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AM 1-
Winning the Procurement and Bidding Battle

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Patrick Burns

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Neil Palmer

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Robert Flack

Locala

Dave Smith

Former CEO Sunderland City Council

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Winning the Procurement and Bid battle

A brief guide to the procurement landscape

6 July 2016


EU procurement rules
NHS rules
Internal guidelines
Best Value
Social Value

- Public authorities bound by detailed rules when they procure goods, services and works above certain thresholds
- Set out in Public Contracts Regulations 2015 - which implement the EU Public Contracts Directive 2014
- Distinction between “Part A” and “Part B” services abolished
- All procurements above the threshold must be advertised
- But new “light touch regime” for social and other services above the threshold
- All other services subject to full regime unless they are below threshold or delivered by a “Teckal” company

- New regime for social, health and education services - as less likely to be of interest to cross-border competition
- If contract above the required threshold full procurement regime does not apply but must:
  - Advertise in OJEU
  - Publish contract award notice
  - Comply with Treaty principles of transparency and equal treatment
- If contract below the required threshold, then no advertising necessary unless there are concrete indications of cross-border interest

- Competition under the Light Touch Regime can now “reserve” participation to bodies from the employee ownership and voluntary sectors
- Conditions apply:
  - Advertise in OJEU
  - Restricted list of services
  - Contract limited to 3 years
- To qualify, bidders must:
  - Have a public service mission
  - Be not for profit
  - Ownership/management structure based on employee ownership or other participatory principles
  - Not have been awarded a contract for the relevant services within the last 3 years

- NHS England and CCGs subject to additional rules under the NHS (Procurement, Patient Choice and Competition) Regulations (No. 2)
- Procurement Regulations operate alongside existing NHS procurement regime and apply to procurements by NHS England and CCGs since 18 April 2016
  - Mutuals carve out cannot be used for contracts let by NHS England and CCGs for health services


Social value
Best Value
Internal Guidelines

promodo

Commissioning Services

What are commissioners looking for ?

promodo

Get the basics right …… The compliance factors

Strategic Intent and fit

Understanding of goals and levers

Value for money

Making the quality argument ….we have delivered

Social value

Hygene factors (past record, financial security etc)

promodo

Making the added value case ….so why us ...

Differentiating features

Organisational values matter

Who will really do the work and deliver

What can we expect from you

promodo

And all other things being equal …..

Relationships matter

Mutual trust, respect and understanding

Reputation in the market

Who is leading the procurement matters for commissioners
And bidders - it says alot

promodo

Thank you for listening …..

Dave Smith

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AM 2 – Generating growth through stronger employee engagement

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Juile McEver

Local Partnerships

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Jo Undrell

Waitrose

Rhona Mason

CSH Surrey

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Engaging co-owner employees more effectively

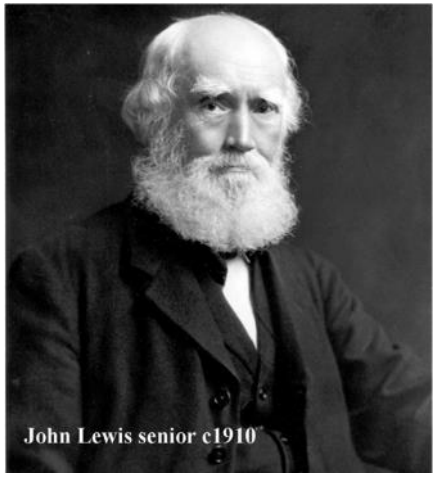
John Lewis Partnership

What I'll cover in the next 10 mins

- History of the John Lewis Partnership
- How we structure employee ownership
- How we keep employee ownership alive and vibrant
- What we believe employee ownership delivers - the numbers bit

History of the John Lewis Partnership

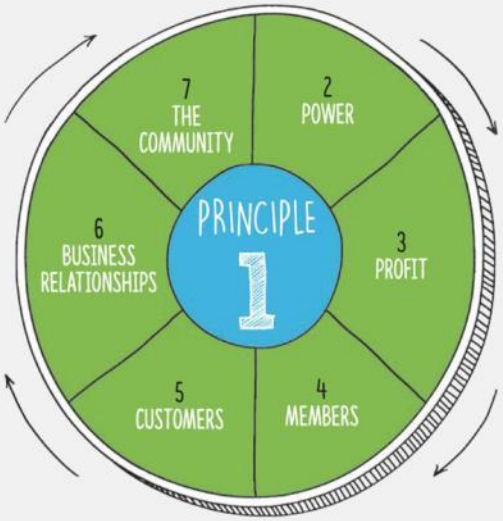
1864



1914

2016

John Lewis Partnership Principles



PRINCIPLE 1

'THE PARTNERSHIP'S ULTIMATE PURPOSE IS THE HAPPINESS OF ALL ITS MEMBERS, THROUGH THEIR WORTHWHILE AND SATISFYING EMPLOYMENT IN A SUCCESSFUL BUSINESS. BECAUSE THE PARTNERSHIP IS OWNED IN TRUST FOR ITS MEMBERS, THEY SHARE THE RESPONSIBILITIES OF OWNERSHIP AS WELL AS ITS REWARDS –

PROFIT, KNOWLEDGE AND POWER.'

