

PLYMOUTH CITY COUNCIL

Subject: Co-operative Children and Young People's Services
Committee: Cabinet
Date: 15 July 2014
Cabinet Member: Councillor McDonald
CMT Member: Carole Burgoyne (Strategic Director for People)
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Ref: IHWB/CCYPS
Key Decision: Yes
Part: I

Purpose of the report:

The purpose of this report is to seek Cabinet's endorsement of an Outline 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 2011 – 2014, which is currently being refined by the Children's Partnership.

The vision for the Health and Wellbeing programme is to establish a collaborative, integrated and strategic approach to how CCG, PCC and Schools with some partners commission and deliver services, with the aim of improving patient/service user experience and improving outcomes for residents in Plymouth from the resources available. In addition the Cooperative Children and Young People's part of the programme will develop and deliver new models of working with schools and other agencies who work with children and families to create collaborative, 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 programme 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.

Read more at <http://www.plymouthherald.co.uk/50-pledges-Plymouth-Council-vows-light-landmark/story-21254488-detail/story.html#DZEDscHPEJSrD6s8.99>

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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.

No specific Health and Safety Issues have been identified.

This report will contribute to the response to the Fairness Commission recommendations scheduled for August 2014.

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

Contents

- 1. Context..... 9**
- 2. Vision 14**
 - 2.1 Strategic Principles and Outcomes 15
- 3. Strategic Case 16**
 - 3.1 Local Strategic Drivers for Integration of Children and Young People Services..... 16
 - 3.2 Key Drivers..... 17
 - 3.3 Aims..... 21
 - 3.4 Scope 22
 - 3.5 Out of scope..... 24
 - 3.6 Options for change – analysis and recommendation 24
 - 3.7 Fit with Strategic Blueprint..... 26
 - 3.8 Benefits of preferred option(s) 27
 - 3.9 Capabilities that will be delivered 28
 - 3.10 Assumptions 28
 - 3.11 Stakeholders..... 28
- 4. Project Plan 31**
- 5. Financial Case 32**
- 6. Management Case 33**
 - 6.1 Projects..... 33
 - 6.2 Key Risks Analysis 37
 - 6.3 Project Resources 39
- Appendix 1 – Scope of ELAF Services..... 41**
- Agreement to Proceed to Next Stage 42**

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.

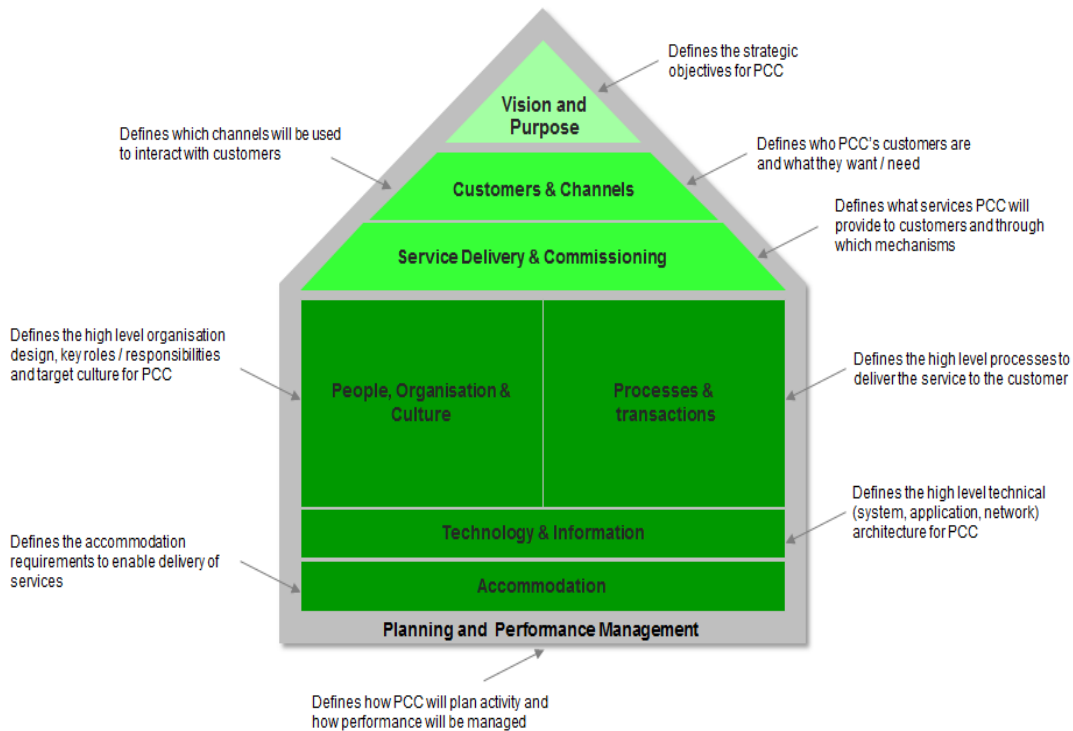
The council has initiated a number of far-reaching and ambitious change programmes over 2012-13 to address the twin aims of addressing financial constraints and improving service delivery. These include:

- 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.

