, which have been under sustained pressure for much of the last 12 months. The programme will consist of the following three projects:

- Integrated Commissioning
- Co-operative Children and Young People's Services
- Integrated Community Health and Social Care Provision

1.1 Strategic Case

The city of Plymouth has a population of approximately 260,000, which is projected to increase by 2.4% by 2017. The population of those aged 65 and over, who as a group are more likely to have long term conditions or social care needs, is projected to increase to 46,700 by 2016, an increase of 4.7%.

Public Health outcomes in Plymouth are worse than elsewhere in England in 28/32 of the measures shown in Plymouth's 2013 Health Profile. The health of people in Plymouth is generally worse than the England average: deprivation is higher than average and about 10,200 children live in poverty. Life expectancy for both men and women is lower than the England average. Estimated levels of adult 'healthy eating' and smoking are worse than the England average. Rates of sexually transmitted infections, smoking related deaths and hospital stays for alcohol related harm are worse than the England average.

The increase in population, and particularly the increase in older people, is likely to put significant strain on both health and social care services in years to come. This programme will deliver effective integrated care to the population of Plymouth and in doing so will streamline cost.

1.2 Aim

The programme aims to engage with commissioning and delivery partners to establish a more collaborative, integrated and strategic approach to how PCC and the CCG commission and deliver services, with the aim of reducing costs, improving patient/service user experience and improving outcomes for residents in Plymouth.

In line with the strategic aims for integration set down by the Health & Wellbeing Board, the programme has the following five aims:

- 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
- 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.
- Working cooperatively with partners, enhance the lives and outcomes for children and young people.
- An emphasis on those who would benefit most from person-centred care such as intensive users of services and those who cross organisational 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

2. Integrated Approach to Health and Wellbeing Project Summary

2.2 Background

Plymouth City Council and Northern, Eastern and Western Devon CCG are facing a combination of severe budget pressures, and rising demand for services. The Integrated Approach to Health and Wellbeing Programme aims to engage with commissioning and delivery partners to establish a more collaborative, integrated and strategic approach to how the organisations commission and deliver services, with the aim of reducing costs, improving patient/service user experience and improving outcomes for residents in Plymouth. This approach fits with PCC's ambition of being a co-operative council, supports the ethos of collaboration set down by all partners and will help to achieve the Health & Wellbeing Board's vision of "Healthy, happy, aspiring communities".

2.3 Project Definition

The Integrated Commissioning Project aims to build upon co-location and existing joint commissioning arrangements, with the focus of establishing a single commissioning function, the development of integrated commissioning strategies and pooling of budgets.

In order to promote integrated whole person care that improves outcomes it is recognised that an integrated approach to commissioning is a pre-requisite with commissioners being required to develop "one system, one budget"

2.4 Project Objectives

The outcome of this project will be a single, integrated and co-ordinated approach to commissioning across the social care and health system.

This single commissioning function will more easily enable investment to be targeted at a range of initiatives to develop out of hospital care, including early intervention, admission avoidance and early hospital discharge, preventing escalation of needs.

Established protocols and pathways to ensure clear governance agreements are in place will increase efficiency and transparent performance and financial framework, supported by this joint governance, will ensure robust management of quality and costs.

Savings will be made through having shared management, system, overheads, etc. and financial risk sharing will also ensure value for money.

Providers will experience more integrated back-office support due to the removal of organisational boundaries, enabling flexibility and efficiencies. There will also be greater opportunity for providers to invest due to greater financial certainty.

- Single team developing and implementing key commissioning strategies for Health, Care and other services.
- Cost savings achieved through better control, planning and utilisation of resources.
- An integrated budget for Health and Social Care
- Team collaborates through sharing knowledge and skills on each strategy
- Potential platform for further collaboration in the future

2.5 Project Scope

2.5.1 Integrating Commissioning

The integrated commissioning project aims to design and develop a whole new commissioning architecture across both the Western Locality of NEW Devon CCG and the People Directorate of Plymouth City Council. This element of the project will specifically look to develop