Employee

I work for Widgets inc

My manager tells me what to do

I get a bonus based on my performance

In change I am told what is going to happen to me

I am asked for my feedback

Partner

I own this business

My manager works for me as much as I work for my manager

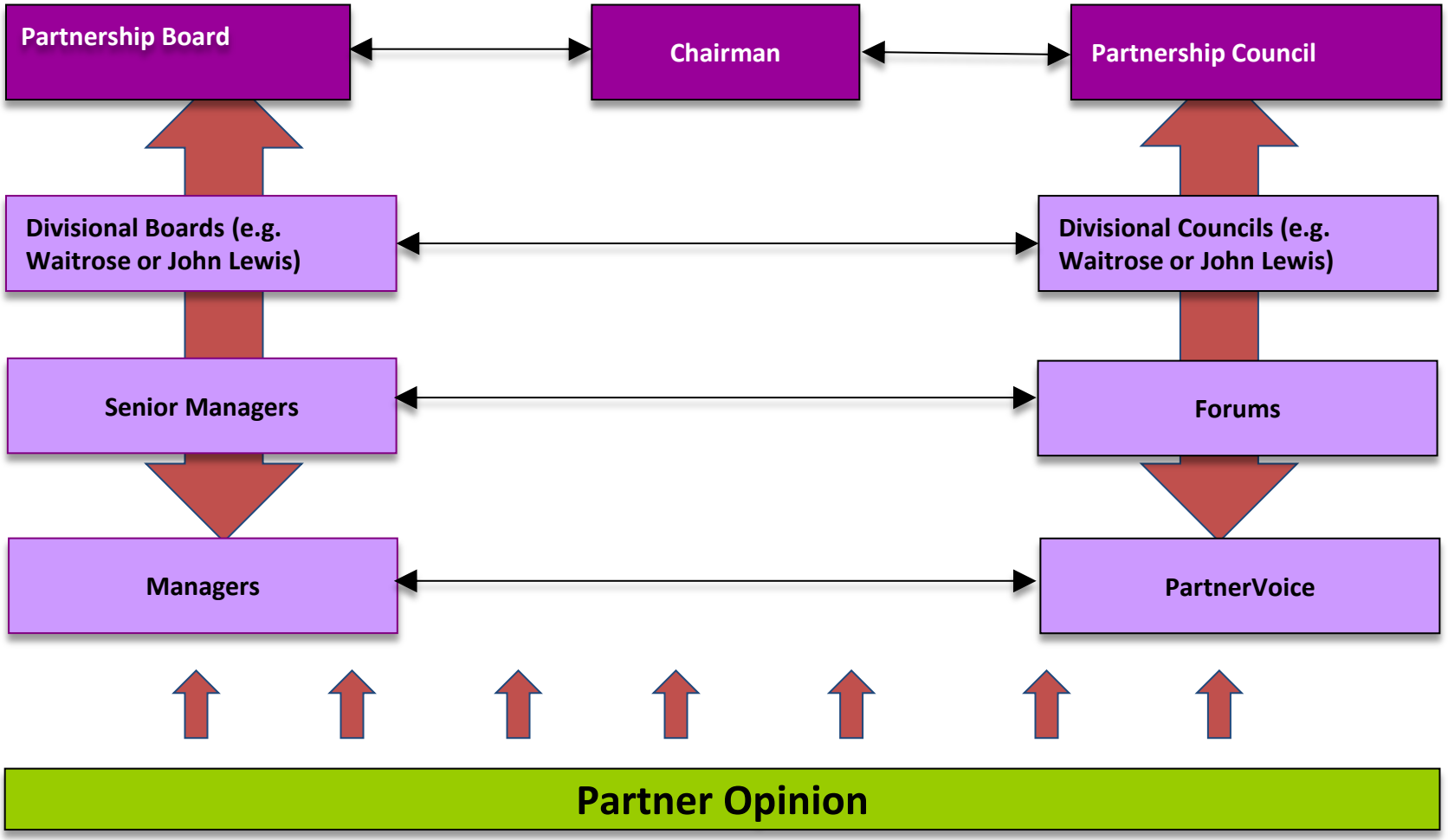
I share profit, and also knowledge and power

My views on how we change are represented

I influence how this business is run

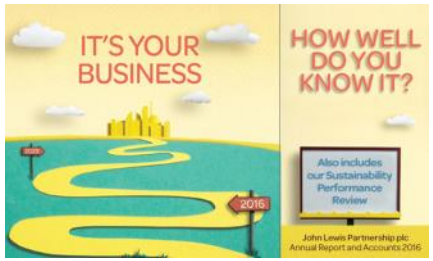
My voice is heard

How we structure Employee Ownership
Formal structures



How we support employee ownership
Informal structures

- Chronicles and Gazette
- Partner Ideas/Good Suggestions
- Partner Groups
- Networks
- AGM's
- Annual Report
- Reward Statement



How we keep employee ownership alive and vibrant

- Partner Survey
- Leadership & Partnership Behaviours
- Embracing technology
- Inspiring Ownership Course
- Partnership Day

Partnership Day 2016
Friday 1st July (Employee Ownership Day)

Why Employee Ownership?

- Absenteeism at JLP is 3.4%
- Average length of service at JLP is 7 years
- Staff satisfaction scores are high
- 2015/16 turnover was £11bn

Why Employee Ownership?

The Employee Ownership ‘Top 50’ in 2015:

- £21.5bn combined sales
- 164,000 total employees
- 4.6% increase in sales year on year
- 3.4% increase in operating profit year on year
- 2.4% increase in productivity year on year

HUAWEI

WILKIN & SONS LTD
Tiptree
TIPTREE PRESERVES
FRUIT GROWERS & PRESERVERS SINCE 1885
TIPTREE·ESSEX·ENGLAND

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PM 2 – Involving the community in service design for long term success

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Neil Turton

Salford Health Matters

Peter Holland

OPM

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Peter Holland, OPM Group

Involving Communities in service design

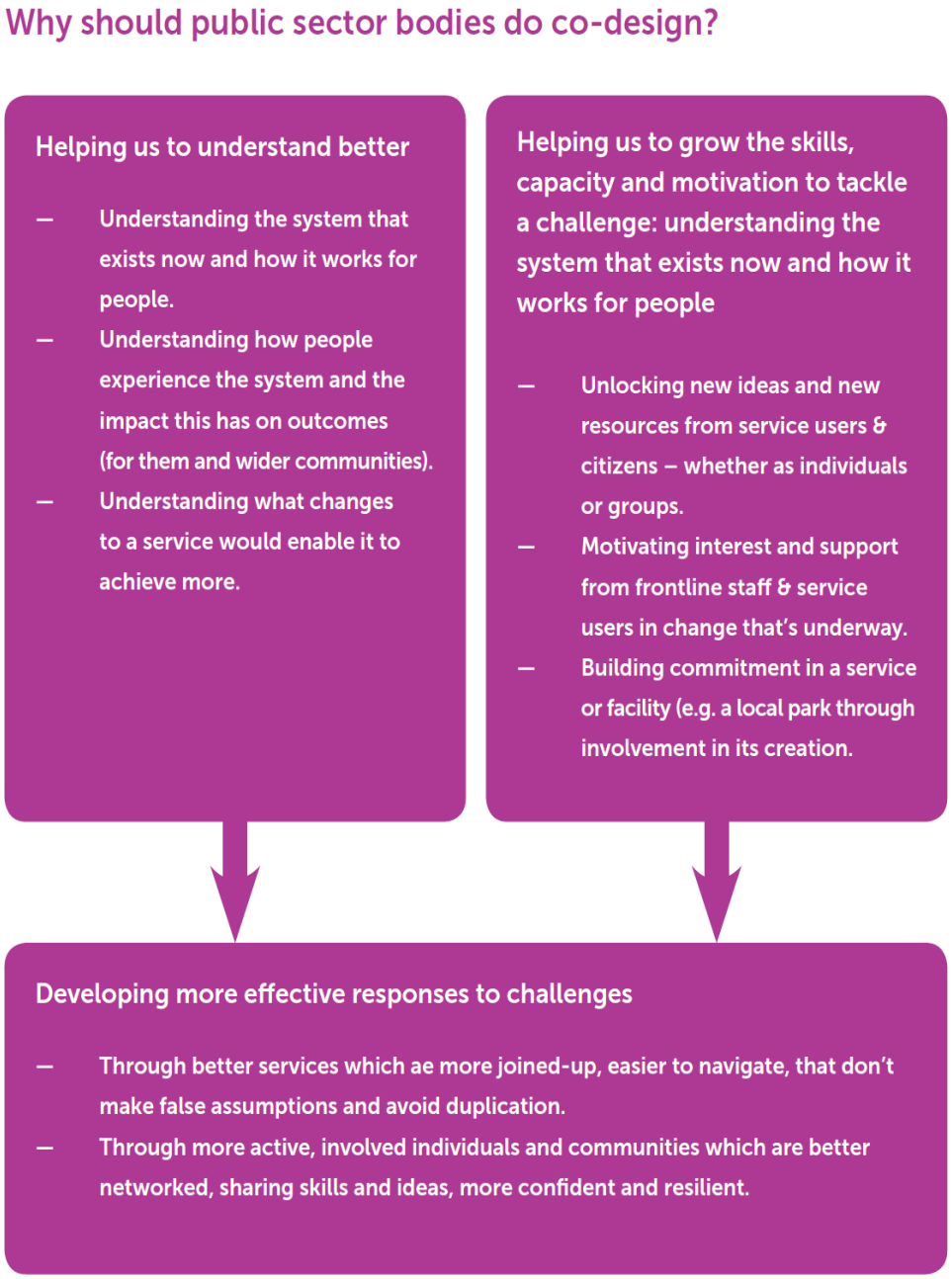
JULY 2016

A bit about OPM

OPM®

Helping you to improve social outcomes

Why should public sector bodies do co-design?