There are 5 programmes to deliver the transformation.

Customer and Service Transformation: This programme will transform the way the council interacts with customers to meet their demands and preferences, and transform the services that the Council decides to retain in-house.

Co-operative Centre of Operations: Creating the business as usual strategic 'centre' for the Council, which uses the co-operative principles and intelligence to co-ordinate organisational decision making and activity.

Integrated Health and Well Being: The Council can engage with partners to deliver services at a lower cost, whilst also improving outcomes and customer satisfaction. The aim of the programme is to achieve "One system, one budget to deliver integrated, personal and sustainable care".

People and Organisational Development: The programme will enable the Council to define and deliver the required workforce and accommodation capability change.

The **Growth, Assets and Municipal Enterprise** programme has been developed to:

- Contribute to the growth of the City and the move towards a brilliant co-operative council.
- Generate and accelerate additional income for Plymouth City Council from economic and housing growth across the Council
- Create a brilliant co-operative street service which will :
 - Make operational changes to enhance service delivery
 - Provide evidence to design and deliver new service delivery models
 - Identify and deliver new opportunities for commercialism, new income streams
- Realise opportunities to bring in additional income from the commercialisation and increased trading of services.

2. Vision

The vision for the Health and Wellbeing programme is to establish a collaborative, integrated and strategic approach to how CCG and PCC with some partners commission and deliver services, with the aim of improving patient/service user experience and improving outcomes for residents in Plymouth from the resources available. In addition the Cooperative Children and Young People's part of the programme will develop and deliver new models of working with schools and other agencies who work with children and families to create collaborative, 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 programme 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.
- improving educational outcomes for all and raising aspiration through an enhanced and integrated way of delivering school to school support and school improvement
- extension of school organisation and support services through creation of cooperative trading companies where assets can be distributed to meet need
- development of community learning and support for neighbourhoods through the development of a cooperative joint venture between Plymouth Adult and Community learning (PACLs) and voluntary sector organisations

The Plymouth Children & Young People's Plan

The Plymouth Children & Young People's Plan 2011-2014 includes the following priorities:

- Equipping young people with skills, knowledge and opportunities to make a successful transition to adulthood
- Improving levels of achievement for all children and young people
- Providing all children with the best possible start to life
- Tackling risk taking behaviours through locality delivered services

The Children and Young People's Plan is currently being refreshed by the Partnership. The priorities remain similar but will be addressed through a system leadership lens and are being incorporated into the Children's Cooperative Commissioning Strategy following sign off by the Children's Partnership and Joint Commissioning Partnership. The new plan reflects existing partnership plans and the PCC Corporate Plan. It will also reflect and own several of the recommendations from the Fairness Commission.

In the last year the Children's Partnership has set key values to underpin the development of its future role:

- We will listen to the voice of the child and champion their needs, ensuring they are at the centre of all our work.
- We will engage and cooperate with each other and our communities
- We will set high aspirations, being optimistic about the futures of all our children
- We will be dynamic, promoting the welfare of children through positive change in their social, economic and physical environments.

3. Strategic Case

3.1 Local Strategic Drivers for Integration of Children and Young People Services

PESTLEC Analysis

The following analysis has been undertaken to set out the context for the workstream

Factor	Impact
Political	<ul style="list-style-type: none"> • Children’s Act 2004 • Working together to safeguard children (2013) • Welfare reforms • Cooperative Commissioning • Modernising services • School reforms • Potential change of Central Policy • Children and Young Peoples Plan 2011 to 2014 • PCC’s Transformation Programme • Children and Families Act 2014
Economic	<ul style="list-style-type: none"> • Budget pressures across PCC and other public bodies • Increasing demand for services
Societal	<ul style="list-style-type: none"> • Local demographics and demand - growth in Plymouth birth rate • Higher levels of unemployment • Health and Wellbeing – deprivation • Higher than average ‘gap’ in educational achievement between FSM and non FSM pupils.
Technological	<ul style="list-style-type: none"> • Multiple legacy systems
Legislative	<ul style="list-style-type: none"> • The Children’s Act 2004 • SEND reforms
Environmental	<ul style="list-style-type: none"> • No Environmental Impacts identified
Customer/ Citizen	<ul style="list-style-type: none"> • Growing demand for services • Need to enhance voice of the child • Greater “customer” expectations • Development of Commissioning Plan – beyond

3.2 Key Drivers

The following drivers significantly affect the project. These include:

- Local demographics and demand
- Increase in the number of children requiring protection
- Munro Principles
- The Academies Act 2010
- Transformation of Education, Learning and Family Support
- Implementation of Plymouth's Health and Wellbeing Strategy
- Children's Act 2014
- Working Together to Safeguard Children 2013
- Welfare Reform 2012

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%.