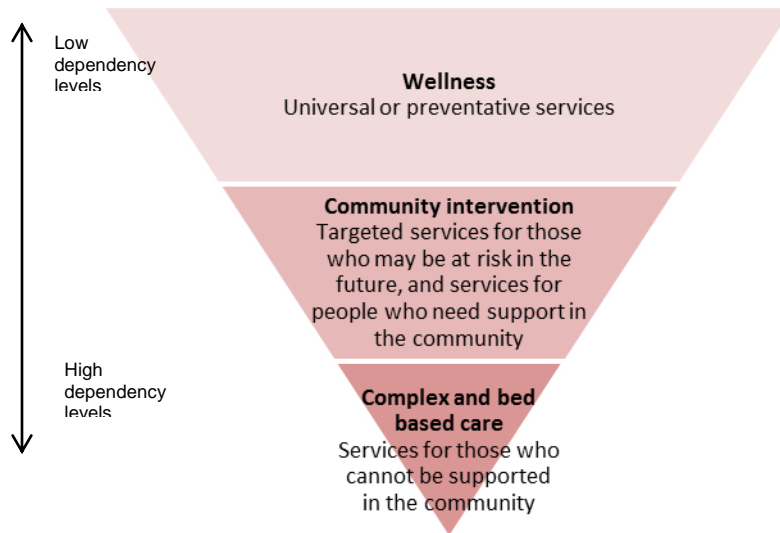
- Integrated Commissioning Function.
- Development of New Governance Architecture.
- Section 75 for pooled budget

The table below shows the different elements that are in scope-

PCC	CCG
All people directorate commissioning functions including but not limited to; Cooperative Commissioning Team; Homes and Communities including Community Safety ODPH Certain Policy and Performance elements	Western Locality; Partnerships

Integrating Provision through Commissioning

Integrated commissioning not an end in itself and the primary drivers of this project is to improve service delivery and provision with the aim of improving outcomes and value for money. This project will therefore develop three co-dependent commissioning strategies with the aim of commissioning an integrated system of health and wellbeing.



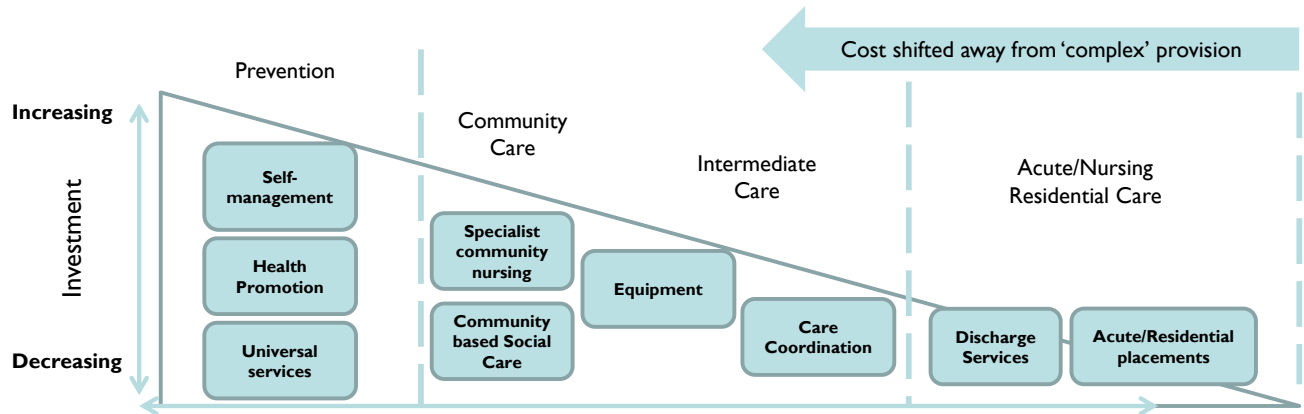
The three inter related dependent strategies are-

Wellness: *Universal or preventative services.* This includes many Public Health services, such as smoking cessation and sexual health campaigns, and PCC services that do not require a FACS assessment. The category also includes early years prevention and early intervention services, and best start to life services.

Community intervention: Targeted services for those who may be at risk in the future, and services for people who need support in the community. This includes community nursing, domiciliary care and supported living.

Complex and bed based care: Services people with complex needs, who cannot be supported in the community. This includes acute, residential and nursing care.