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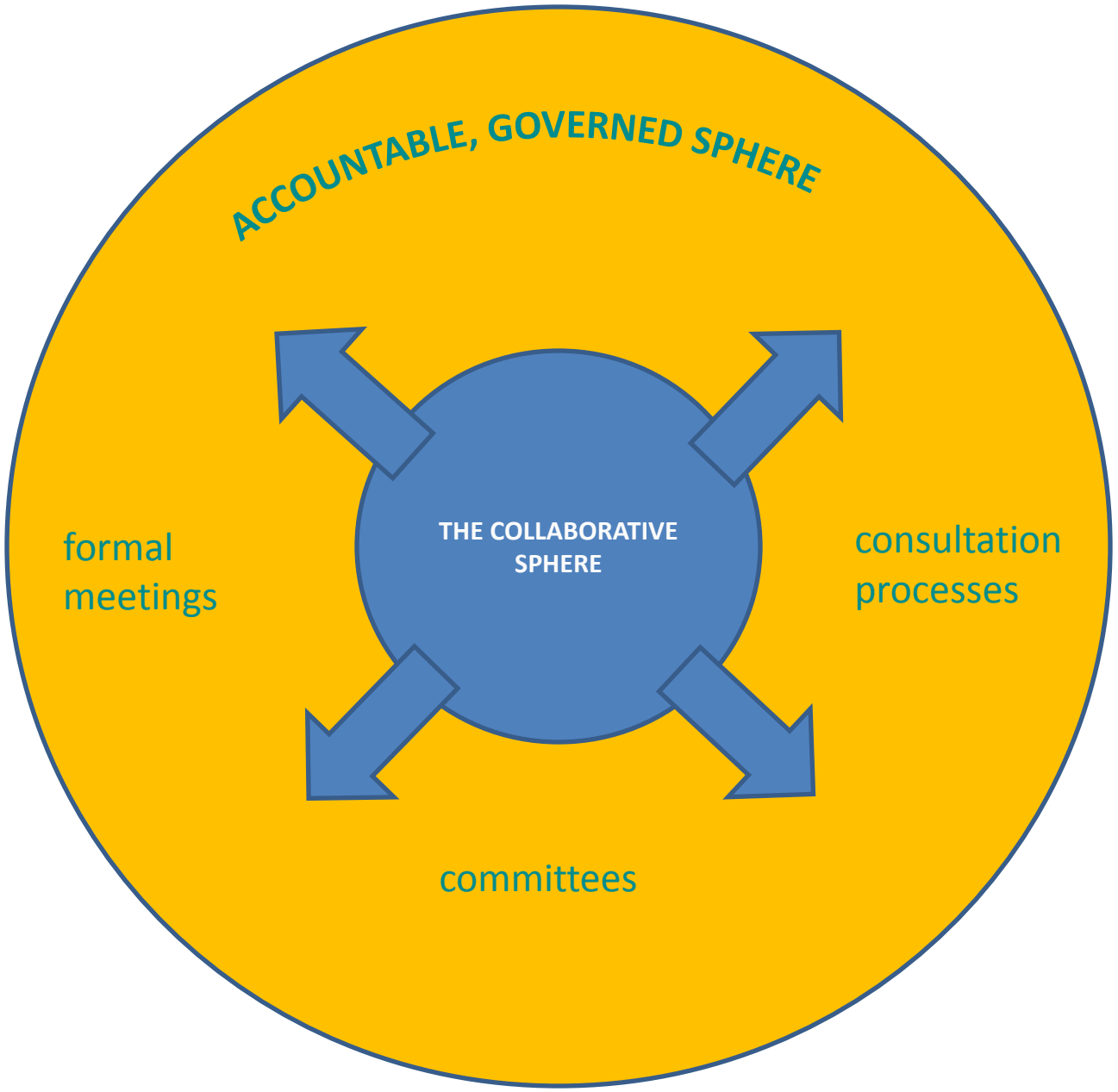
Helping you to improve social outcomes



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Helping you to improve social outcomes

Good engagement should…

- Open up conversations rather than closing them down
- Be active not passive
- Invite people to share and shape their own ideas rather than just responding to options that have been pre-formed
- Enable and support people to get involved and stay involved, not just to give an opinion and leave
- Be allowed to gather momentum – and only slow down for a good reason
- Make connections and grow local networks
- Be interesting and enjoyable

OPM®
Helping you to improve social outcomes

Engagement practice

Online or face to face?

One to one or collective?

Formal responses or discussion?

To see more engagement methods try our online engagement design tool Dialogue Designer via our website www.dialoguebydesign.com

Online tools:
Crowd sourcing
Collaborative mapping
Online communities
Social media
Mobile apps

Face to face:
Asset mapping
Ideas farms
Deliberative engagement
Discussion packs

OPM® | DIALOGUE by DESIGN
OPM GROUP

Deficit vs Asset approaches

Where we are now: the deficit approach	Where an asset way of thinking takes us
Start with deficiencies and needs in the community	Start with the assets in the community
Respond to problems	Identify opportunities and strengths
Provide services to users	Invest in people as citizens
Emphasise the role of agencies	Emphasise the role of civil society
Focus on individuals	Focus on communities/ neighbourhoods and the common good
See people as clients and consumers receiving services	See people as citizens and co-producers with something to offer
Treat people as passive and done-to	Help people to take control of their lives
'Fix people'	Support people to develop their potential
Implement programmes as the answer	See people as the answer

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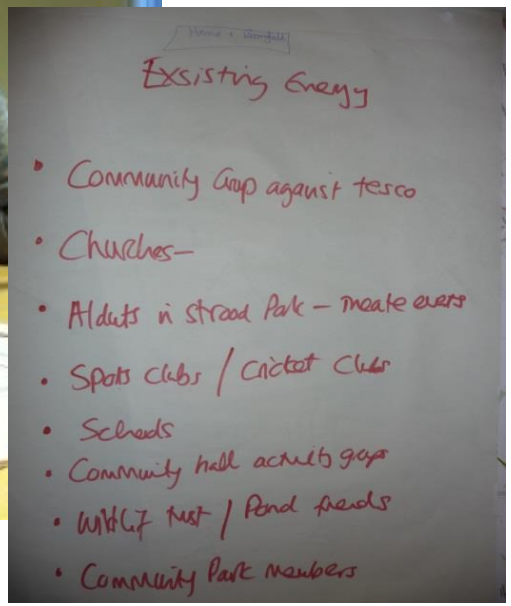
Helping you to improve social outcomes

Asset mapping



An asset-mapping workshops invites local people to come together to plot their assets on a map. It can be focused on specific interest groups – older people, young parents etc. – and can help surface 'intangible' assets – i.e. skills, interests, support networks – as well as buildings and spaces.