The population of Plymouth is now growing and is predicted to reach 300,000 people by 2031. The 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 11,560 children live in poverty.

The increase in population, and particularly the increase in children, is likely to put significant strain on both health and social care services in years to come.

Children in need of protection

There has been a significant increase in the number of looked after children subject to a Child Protection Plan in Plymouth in 2013-14, and there is an urgent requirement to develop an enhanced prevention and early intervention strategy in order to manage demand resulting from vulnerable children and families

The Academies Act 2010

Local schools are seeking a new and responsive arrangement in service delivery where they have influence over the design of services. Schools and Academies consider that the present models were not utilising the skills and sector expertise in schools and are not always delivering what they want or need. There is some evidence that the LA could use more effectively the skills of schools in the delivery of our statutory duties. The national policy direction has altered the face of the educational landscape. The role of the LA is changing rapidly - especially in its relationships with schools. The Academy and Free School initiatives mean that the LA must have a different role; in essence it retains its statutory functions and strategic responsibilities but has less power to influence and intervene.

Meanwhile schools are free to make a wide range of decisions and their ability to trade and purchase services from a variety of sources is increased. Schools are coming together to share their views and make their voice

heard in relation to the type and quality of service they wish to access. The LA needs to respond swiftly and positively as schools make budget and expenditure decisions for future years.

The Munro Principles

Munro was asked to conduct a review of children’s safeguarding and her review helped inform the Children’s Act 2012. Munro established a number of principles that all work with children and young people should strive to include. These principles are:

- The system should be child-centred
- The family is usually the best place for bringing up children and young people, but difficult judgements are sometimes needed in balancing the right of a child to be with their birth family with their right to protection from abuse and neglect
- Helping children and families involves working with them and therefore the quality of the relationship between the children and family and professionals impacts on the effectiveness of help given
- Early help is better for children
- Children’s needs and circumstances are varied so the system needs to offer equal variety in its response
- Good professional practice is informed by knowledge of the latest theory and research
- Uncertainty and risk are features of child protection work
- The measure of the success of child protection systems, both local and national, is whether children are receiving effective help

These principles need to be included in this project.

Transformation of Education, Learning and Family Support

Education, Learning and Family Support (ELAFS) services play a critical role in supporting the successful delivery of the outcomes associated with these priorities. Although there has been some success in improving levels of achievement among children and young people, there are a number of wider health outcomes where further work is required. These include breastfeeding and teenage pregnancy rates.

A review of Children’s Centres in the city was recommended by the Joint Commissioning Partnership in May 2013, in order to prepare for re-commissioning and probable funding reductions from PCC as a result of budget pressures. Against this backdrop, it will be important to consider how an integrated suite of services for children and young people, offered across public sector partners, may help in achieving outcomes within the Children & Young People’s Plan and Health & Wellbeing Strategy, whilst also working within the reduced resource envelope available.

In addition it is recognised that the funding and service improvement issues identified in Plymouth are not unique. A willingness to collaborate across agencies has been identified and also an interest from other LAs has been shown in developing vehicles fit for wider trading.

Financial imperative

At a local level there are considerable financial pressures. Plymouth City Council is committed to reducing spend by £65m over the next three years, of which approximately £16m may be allocated to reduced spend on Social Care service delivery.

In addition, the CCG is forecasting a 1% reduction in acute spend, and flat budgets for community and mental health services, in 2014/15. There are likely to be similar budget positions in future years. School budgets have been protected in CSRs and are generally in a stable, positive position. However, increased responsibilities for schools and rising demand for the placement of the most complex cases and special need indicate that school budgets will also be under pressure in the next 3 years. This matches the pressure on high need that the LA is facing.

Therefore of key concern for both organisations is the on-going sustainability of the services and service quality in the face of the financial targets, and both organisations recognise that there is a need for a strategic and innovative response to achieve the level of savings required.

The local case for change is also supported by the significant reductions in budgets within the Local Authority meaning that the status quo is no longer a financially sustainable option to deliver the Council’s statutory requirements. ELAF services are currently funded by three main funding streams which are all facing significant pressure or potential reduction:

- Local Authority revenue funding - for services undertaken to fulfil its statutory duties.
- Traded Income made up of a range of services and products that are sold to schools.
- Specific ring-fenced grant funding (including Dedicated Schools Grant central expenditure)

Health & Wellbeing Strategy

The Health and Wellbeing Board’s vision is **“Happy, Healthy, Aspiring Communities”**. The purpose of the Board is “To promote the health and wellbeing of all citizens in the City of Plymouth”. The Health and Wellbeing Board has set out three parallel core programmes to promote integration, with the aim of delivering healthy, happy, aspiring communities.