The aim of this integrated commissioning activity is to move the balance of spend away from Complex provision towards services in Community and Wellness, in order to manage the demand and avoid costs incurred:



The scope of the programme will therefore cover a range of services currently commissioned or provided by PCC’s People Directorate, and a range of services that are commissioned by the Western Locality and Partnerships Locality of NEW Devon CCG. It is important to recognise that, although there may be some services which will not be redesigned and will continue to be delivered in the same or a similar way, it is likely that changes in other parts of the economy will have an impact on the demand and spend in these services areas. 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.

The estimated directly addressable spend for the Integrated Commissioning Project is as follows:

Project	PCC	CCG
COMMISSIONING	2,803,219	3,068,022

Some simplifying assumptions have been made about certain aspects of addressable spend in scope. These are as follows:

All Plymouth Community Healthcare spend relates to individuals from Plymouth – this is because there is a separate Community Health services provider that covers the remainder of the Western Locality (which is within Devon County Council area)

60% of Plymouth Hospitals NHS Trust spend commissioned by the Western Locality of the CCG is attributable to individuals from Plymouth – this is because approximately 60% of the population of the Western Locality live in Plymouth, and Derriford Hospital is the only major acute care provider within the Western Locality

For certain areas of CCG Partnerships commissioned spend, we have assumed that 45% of the spend relates to the Western Locality (as approximately 45% of the population covered by NEW Devon CCG live in the Western Locality), and of this spend, we have assumed that 60% is attributable to individuals living in Plymouth (as 60% of the population of the Western Locality live in Plymouth)

The addressable commissioning spend shown in the table above does not currently include finance and/or business support/commissioning support functions from either PCC or CCG at present. Further development of the programme comes with a requirement to determine what areas of both organisations are within the scope of the programme. The CCG will need to determine which functions are predominantly serving the Plymouth territory and/or the wider CCG. There are also likely to be other sources of public sector funding (such as work and pensions) which will need to be considered as part of the next phase of work.

2.5.2 Exclusions from scope

The scope of the programme will 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, although it will include the budget for commissioned children’s services (e.g. Looked After Children placements) within scope.

The programme will not include in its scope any services commissioned by the Northern or Eastern Localities of the CCG, or any services commissioned by the Western or Partnerships Localities where there is an obvious geographical disconnect between the service commissioned and Plymouth city boundaries (e.g. mental health services in Devon County Council’s area).

GPs and Primary Care services are assumed to be out of scope initially, although strong links to these providers will need to be maintained to engage them throughout the process of developing the new operating model for health and social care provision. Other public sector commissioning organisations such as Police and Crime Commissioner, Probation, NHS Area Team or other neighbouring Local Authorities, are presently out of scope however the programme will retain the flexibility to incorporate other public bodies at any stage if efficiencies and outcomes would be improved.

The Integrated Commissioning Project will set down the Integrated Commissioning Strategies that will shape and change health and wellbeing provision towards a more preventative and community based focus. However the project won’t cover the actual commissioning activity or the integrated provider redesign.

2.6 Interfaces

2.6.1 Dependencies

Area	Dependency
Programme/Project	Other programmes within The PCC Transformation Portfolio will provide support around engaging with staff, developing new ways of working and redesigning customer service.
Organisation	The PCC Blueprint will drive the way in which The Council operates in the future, and as such it is vital that the project is compliant with this document.
Organisation	NEW Devon CCG has a number of organisational

	<p>interdependencies. These include those with Devon County Council, and West Devon and South Hams District Councils, since the Western Locality of the CCG (which includes the entire Plymouth footprint) also includes populations within Devon. There is also an interdependency to consider within the Partnerships Locality, which commissions a variety of services across the whole of the NEW Devon footprint, and it is therefore possible that commissioning decisions taken as a result of this programme may have an impact on those in other localities.</p>
Project Delivery	<p>The partnership agreement must be in compliance with Section 75 of The NHS Act 2006.</p>
Project Delivery	<p>Devon CCG has to re-commission its community healthcare services contract by March 2016. The current provider is Plymouth Community Healthcare (PCH), who also provides certain Public Health services in Plymouth. The commissioning timescale for this, and the associated 'Transforming Community Services' programme, will influence workstreams concerning other community services.</p>