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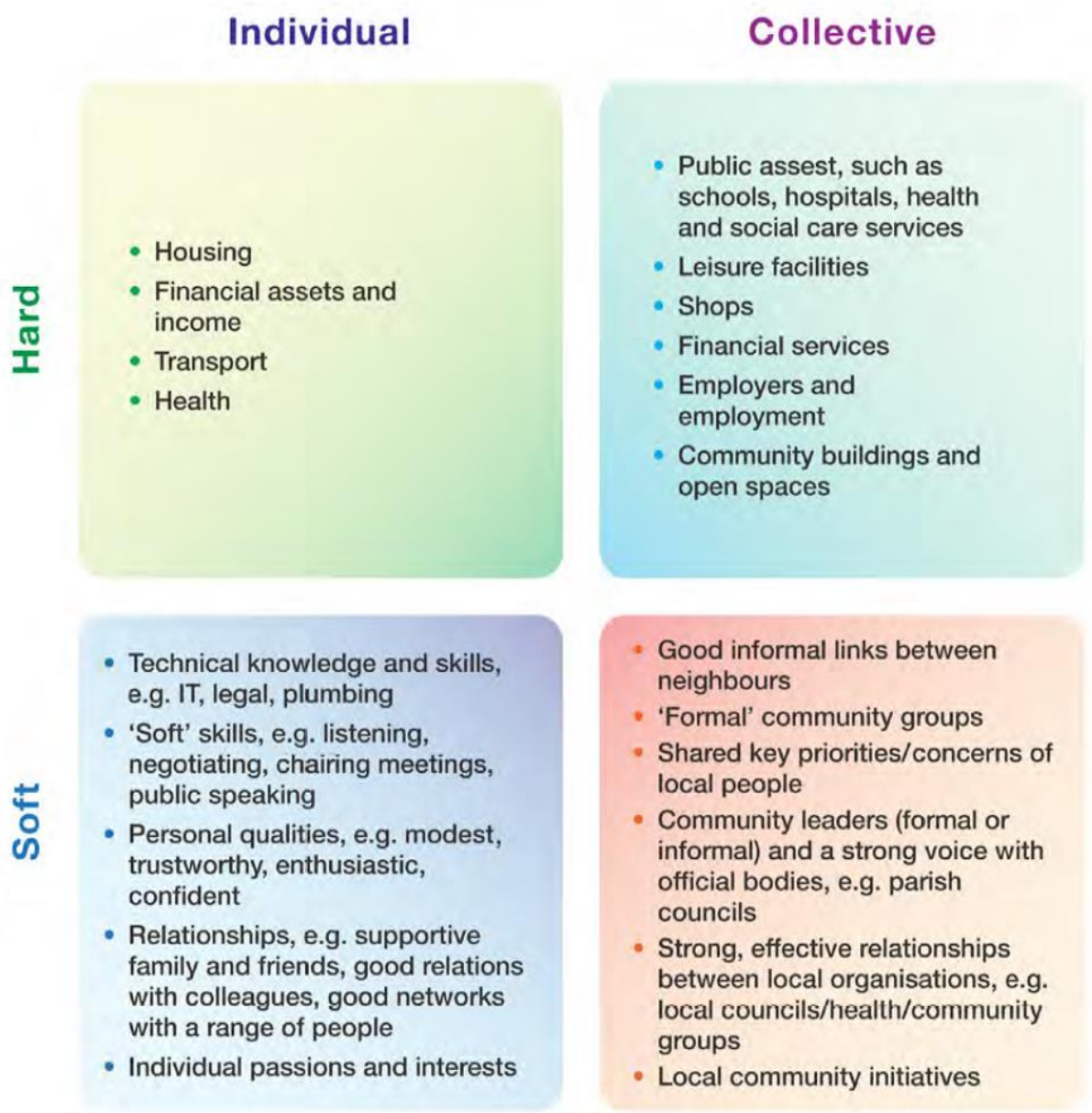
Asset mapping



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"There are assets and gifts out there in communities, and our job as good servants and as good leaders … [is] having the ability to recognise those gifts in others, and help them put those gifts into action." First Lady Michelle Obama, 2009

Email: pholland@opm.co.uk

Website: www.opm.co.uk

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How to influence, build relationships and navigate the commissioning landscape

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Nick Temple

Social Enterprise UK

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David Maher

Sustainable Development Unit

Geraldine Hoban

Horsham and Mid Sussex Clinical Commissioning Group

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Sustainable Commissioning and STPs

Sustainable Development Unit

Sustainability and Transformation Plans

- The NHS shared planning guidance 2016/17 – 2020/21 outlines a new approach to help ensure that health and care services are planned by place rather than around individual institutions.
- As in previous years, NHS organisations are required to produce individual operational plans for 2016/17.

- In addition, every health and care system will work together to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision.
- STPs are not an end in themselves, but a means to build and strengthen local relationships, enabling a shared understanding of where we are now, our ambition for 2020 and the steps needed to get us there.

What is an STP

- STPs are place-based, multi-year plans built around the needs of local populations.

- To deliver these plans NHS providers, Clinical Commissioning Groups, Local Authorities, and other health and care services have come together to form STP ‘footprints’. These are geographic areas in which people and organisations will work together to develop robust plans to transform the way that health and care is planned and delivered for their populations.

- These footprints are of a scale which should enable transformative change and the implementation of the Five Year Forward View vision of better health and wellbeing, improved quality of care, and stronger NHS finance and efficiency.

How Footprints were formed

In developing the footprints, the following issues were taken into account:

- **Geography -** including patient flow, travels links and how people use services.
- **Scale -** the ability to generate solutions which will deliver sustainable, transformed health and care which is clinically and financially sound.
- **Fit with footprints of existing change programmes and relationships**, such as Vanguards, Success Regime sites and Devolution areas.
- **The degree of existing and future challenges** across the footprint.
- **Leadership and capacity** to drive change.


North Central London
Enfield
Barnet
Haringey
Waltham Forest
Redbridge
Havering
Hackney
Barking & Dagenham
Camden
Newham
Tower Hamlets
Islington
City
North East London

STP Governance

- A single nominated leader who is responsible for overseeing and coordinating the STP process locally

- Independent chairs

- Responsibilities include facilitating the open and honest conversations that will be necessary to secure sign up to a shared vision and plan.

- The expectation of STP leads is that they will build support across their footprint, whilst providing the leadership necessary to cut through long standing and difficult issues, helping to identify and deliver innovative solutions.