- **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

Underpinning the board and its aims are three key principles of working together, which 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 fiscal and human) to the prevention, and health and wellbeing agenda

PCC Transformation Programme

Plymouth City Council has an extremely large funding gap which has the potential to increase over the next

Working Together to Safeguard Children 2013

This guidance governs how organisations and individuals should work together to safeguard and promote the welfare of children. It requires Local agencies to have in place effective ways of identifying emerging problems and potential unmet needs for individual children and families. This includes assessment of the need for early help and the provision of early help services which are coordinated and not delivered in a piecemeal way. Services included within the early help offer are high quality support in universal services, family and parenting programmes, assistance with health issues and help for problems relating to drugs, alcohol and domestic violence. Services may also focus on improving family functioning and building the family's own capability to solve problems; this should be done within a structured, evidence-based framework involving regular review to ensure that real progress is being made.

Welfare Reform Act 2012

The Coalition Government has enacted a series of reforms to the welfare system, which are intended to make the system fairer, and support more people into work. The reforms include a simplification of the benefit structure, with the creation of the Universal Credit. In terms of housing benefits, a cap has been introduced as well as the 'spare room subsidy' for houses deemed to be under-occupied.

Research by the National Housing Federation has shown that nearly 2,000 households in Plymouth have been affected by the changes to housing benefits in particular, with an average loss of income of £711. This is likely to place additional strain on certain housing services provided by PCC, and this programme will need to consider the impact of reducing budgets on rising demand for these services.

3.3 Aims

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.

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.

Objectives

The overall objective of the Co-operative Children and Young People's Services Project will be to bring together a number of workstreams. This work will develop a number of alternative delivery models for a variety of children's and young people's services. These include services currently provided by the Education, Learning and Family Support, Children's Social Care and Homes and Communities Departments within PCC, in conjunction with partners.

In developing the alternative delivery models, the project has a number of key objectives. These include:

- Development of a network(s) of partners – NHS, PCC, Schools, and various third sector and commissioned organisations
- The networks will be built on the principles of Cooperative Commissioning and co-design and delivery
- There will be strategic and operational oversight of complete integrated budget so can plan effectively

- Simplification of processes and service for children, young people and their families, e.g. setting up a single “front door” for all enquiries about a child or family for professionals and members of the public.
- Cost savings through streamlined management functions and better planning and utilisation of resources
- Potential to sell services to other organisations/broaden remit of service delivery functions

3.4 Scope

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

Children’s Social Care

The original business case developed for the IHWB commented that Children’s Social Care (CSC) was out of scope for the programme. The following key changes will form part of the scope from this project:

- Reconfiguration of CSC
- Review of Family Support - Family Group Conferencing and Intensive Family Support

ELAFS

The services within scope for ELAFS cover all five of the clusters; Appendix 2 includes a table that shows the complete set of services in scope.

Development of the Cooperative Children’s Partnership and the five cluster components

A number of alternative delivery options have been considered for the delivery of ELAFS. The preferred option is to work with partners and collaborate with other public sector organisations to develop a shared governance model and delivery clusters to provide and share services.

The Cooperative Model for delivering Education, Learning and Family Support Services has been described as a honeycomb. In practice, this represents a collection of joint venture type entities with multiple members (clusters), operating through pooled budgets and shared management arrangements. The number of initial potential clusters has been reduced to 5 in order to benefit from economies of scale.

A capability assessment approach has been taken to assess ELAFS services against desired outcomes. This assessment also involved determining which capabilities belonged in the same for each cluster. The resulting proposed clusters are as follows:

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

The clusters will form the proposed new delivery model for Education, Learning and Family Support Services. These include Education Catering and Plymouth Adult Community Learning Service (PACLS). The Cooperative Model will be a network of clusters, governed by a Partnership Board who will be responsible for the systems leadership of CCYPS. Partners will formally commit relevant resources to cooperatively deliver services within a cluster, thereby becoming entitled to receive services in return.

Commissioning budgets will be pooled and routed through a strategic body e.g. Children & Young People's Partnership/Children's Commissioning Group. Organisations may choose not to become formal partners but may contract for services with the cooperative model as associate partners.