2.7 Costs

Results Summary for 2014/15 to 2016/17	
Total project cost savings/income £'000	1,060,000
Total project expenditures £'000	- 340,000
Net project savings / income £'000	1,400,000
ROI (return on investment - after 3 years)	211.8%
Discounted ROI (return on investment - after 3 years)	339.2%
Average Annual Discounted ROI	113.1%
NPV (net present value) £' 000	652,367
at a discount rate of:	4.5%
IRR (internal rate of return)	619.7%
Payback year	Year 1

To achieve the cost savings anticipated for 2014/15, the project will focus on three areas:

- Review of People Directorate Commissioning Activity to restructure team before integration. It is anticipated that this will achieve £100k in 14/15.
- Cost reduction of 10% annually to both PCC through better commissioning. This is anticipated to provide a £200k saving to PCC in 14/15.
- Initial cost estimates are for Project Resources in 14/15 of £340K.

3. Integrated Community Health and Social Care Service Delivery Project Summary

3.1 Project Definition

3.1.1 Project Objectives

The Integrated Community Health and Social Care Service Delivery Project will focus on developing an integrated service delivery model function stretching across health and social care, providing the right care at the right time in the right place. Emphasis will be placed on those who would benefit most from person centred care, such as intensive users of services and those who cross organisational boundaries. The project will also allow focus on developing joined up population based, public health, preventative and early intervention strategies.

Plymouth City Council, the Western Locality of the NEW Devon Clinical Commissioning Group and Community partners are committed to the development of an integrated model for the delivery of services for the City of Plymouth. This has been endorsed at the Plymouth Health and Wellbeing Board as an agreed work stream as a priority for 2014.

Many users of health and social care services experience care that is fragmented, with services reflecting professional and institutional boundaries when it should be co-ordinated around the needs of patients. This can result in duplication, inefficiency, gaps in care, feelings that ‘no-one is in charge’ and ultimately poor outcomes. This has been the context within which health and social care integration has been promoted as a model of care in recent legislation, policy and academic commentary by key stakeholders.

Plans for integration have been informed by the Transforming Community Services Process and responds to what the public have consistently said is needed. The following ‘I’ Statements are from the Western Locality TCS Process:

HEALTHY PEOPLE
living healthy lives
in healthy communities
Western Devon

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group




Transport

“I want to be able to get to the services in my community”

HEALTHY PEOPLE
living healthy lives
in healthy communities
Western Devon

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group



More than a condition

“I want services that support me to manage my situation in life not just my condition”

HEALTHY PEOPLE
living healthy lives
in healthy communities
Western Devon

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group



Existing services

“I want the services I value now to be strengthened”

HEALTHY PEOPLE
living healthy lives
in healthy communities
Western Devon

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group



Service Opening times

“I want to be able to get to my community services at times that are convenient for me”

HEALTHY PEOPLE
living healthy lives
in healthy communities
Western Devon

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group




Carers

“I want what my carer does to be recognised and for them to have the support they need to have a full, healthy life of their own”

HEALTHY PEOPLE
living healthy lives
in healthy communities
Western Devon

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group



Educate and inform

“I want the information I need to make healthy choices and stay healthy”

HEALTHY PEOPLE
living healthy lives
in healthy communities
Western Devon

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group



Work with others

“I want to be able to have services provided in lots of different places not just health centres”

HEALTHY PEOPLE
living healthy lives
in healthy communities
Western Devon

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group




Communication

“I want to be able to talk to healthcare providers when I need to.”

HEALTHY PEOPLE
living healthy lives
in healthy communities
Western Devon

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group



Talk to each other

“I want to tell my story once - share my information with colleagues”

HEALTHY PEOPLE
living healthy lives
in healthy communities
Western Devon

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group




Technology

“I want to be able to use new technology to help me manage my own health”

HEALTHY PEOPLE
living healthy lives
in healthy communities
Western Devon

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group




The voluntary sector

“I want to continue to get the services I value that are provided by the voluntary sector”

HEALTHY PEOPLE
living healthy lives
in healthy communities
Western Devon

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group



Boundaries

“I want a health care service that doesn't stop at the boundaries”

The project aims to engage with delivery partners to establish a more collaborative, integrated and strategic approach to how PCC and the CCG deliver services, with the aim of reducing costs, improving patient/service user experience and improving outcomes for residents in Plymouth.