6 Principles Underpinning STP

The STP Timeline

Develop local leadership and collaboration

1 *Collective leadership agreed*

Establish common purpose

2 *15th April checkpoint*

Set out early thinking

Define early vision and priorities

3 *30 June submission*

Full Plan submitted to national bodies

Ongoing planning, implementation and learning

Build the leadership

Develop the vision and take early action

Continued implementation

Engagement of staff and communities at every stage

Progress to date

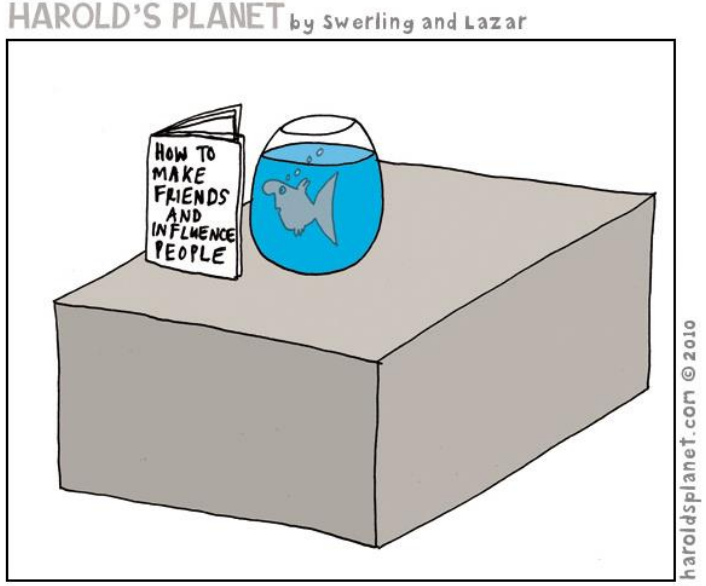
- Social Value module published
- NHS Standard Contract Service Condition Clause 18
- 6 Principles for STP development
- SV steering group chaired by Prof Sir Michael Marmot
- Marmot Principles being included in many plans with Public Health leading

Known unknowns

- Funding (NHS funding to 7% of GDP by 2020) – comparator nations significantly more
- Future of STP planning footprints and CCGs
- Devolution and accountable care organisations
- Public engagement and involvement in service design
- New models of care and localised based support

David Maher
Commissioning Advisor
Sustainable Development Unit (SDU)
07740 362092
davidmaher@nhs.net
www.sduhealth.org.uk
Follow us on Twitter @sduhealth

Clinical Commissioning Groups



How to make friends and influence them!

Geraldine Hoban

Accountable Officer Horsham & Mid Sussex CCG

The Business of Commissioning

- The commissioning landscape and CCGs
- The strategic context
- How commissioning looks now and how its going to change
- How to engage with commissioners
- Local experiences/good practice
- The future

Clinical Commissioning Groups

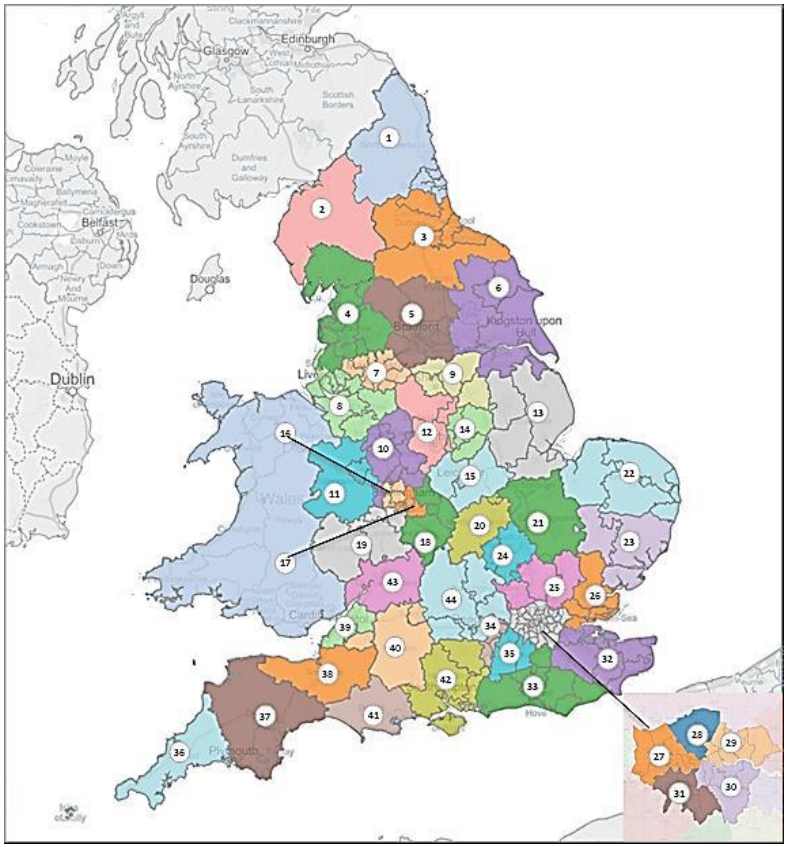
- Created in 2012 – Health & Social Care Act
- Currently > 200
- Membership orgs
  - Representing Primary Care
  - Clinically Led
- Commission health care
  - Most health care
  - Joint arrangements with Councils
  - Majority also cover primary care
  - Specialised services to follow
- Allocates £71.9bn in 2016/17
- Have they been a success?

Strategic Context

- Five Year Forward View
  - New care models required
    - Currently: reactive, bed based, crisis care
    - Future: Focus on prevention,
    - proactively identify frail/vulnerable
    - integrate services
    - co-ordinated holistic care around what matters to people
  - Financial crisis in NHS - £1.8bn 2015/16 net
  - Realigning the system – more collaboration and joint accountability

Sustainability & Transformation Plans

- Realigns CCGs into 44 Footprints
- Realising the vision outlined by Five Year Forward View
- Commissioning/delivery for entire population
- Shared system leadership
- New models of delivery, organisational forms and financial mechanisms
- Whole system and engage third sector, independent sector etc



Good Practice Examples

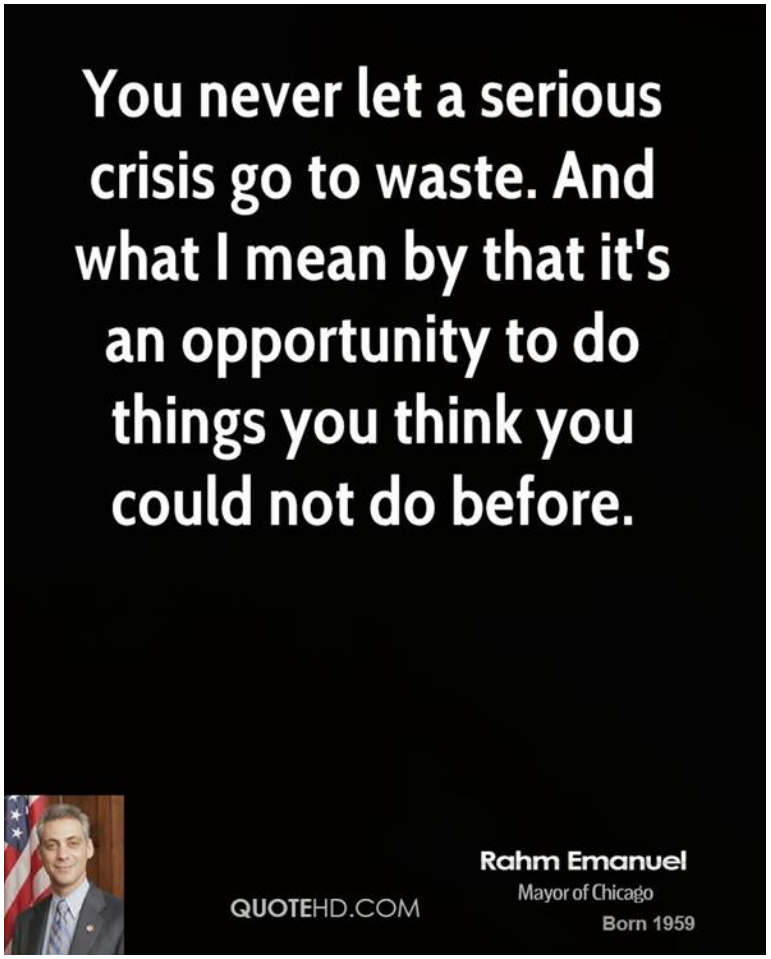
- Vanguards – spearheading innovation around Five Year Forward View
- Sustainability and Transformation Plans to involving greater range of providers
- New organisational vehicles emerging
  - Community Interest Companies for Primary Care