Cluster	Target Date	Comments
Education Catering & Facilities Services	Sep 14	<ul style="list-style-type: none"> Education Catering will be moved into an Local Authority Trading Company The new organisation is a joint venture with schools A separate Full Business Case is going to Cabinet in June There is further scope to grow this as a business by adding to the current services of school meals and community meals
Community & Extended Learning	Mar 15	<ul style="list-style-type: none"> The original intention was to spin out as a public sector mutual. Current plan for PACLS is to work with key third sector organisations to develop a cooperative approach for community learning Separate business case and plan is to be developed.
Targeted Services (SEN)	Sep 14-Mar 15	<ul style="list-style-type: none"> This cluster incorporates the development of the SEND reforms and the Early Help Coordination Unit. The services could be transferred into a cooperative approach based on Ed Catering LATC Interested partners currently are PAPH CiC and schools, Plymouth Community Health, Police.
Aspiration and Learning	TBD	<ul style="list-style-type: none"> A number of current PCC services are in scope for being delivered as a service with schools which may be traded or may be a blended approach pooling budgets and resource..
Knowledge and Intelligence	TBD	<ul style="list-style-type: none"> This may be a Local Authority Traded Cooperative Company wherein statutory work is delivered without charge but enhanced aspects of the function may be traded within Plymouth and the Peninsulas.

Homes and Communities

There are a range of services that are currently provided out of Homes and Communities. During the reviews of Family Support (Families with a Future/Troubled Families) and Youth Services (Youths Services Management and Youth Offending Team) options will be worked through to determine the future delivery models and integration potential.

3.5 Out of 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.

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.

3.6 Options for change – analysis and recommendation

In order for the model to be cooperative and collaborative, each of the clusters will need to be delivered via a new delivery mechanism. The vehicle for each cluster may be the same or different, depending on which vehicle is assessed as being the most effective to deliver the cluster. Vehicle options to be considered are:

Level of Integration	
1. Minimum	Organisations respond individually to Health and Wellbeing Board/Children’s Plan strategy and priorities Limited integration takes place and parts of PCC service delivery budgets transferred
2.	Organisations agree a planned programme of initiatives for collaboration around the strategy and priorities. Functions are integrated within an existing organisation/cooperative PCC service delivery budgets transferred into existing organisations and relevant staff transferred (via TUPE).
3.	Organisations create new entities or partnerships for particular aspects or initiatives within the strategies/plans. PCC and partners come together to create new joint service delivery entities, such as social enterprises or cooperatives
4. Maximum	Organisations form a new entity or formal partnership to take forward a city wide, comprehensive programme for Children and Young People PCC would form a cooperative to deliver some functions and would work across a cooperative network with partners via an MOU

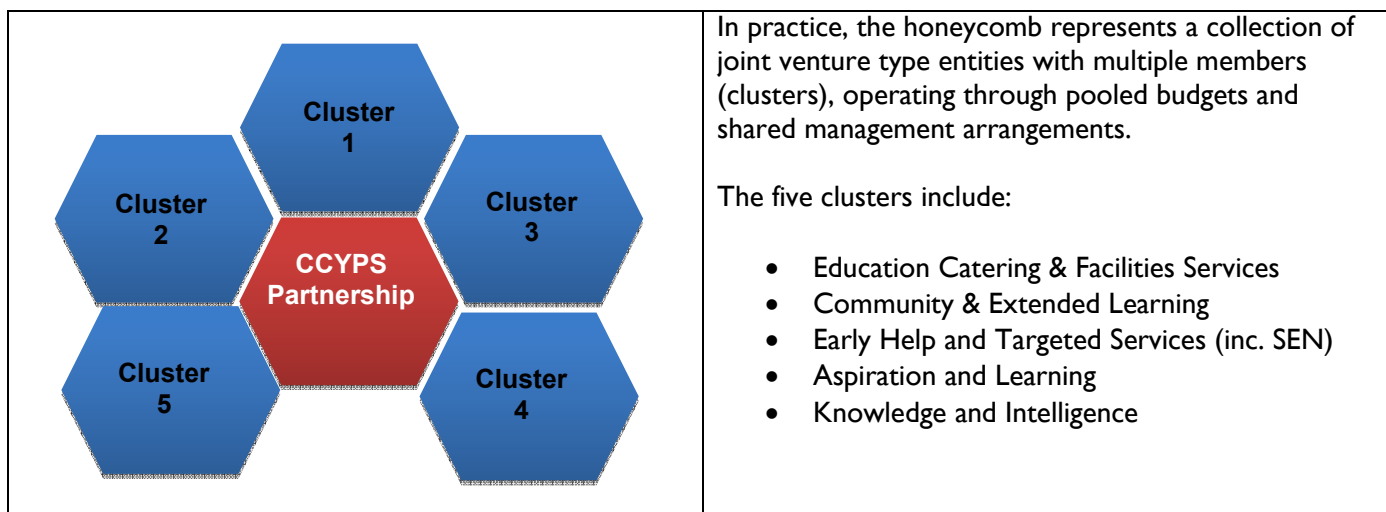
The aspiration is to achieve a significant level of integration for service delivery for all services, except children’s social care. The anticipated benefits (and risks) to PCC would be:

Description	Benefits	Risks
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- | | | |
|--|--|---|
| <p>a Council and Partners come together to create a new service delivery entity in form of a Mutual or Cooperative Enterprise</p> | <ul style="list-style-type: none"> • Potential to sell services to other organisations/broaden remit of service delivery function • Potential to broaden membership to other organisations • Perception of independence makes partners equal • Strategic and operational oversight of complete integrated budget so can plan effectively • Single organisation is responsible for all service delivery – simpler for stakeholders • Greater opportunities for career progression for staff | <ul style="list-style-type: none"> • Cost of creating a new entity • Cost of overheads of operating a new entity • Potential increased procurement costs • Potential challenge under terms of ‘state aid’ |
| <p>b Council and Partners come together to create new service delivery entities, which would be a ‘Honey-Comb’ of Cooperatives and operate through a Joint venture approach</p> | <ul style="list-style-type: none"> • Potential to sell services to other organisations/broaden remit of service delivery function • Potential to broaden membership to other organisations • Strategic and operational oversight of complete integrated budget so can plan effectively | <ul style="list-style-type: none"> • Cost of creating new entities • Cost of overheads of operating new entities • Potential challenge under terms of ‘state aid’ |

In addition to this diagram is the development of the schools/education services model, known as the “honeycomb” model.



3.8 Benefits of preferred option(s)

The benefits to children, young people and families will include:

- Reduction in the number of children and young people becoming subject of child protection plan and subsequently taken into long-term care.
- Less children/young people “revolving in and out” of CSC
- Enhanced Early Help offer and services
- Better sharing of information
- Keyworking central to interventions

Benefits to Partners

The following non-financial benefits have been identified:

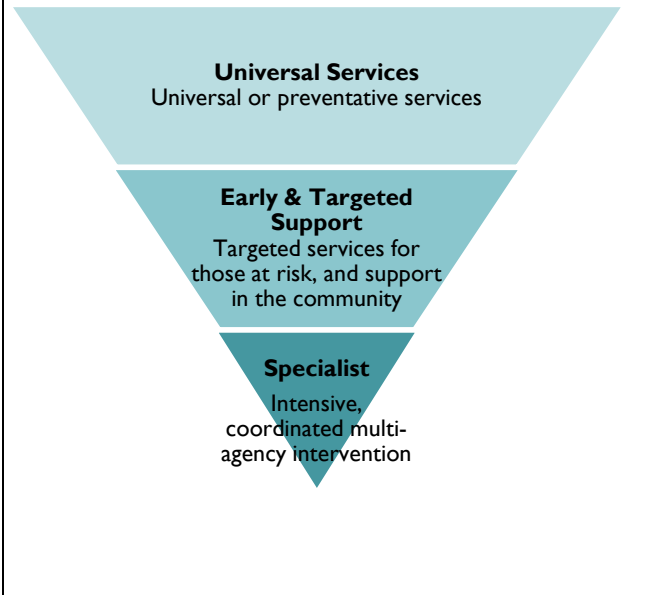
- Best use of resources
- Creating sustainable partnerships through cooperative approach
- Business development opportunities
- Greater sustainability

Benefits to PCC

- Cost savings through using alternative service delivery mechanisms
- Greater flexibility regarding service delivery
- Greater capability to deliver Children’s Commissioning Plan
 - Building Integrated Commissioning- Quick wins
 - The Voice of Children and Young People
 - Stakeholder Involvement
 - Need to develop coherent child and family centred models that reinforce Early Help
- Cost savings through transforming service delivery

3.9 Capabilities that will be delivered

The following capabilities will be delivered by the project:

Spectrum of need	Capabilities to be delivered
 <p>Universal Services Universal or preventative services</p> <p>Early & Targeted Support Targeted services for those at risk, and support in the community</p> <p>Specialist Intensive, coordinated multi-agency intervention</p>	<p><u>Universal Services</u></p> <ul style="list-style-type: none"> • Single front door for all enquiries related to a child, young person and/or family • Single Assessment Framework • “Local Offer” for SEND and Early Help <p><u>Targeted Support</u></p> <ul style="list-style-type: none"> • Enhanced Early Help capability • Lead Professional • Team around the Child/Family • Capability to share assessments, plans and distance travelled • Adult Community Learning Service <p><u>Specialist</u></p> <ul style="list-style-type: none"> • Reconfigured CSC • Step-down capability for children • Improved IT systems

3.10 Assumptions

It is assumed that all services within the Council are to be considered for their potential to be delivered using an alternative model. ICT, TUPE and other governance arrangements relating to alternative delivery models are to be determined.