3.1.2 Project Scope

The scope of the programme will cover a range of services currently commissioned or provided by PCC's People Directorate, and a range of services that are commissioned by the Western Locality and Partnerships Locality of NEW Devon CCG.

It is important to recognise that, although there may be some services which will not be redesigned and will continue to be delivered in the same or a similar way, it is likely that changes in other parts of the economy will have an impact on the demand and spend in these services areas. At present, these services have been included within the addressable spend analysis that is laid out below.

The following criteria have been devised to establish a baseline of services across PCC and NEW Devon CCG that are within the scope of the programme, and the changes we make will be based on our TCS engagement work and what we have heard from the public about how services should change.

Service spend is in scope if:

- Some or all service outcomes are shared
- Service requires input and decisions from two or more parties
- Requires single input from one party but service users significantly overlap

Service spend is out of scope if:

- Outcomes are aligned but not dependent on others
- Service operates effectively independently of others although activity and spend may be impacted by changes in other service areas.
- Limited overlap in service users

By assessing each service against these criteria, a baseline list of services that are in the scope of the programme has been devised. The detailed list of these services across PCC and NEW Devon CCG can be seen in the embedded spreadsheet in Appendix A. Note that this list is subject to agreement by the HWB Integration Programme Board and as such there may be changes.

In addition to considering whether services are in or out of scope of the programme, services that will form part of the integrated provision project have been grouped into three categories, which correspond to differing levels of need and complexity, and allow a focus on the aim of 'investing to save'. These three categories are:

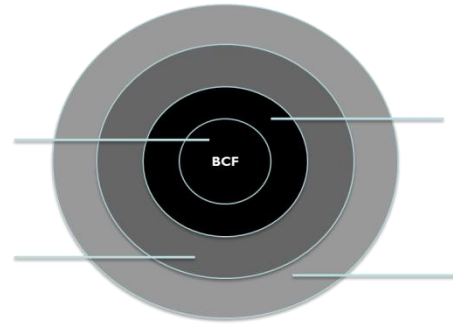
- Wellness - Universal or preventative services. This includes many Public Health services, such as smoking cessation and sexual health campaigns, and PCC services that do not require a FACS assessment. The category also includes early years prevention and early intervention services, and best start to life services
- Community intervention - Targeted services for those who may be at risk in the future, and services for people who need support in the community. This includes community nursing, domiciliary care and supported living
- Complex and bed based care - Services people with complex needs, who cannot be supported in the community. This includes acute, residential and nursing care

The project aims to eradicate duplications. Functions within scope include:

- Assessments of Needs
- Safeguarding of vulnerable adults
- Community based provision including equipment provision
- Service planning/Care Coordination
- Hospital admission prevention/rapid response
- Hospital Discharge planning

Minimum pooling arrangement expected by Government/Dept. of Health

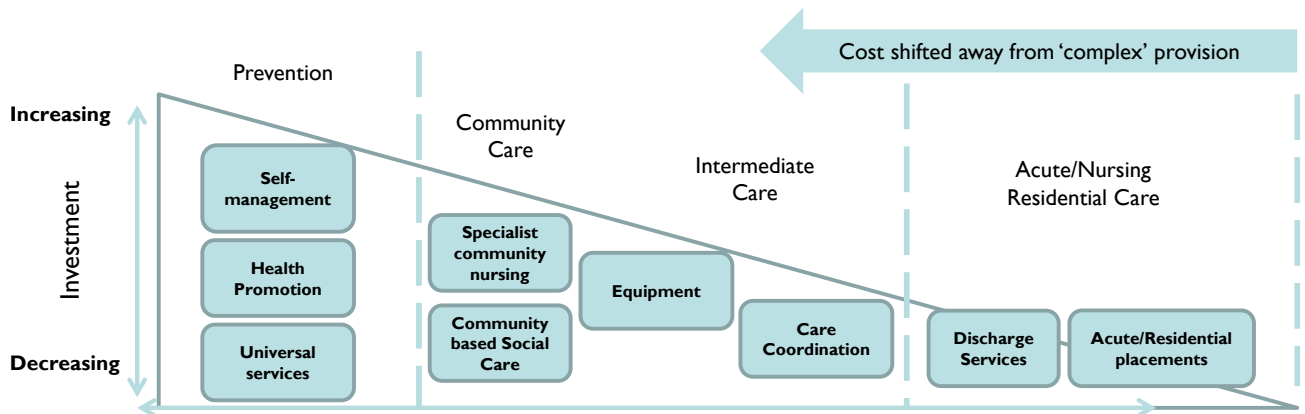
- Continuing Health Care
- Funded nursing care
- Residential nursing care
- Community health services