How to Influence

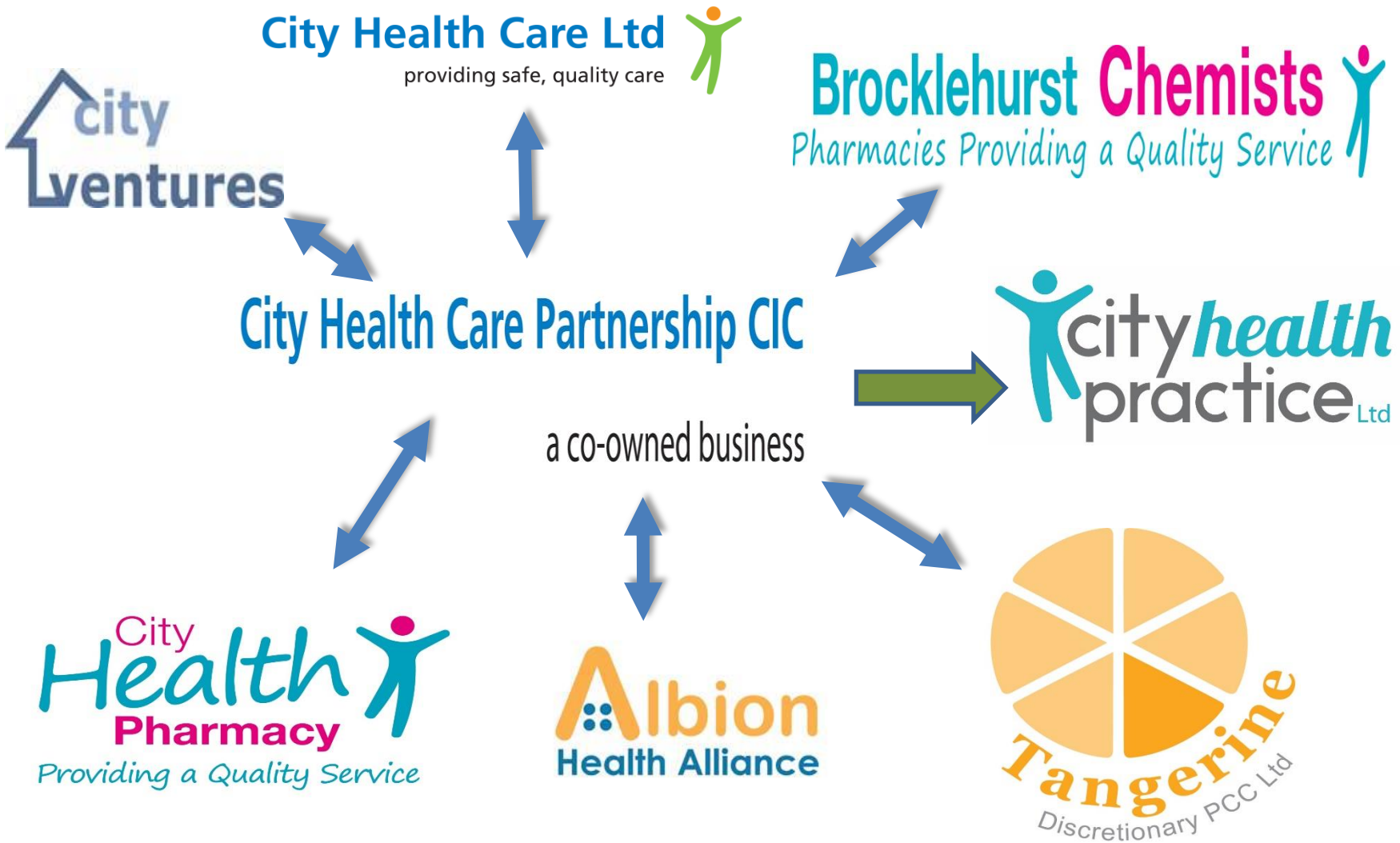
- Start to influence Sustainability and Transformation Plans
  - Local plans available soon in first draft
  - Series of engagement over summer
- Offer solutions on how to deliver new models of care
- Build relationships – find allies and champions in CCGs/Local Councils/Voluntary Umbrellas etc

The Future


"The next few years are going to be bloody tough"
Simon Stevens,
Chief Executive NHS England
NHS CONFEDERATION


You never let a serious crisis go to waste. And what I mean by that it's an opportunity to do things you think you could not do before.
QUOTEHD.COM
Rahm Emanuel
Mayor of Chicago
Born 1959

	2010/11	2011/12	2012/13	2013/14	2014/15
Income	43,507,706	52,955,666	59,259,672	67,474,115	70,350,792
Profit before Tax	491,229	1,584,706	1,570,201	1,606,200	1,758,801
Savings	1,843,000	1,968,700	1,850,000	1,684,000	2,423,900
No. Companies	1	2	3	5	5
Profit Before Tax Percentage	4.2%	3.7%	3.1%	2.5%	3.4%
Savings Percentage	4.2%	3.7%	3.1%	2.5%	3.4%


City Health Care Ltd
providing safe, quality care
city ventures
Brocklehurst Chemists
Pharmacies Providing a Quality Service
City Health Care Partnership CIC
a co-owned business
city health practice Ltd
City Health Pharmacy
Providing a Quality Service
Albion Health Alliance
Tangerine
Discretionary PCC Ltd

Growth and Diversity

Gina Rowlands MD Bevan Healthcare CIC

Bevan Healthcare CIC

- 2003 - a new Primary Care Centre for homeless, asylum seekers and refugees
- 2011 – Bevan Healthcare Community Interest Company (BHC) established by front line staff
- 2011- Medical support for the Gateway Protection Programme (GPP)
- 2012 - Late clinic for sex-working women
- 2013 – Secured funding from social investment business for new premises
- 2013 - Outreach services
- 2014 - Medical support for Vulnerable Persons Relocation programme (VPRS)
- 2015 – Practice relocated to bigger, fit-for-purpose premises
- 2011 to 2016 – staffing increased from 11 to 28
- 2011 to 2016 - practice list size increase from 1400 to 3800

Generating growth, diversifying th business

Bevan Healthcare
Health - Hope - Humanity

Drivers

- ✓ Patients
- ✓ Staff
- ✓ Culture
- ✓ Stakeholders

Diversifying

- ✓ Developed a unique model of care – spinning out from the NHS
- ✓ Stakeholder operational board
- ✓ Sustainability – assets and security

Strategies to meet the growth challenge

Bevan Healthcare
Health - Hope - Humanity

- **Growth opportunities made by the socio-economic state of the country**

✓ Worldwide refugee crisis
✓ Inverse care law
✓ Gaps in the provision of statutory services

- **Solutions**

✓ Key relationships with:
  - Commissioners
  - Statutory services
  - The voluntary sector
  - Faith groups

✓ Research and Development
✓ Education
✓ Support from similar like-minded organizations

The future?