Resources – sufficient resources with the required skills will be available to the project. This include project resources such as project managers and subject matter expertise both within the People Directorate and experts such as Legal, Human Resources and Finance

Delivery – the project will not cause difficulties to service delivery

Budgetary – sufficient budget will be available to support delivery of project

3.11 Stakeholders

Key People	What's in it for them?		What could they do to support or prevent the change from taking place?	What could we do to reduce the impact or encourage support?
	Impact (+/-)	Level of Risk (H/M/L)		

Elected Members	+ive	M	<ul style="list-style-type: none"> Support the programme aims and objectives (+) Require changes of pace and areas of focus (-) 	<ul style="list-style-type: none"> Regular programme briefing sessions with Members to inform them of progress Key decisions subject to Scrutiny Committee Ensure members responsible for the programme are well briefed and kept up-to-date Regular meeting between CB and SM and PS
PCC Staff	Neutral to -ive	H	<ul style="list-style-type: none"> Potential loss of staff positions (-) Opportunity to improve services (+) Staff being TUPEd to new organisation (-) Fear of loss of terms and conditions (-) 	<ul style="list-style-type: none"> Briefing/engagement sessions on programme and updates Involvement with process redesign projects Commissioning team to consider market development opportunities
Plymouth Residents and Service Users	+ive to Neutral	M	<ul style="list-style-type: none"> Better services for those accessing Health or Social Care (+) 	<ul style="list-style-type: none"> Engagement sessions at start of programme Awareness of changes campaign Involvement of service users/patients in process redesign activity Feedback mechanism Support Local Healthwatch to understand programme
Trade Unions	Neutral to -ive	M	<ul style="list-style-type: none"> Job cuts (-) Loss of members (-) Attitude towards the Transformation Programme (-) 	<ul style="list-style-type: none"> Clear briefing Regular update on programme and impact on staff of changes Consultation with TUs on changes
Providers/Partners	+ive to Neutral	L	<ul style="list-style-type: none"> Understanding of changes (0) Extending commissioning opportunities to 3rd sector (+ve) 	<ul style="list-style-type: none"> Briefing/engagement sessions on programme and updates Involvement with process redesign projects Commissioning team to consider market development opportunities

Transformation Programme	+ive	L	<ul style="list-style-type: none"> • Alignment across programme (+ve) • Involvement on programme on elements that cross-over between projects (+ve) 	<ul style="list-style-type: none"> • Alignment sessions between programme managers and project managers • Sharing of progress, lessons learnt • Involvement on projects where needed
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5. Financial Case

Financial Benefits	Baseline [Year]	Target [Year 1]	Target [Year 2]	Target [Year 3]
ELAFS				
SEND/ Targeted Services		£125k	£125k	£125k
Teaching and Aspiration		£100k	£100k	£100k
Full cost recovery services		£125k	£125k	£125k
Family Support		£100k	£400K	£400K
Implementation of Cluster Model Saving	£22,417K		TBD	TBD
Review of Youth Services		£350K	£750K	£1,000K
Total		£800K	£1,600K	£1,850K

There are a number of additional financial benefits which can be expected from moving to an alternative delivery vehicle are as follows:

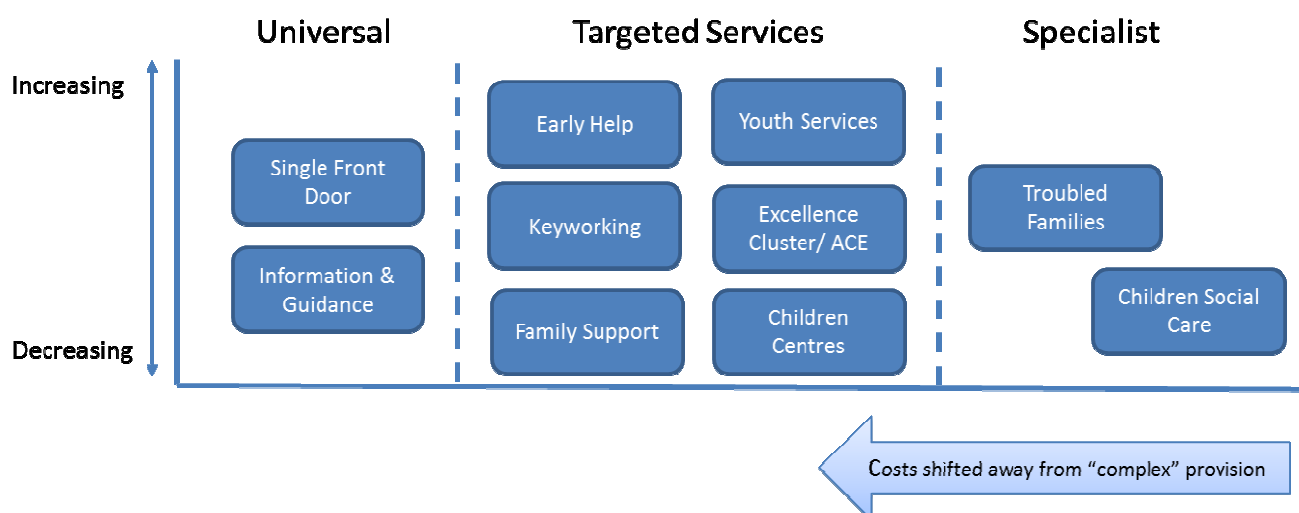
- Services are arms-length, or further, from Council so can be more flexible and commercial
- Ability to trade for profit and generate additional income
- Promotes sense of staff ownership and improves rates of sickness absence and productivity
- Ability to employ new staff on cheaper Terms and Conditions
- Able to purchase support services from external market
- Able to make supply-side savings