- Rapid response
- Carers service
- Healthwatch
- Hospital at home

- All Health and social care services, including targeted and universal services
- Primary care services

The intention is to move the balance of spend away from Complex provision towards services in Community and Wellness, in order to manage the demand and avoid costs incurred:



3.1.3 Exclusions from scope

The scope of the project will 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, although it will include the budget for commissioned children’s services (e.g. Looked After Children placements) within scope.

The project will not include in its scope any services commissioned by the Northern or Eastern Localities of the CCG, or any services commissioned by the Western or Partnerships Localities where there is an obvious geographical disconnect between the service commissioned and Plymouth city boundaries (e.g. mental health services in Devon County Council’s area).

GPs and Primary Care services are assumed to be out of scope initially, although strong links to these providers will need to be maintained to engage them throughout the process of developing the new

operating model for health and social care provision. The scope may be widened to directly include these services if a change in commissioning responsibilities for these (from NHS England to CCGs) takes place within the timescale of this project.

3.2 Outline Project Deliverables and/or Desired Outcomes

Benefit	Baseline [2012/13]	Target [2014/15]	Target [2015/16]	Target [2016/17]
Health and Wellbeing Outcomes				
Delayed transfers of care (per 100,000 population)	13.1			Return to national average
Delayed transfer of care due to adult social care (per 100,000 population)	5.2			Return to average of comparator group
Reduction in long term admission to care homes and residential homes (65 and over) (per 100,000 population)	697			
Emergency admissions: not in need of admission				5% reduction in admissions
Use of bed-based care				5% reduction in emergency admissions 5% reduction in community hospital admissions
Reduction in length of stay for older people in acute (Plymouth Hospitals NHS Trust) hospital beds	8.31			5% reduction in average length of stay
Reduction in length of stay for older people in non-acute (Plymouth Community Healthcare) hospital beds	33.05			5% reduction in average length of stay
Readmissions to ED within 30 days				10% reduction in 30 day readmissions

Potential Years of Lost Life (PYLL) from causes amenable to healthcare for children and young people				Above average (measurements yet to be carried out nationally)
Effectiveness of reablement – Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	89.30%			2% improvement
Community activity levels				Dependant on project intervention
Activity of elderly care services				National average ratio Community:RC&N C
Proportion of deaths in usual place of residence				2% increase
Number of care homes awarded the Dementia Quality Mark				
Social care related quality of life	19.4			5% improvement
Control over daily life	83.4			5% improvement
To halt the increase of excess weight in childhood (year 6) in Plymouth and then decrease it by 15.3% by 2021/22	32%			decrease it by 15.3% by 2021/22
To halt the increase of excess weight in childhood (reception) in Plymouth and then decrease it by 5.4% by 2021/22	25%			decrease it by 5.4% by 2021/22
Young people with complex mental health needs				5% reduction by 2017
Carer satisfaction	48%			5% improvement
Patient and service user experience				70% score on Plymouth I Statements

3.3 Financial Benefits

Benefit	Baseline [2012/13]	Target [2014/15]
Financial efficiencies to PCC <ul style="list-style-type: none"> • Review of ASC • Single management structure for community service delivery • Tapering contracts • Increased use of reablements • Service redesign 	£41,900K	£500K
Financial efficiencies to CCG <ul style="list-style-type: none"> • Tapering contracts • Reducing bed days in Derriford • Service redesign 		TBC

4. Co-operative Children and Young People's Services Project Summary

The intention to transform services will offer new opportunities at each age and stage of life and bring coordination to services currently organised and delivered through separate pathways. The partnership with schools and other settings is well-established and the ambition to create new models of working is being realised through innovative and cooperative system leadership.