- Securing contracts
- Responding to the challenges of change in the market
- Looking to open a health and wellbeing centre with focuses on:
  - Health
  - Education
  - Volunteering
  - Employability






’We ought to take pride in the fact that, despite our financial and economic uncertainties, we are still able to do the most civilised thing in the world – put the welfare of the sick in front of every other consideration.’

Aneurin Bevan, founder of the NHS

Bevan Healthcare
Health - Hope - Humanity

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Plenary 3

Partnerships, bid consortia and joint ventures – a guide to the pros and cons

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Gareth Parry

Remploy

Lyn Bacon

Nottingham CityCare

Paul Hooper

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About Remploy

- Largest provider of specialist employment support services for disabled people in the UK
- Our Mission to is transform the lives of disabled people by supporting disabled into and in work so that they can become socially and economically independent
- We have a rich 70+ year history – up until April 2015 that was all in Government ownership
- We operate across England, Scotland and Wales
- We employ just over 800 colleagues across the business
- We have a £50m+ annual turnover
- Head office is based in Leicester

Remploy in partnership with MAXIMUS

Our Drivers for Employee Ownership

- Government Ownership was restricting Remploy's growth and development
- Remploy is strongly Mission-led and colleagues wanted to protect the Mission in the long term and grow our impact on society
- Our culture is focussed on empowering colleagues across the business
- We wanted to ensure we became a forward-looking, dynamic organisation, driven by growth and innovation, whilst retaining a very strong social ethic around disability
- We also needed a politically acceptable vehicle to spin out
- A mutual joint venture fitted the bill for what we were trying to achieve

Remploy in partnership with MAXIMUS

Our Mutual Joint Venture

- 70% stake in Remploy owned by MAXIMUS Inc – a large US listed Health & welfare services provider
    - Provides financial strength and strong commercial acumen

- 30% owned by Remploy employees via an Employee Benefit Trust
    - Delivers loyalty, commitment and drive across the organisation

- The joint venture model gives us the best of both worlds the two shareholders bring

Remploy in partnership with MAXIMUS

Impact on Our Commerciality

- Remploy's business was 95%+ contracted with DWP – need to diversify
- MAXIMUS have helped us understand and identify our core competences and consider how they could be applied in new markets
- Bid writing capability injected – since exit with have been awarded 2 new contracts with a combined worth of £12m, in markets we previously didn't compete
- Governance and risk assessment approaches have been overhauled to raise awareness and understanding of risk management, and we are now making better decisions
- Business development capability helping us understand how to build a targeted plan and focus on longer-term relationship management
- Utilisation of MAXIMUS global presence to take the
- Remploy brand overseas

Remploy in partnership with MAXIMUS

Key Future Challenges

- Delivering profit with a purpose – how do we really achieve that?
- Integration of cultures
- Pace, dynamism and speed of responsiveness in Remploy
- An organisation structure and business model fit for purpose?
- Huge re-compete activity in the next 18 months - £40M+ at stake

Remploy in partnership with MAXIMUS

Remploy

Putting ability first

- THANK YOU!

Remploy in partnership with MAXIMUS

CityCare
Building Healthier Communities

Skylarks not Cuckoos !

Lyn Bacon and Karen Frankland

Nottingham CityCare Partnership

The CityCare Group

CityCare Connect 56 Bedded Unit owned by CityCare to support safe, timely hospital discharge.

CityCare Foundation is the CityCare Charity.

CityCare Partnership & Small Steps Big Changes. Our core offer of community services and urgent care. The Big Lottery bid is delivered as part of that offer.

CityCare Primary Care our partnership and joint working with GP's and Practices.

CityCare Pharmacy is a future development.

CityCare training and education centre. Venue can be used for social value events.

CityCare Collaborations

Your Partnerships Help Define You

Indian Community Centre
Building capacity, supporting 3rd sector

Radford Care Group
Building capacity, supporting 3rd sector

Boots
CityCare funded Health Centre at the heart of Nottingham's largest shopping centre – 7 clinic rooms, clean/dirty utility, reception, waiting and installation of a lift for 24/7 offer

Nottingham Forest Champions Centre
Sponsored service delivery venue. CityCare clinic staff going to Africa

Nottingham Carers Federation Estate Code Clinic Room – carers, young carers, travellers

Why Would You?

If You Do

Who do you choose as your strategic delivery partner?

Private Partners – Fleet of foot – Boots

Care Home Sector – Responsive - out of hospital community support

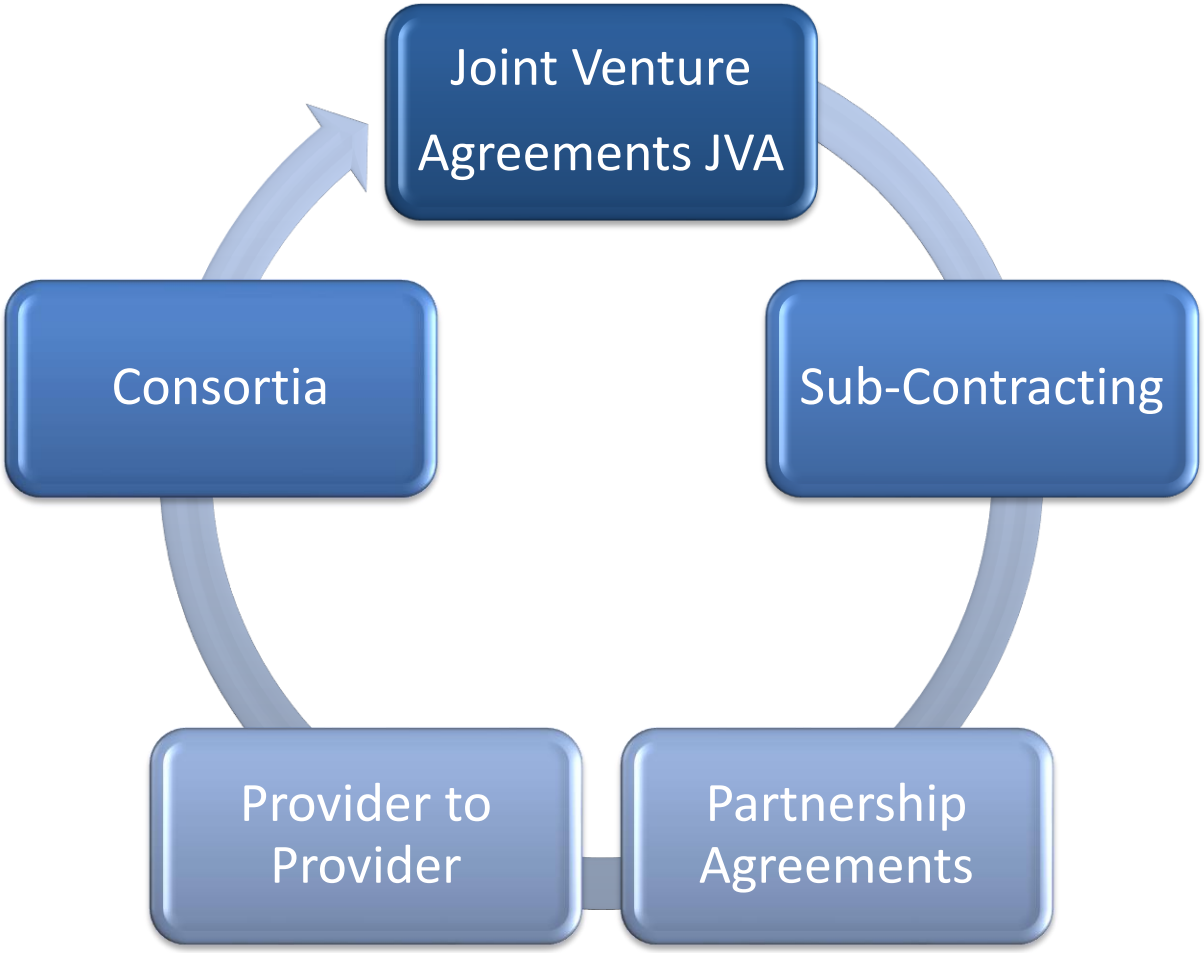
3rd Sector – Not one voice but many – sometimes difficult to engage