These financial benefits will be quantified as each work stream is developed.

		<ul style="list-style-type: none"> • Need to develop managed pathway • PCC will provide Early Help coordination using the CAF team
Adoption Reform	No	<ul style="list-style-type: none"> • BAU
Children’s Social Care re-configuration	Yes – providing Project Management and Business Analyst support	<ul style="list-style-type: none"> • Will build essential capabilities that form key elements of transformation and commissioning strategy • Need to consider alternative IT solution. CareFirst costing PCC around £500K per annum to support. Potential saving anticipated
Ofsted Preparation	No	<ul style="list-style-type: none"> • Business as Usual activity

The different services within scope of the project fit within the spectrum of need. At the heart of the commissioning strategy will be an attempt to shift away from high-end specialist services supporting complex provision to early prevention/engagement.

This will further support cost savings.



To achieve the anticipated outcomes for this project, six areas of priority workstreams have been identified. These are:

- Development of the Cooperative Community Partnership and the five cluster components
- Education Catering
- Plymouth Adult Community Learning (PACLS)
- Family Support Review
- Review of Youth Services
- Implementation of Children Social Care Service Reconfiguration Pilots
- Early Help development
- SEND reforms

6.2 Key Risks Analysis

Key Risks <i>List any identified risks</i>							
ID	Risk Owner	Risk Description (A short summary of the event)	Current Risk Rating	Actions to reduce risk to target	Action Implementation Date	Action Owner	Decision, Action or Escalation Required
1	CGW	Savings delivered from the project are not sufficient		1. Scrutiny and validation of the business case, and the projected benefits in further phases 2. Account for optimism bias in financial model when developed	July 14	CGW/JH	
2	JH	Disruption to service delivery with an impact on service quality and reputation		1. As part of business case phase contingency planning undertaken as part of implementation planning 2. Key scenarios identified and mitigation plans developed	June 14	JH/AB	
3	JH	Negative impact on service users and threat to continuity of care		1. Early engagement of key service user representative groups 2. Pathway re-design workstreams led by clinicians and social care professionals	June 14	JH/AB	
4	CGW	Staff/union resistance to the proposed changes and service redesign		1. Early consultation with Unions Union representation at key workshops.	Apr 14	CGW	
5	JH	Difficulty in securing agreement across the partners to service redesign causes delay in delivery leading to savings targets being leaked, and delaying benefits realisation		1. Areas of potential disagreement highlighted and discussed early in the process Identification of key decision makers and a dispute resolution process 2. Formal agreements and protocols in place to enable teams to work together	Apr 14	JH/CGW	
6	JH	Multiple parties involved leading to partial support for		1. Key stakeholders identified at the	Apr 14	JH/CGW	

Project Dependencies

Include information on project dependencies. The following areas should be considered:

- **Programme / Project:** Components, Deliverables or Enables which are required from other projects or programmes.
- **Organisation:** Culture, processes, standards, rules, events etc.
- **Operations:** Operational teams responsible for change management, incident management, delivery and quality management / control.
- **Project Delivery:** Such as TMO or governance board

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.
Project Delivery	<p>Development of the cluster model will require significant partnership working. Each cluster will require a Service Review to identify what is working and what requires transforming.</p> <p>During the project, the impact of OFSTED inspection will be taken into account and may significantly impact the project timescales</p>

Appendix 1 – Scope of ELAF Services

Education Catering and Facilities	Education Catering
Targeted Support and Early Help	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> VCS Engagement Adult and Community Learning Libraries Management
Teaching and Aspiration	<ul style="list-style-type: none"> 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 Sport’s Development
Knowledge and Intelligence	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Voice of the Parent Voice of the Child Links to and with DfE

Agreement to Proceed to Next Stage			
PO Assured:		Date of PO Assurance	
Approved by Project Executive:		Date of meeting	
Approved by Senior Responsible Officer – Minute Number:		Date of Meeting	
Approved by TPB		Date of meeting	