Since 2010, funding for a number of support services has been transferred from the Local Authority to schools, enabling them to go to the market to select a provider(s) for these services

This places at risk those PCC services traditionally provided to schools, unless they can be provided in an alternative manner

CCYPS wishes to work in partnership, *in a cooperative manner*, with a wide range of partners, including schools, to effect this transformation. The drivers for this and other changes include:

- A focus on the health and well-being of children through, for example, an increase in the take up of school meals using fresh, healthy food
- A blended and complimentary approach to improvement using the best skills at the right time in the right place
- An extended offer to communities to support skills development and employment from early years to adult life
- An holistic, 'one path' approach to early intervention and meeting need.

4.1 Project Objectives

The aim of the project is to develop a cooperative response across the various partners and agencies to develop a coherent pathway and service delivery that supports children, young people and their family achieving their outcomes. Services for children and young people will be integrated with schools, health and other partners in a more cost effective way which would deliver services cooperatively.

A capability assessment approach has been taken to assess ELAFS capabilities against desired outcomes. This assessment also involved determining which capabilities belonged in the same for each cluster. The resulting proposed initial clusters within the scope of the Cooperative Children and Young People's Services are as follows:

1	Education Catering & Facilities Services
2	Community & Extended Learning
3	Targeted Services (SEN)
4	Enrichment and Aspiration
5	Knowledge and Intelligence

4.2 Project Scope

The table below shows the services in scope for each of the five clusters:

Cluster	Services that form the cluster
Education Catering and Facilities	Education Catering
Targeted Support and Early Help	Education Welfare and Monitoring Children's Centres Management Youths Services Management Child's Health and Wellbeing Education of Children at Risk and Excluded Early Help and CAF Settings Advisory Services SEND Moderation and Statutory Assessment SEN Child Assessment SEND Support Occupational Therapy Support Safeguarding Advice, Guidance and Support School Transport Planning and Scheduling Educational Psychology Early Years Statutory Duties Parents Partnership Management Transportation for SEN Sensory Support

	Effective Inclusion of Children and Young People Short Breaks, Respite
Community and Extended Learning	VCS Engagement Adult and Community Learning
Teaching and Aspiration	Governor's Training/Governance (Strategic Influence) SACRE Music Education Outdoor Education Services for Schools Global and Cultural Education Newly Qualified Teachers Inductions Schools to School Support/Strategic Partnership Monitoring Challenge Standards Interaction Schools Sports Development
Knowledge and Intelligence	Quality Assurance School Organisation Management Data Management Employment Skills School's Admissions School's Forum Demand Forecast and Planning School Place Planning Capital Planning Performance Management
Not Clustered	Voice of the Parent Voice of the Child Links to and with DfE

Additional services

- Youths Services Management
- Family Group Conferencing
- Youth Offending Team
- Family Intervention
- Family Support

The estimated addressable spend for the project is as follows:

Project	Category	PCC
CO-OPERATIVE CHILDREN AND YOUNG PEOPLE	Wellness	11,011,687
	Community Intervention	11,405,628
	TOTAL	22,417,315

4.3 Exclusions from scope

The scope of the programme will 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, although it will include the budget for commissioned children's services (e.g. Looked After Children placements) within scope.

The programme will not include in its scope any services commissioned by the Northern or Eastern Localities of the CCG, or any services commissioned by the Western or Partnerships Localities where there is an obvious geographical disconnect between the service commissioned and Plymouth city boundaries (e.g. mental health services in Devon County Council's area).

GPs and Primary Care services are assumed to be out of scope initially, although strong links to these providers will need to be maintained to engage them throughout the process of developing the new operating model for health and social care provision. The scope may be widened to directly include these services if a change in commissioning responsibilities for these (from NHS England to CCGs) takes place within the timescale of this programme.

4.4 Outline Business Case

4.4.1 Benefits

Benefit	Baseline [Year]	Target [Year 1]	Target [Year 2]	Target [Year 3]
Maximise resources and achieve financial savings through: <ul style="list-style-type: none"> - Family Support Review - Review of SEND/ Targeted Services - Review of Teaching and Aspiration Cluster - Review Learning and Communities (Education Catering) - Ensuring Full cost recovery services 		£450K		
Implementation of Cluster Model Saving	£22.417K	£450K	TBD	TBD

4.4.2 Costs

Initial cost estimates for 14/15 are £135K