NHS Partners – Drowning in Governance

Local Authorities – Slowed down by Process

Could Be A Combination

Use the structure to best fit the bid
and the partner



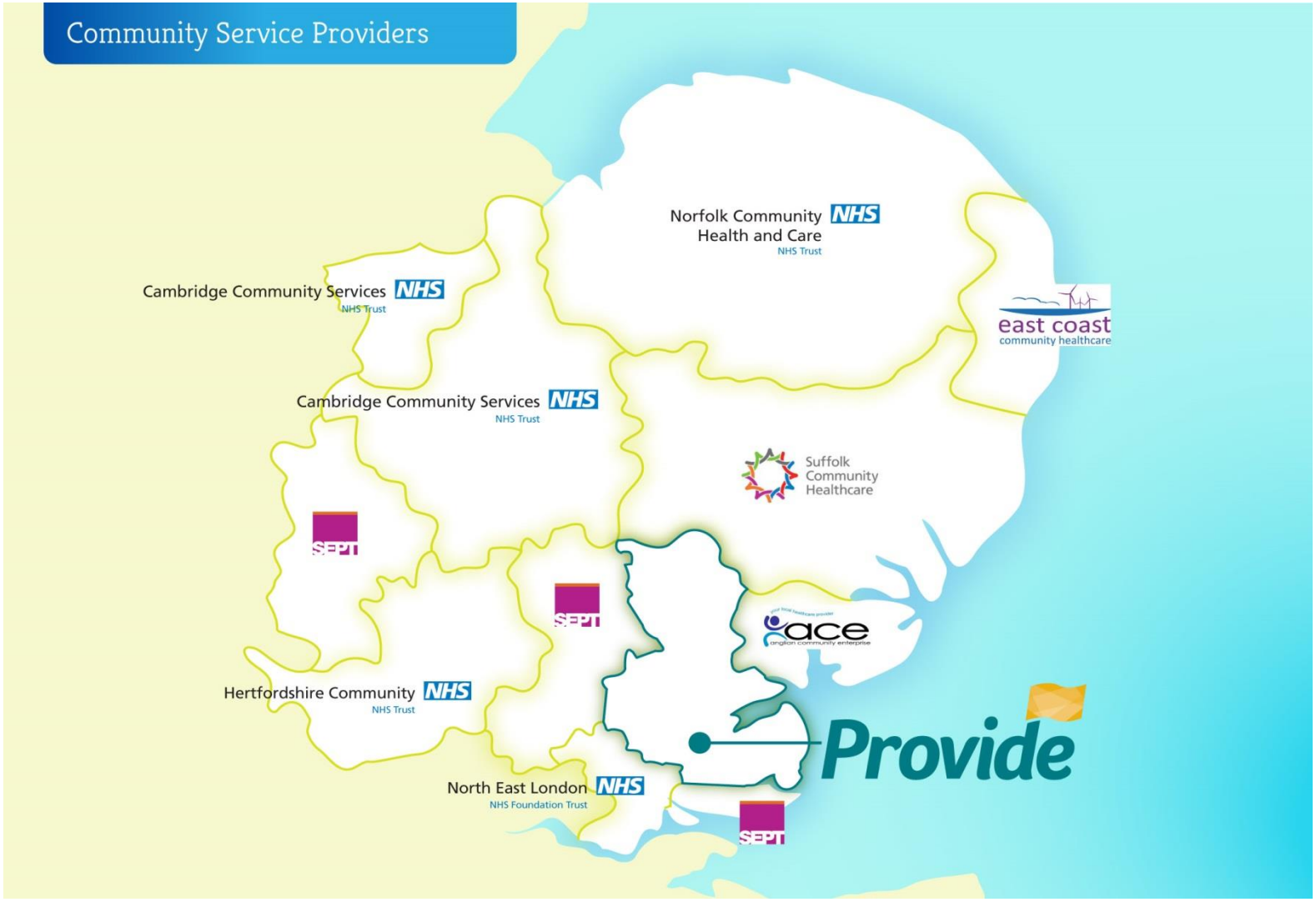
Expectations and Outcomes

CityCare
Building Healthier Communities

Nottingham CityCare Partnership CIC
1 Standard Court
Park Row
Nottingham
NG1 6GN

e: citycare@nottinghamcitycare.nhs.uk
t : 0115 883 9600

www.nottinghamcitycare.nhs.uk


Community Service Providers
Norfolk Community Health and Care
NHS Trust
Cambridge Community Services
NHS Trust
east coast
community healthcare
Cambridge Community Services
NHS Trust
Suffolk Community Healthcare
SEPT
SEPT
ace
anglian community enterprise
Hertfordshire Community
NHS Trust
Provide
North East London
NHS Foundation Trust
SEPT

We deliver wide range of services

- Adult in-patient community stroke and rehabilitation beds
- Adult and Children community nursing services for housebound patients at home including end of Life care.
- Care Home specialist nursing services
- Adult community specialist nursing services e.g. Continence, Diabetes, Cardiac, Dermatology, etc.
- Therapy services – Speech & Language, Podiatry, Physiotherapy, and Occupational therapy.
- A range of out-patient services and clinics
- Essex Health promotion and healthy living service
- Primary care GP services
- Children's Public Health services – Health visiting and School Nursing
- Children's specialist services

Provide

Provide's new Vision

OUR VISION

is to **provide**

a range of **outstanding** services

that **care**,

nurture & **empower**

individuals and communities to live **better** lives

Giving Back to the community

- Reinvested over **£1.8m in local community initiatives and charity schemes**
- Invested **£1.5m into improving** our community **services**
- And created **130 new jobs** in the region.

Why Partner

- Business strategy
- Vision
  - Voluntary sector
  - Community sector
- Competition
- Collaboration

Working in Partnership for Bids

- Choosing your partners – Due diligence
- Cultural Fit – shared vision and values
- Sharing Workload/Expertise
- Sharing Risk
- Synergy
- Measuring Progress

Delivering in Partnership

- Joint Ventures/Consortia/Prime and sub
- Lead Provider Model
  - Essex Sexual Health
  - Essex Lifestyles

Essex Sexual Health Service

Provide

Colchester Hospital University NHS Foundation Trust

NHS

SEPT

SH 24

brook

www.brook.org.uk

Terrence Higgins Trust

Healthy Living Partnership Ltd

Lead Provider Model

- Contractual Arrangements
- Governance Arrangements
- Managing Performance
- Risk Sharing

Thank You