gateway
FAMILY SERVICES CIC
A Community Interest Company

Business Plan 2016-17

August 2016 – July 2017

Part A

Contents

1. Executive summary

Gateway Family Services C.I.C. has now entered its eleventh year as an organisation. In that time, it has grown to be recognised as one of the key providers of health and social care services in Birmingham. It has survived a severe economic downturn and undergone times of considerable change, but its mission has remained the same throughout.

Health inequalities are stubborn and persistent and Birmingham remains poorly represented in national statistics. This is not good enough and we remain committed to doing what we can to change this reality. We know we have a valid part to play.

The objectives of the Company are to carry on activities which benefit the community, in particular those people experiencing health inequality, and (without limitation) to:

- Provide innovative health and wellbeing services
- Provide intensive support to those who need it most
- Train and develop people with a focus on those who have barriers to learning or employment
- Make lasting change by building resilience and raising aspirations

Our social mission is “Changing Lives, Changing Services”. Through years of working in partnership with the NHS and Local Authorities, among others, we have learnt how health and social care services function – but, equally, where they are failing to fill gaps and meet the needs of marginalised communities.

The Business Plan responds to both internal and external contributing factors and lays out priorities for the coming year. The Delivery Plan (for use internally) aims to be a practical document that provides a work plan for the Senior Management Team and a monitoring tool for the Board to be able to trace progress.

2. Review of the year and future developments

A key focus of this year, after the variations experienced in 15/16, was to move back to a position where we delivered a financial surplus, and we were able to achieve this. The year started well with the securing of a number of new contracts: Healthy Futures, Pre Diabetes Programme and the Solihull Lighten Up service.

Healthy Futures was particularly positive as it enabled us to achieve another long-term objective, which was to take one of our tried and tested approaches into a new geographical area. The new Lighten Up service we would deliver in Solihull was similar to the adult weight management service we had been delivering in Birmingham since 2011; the experience we had gained from delivering this successfully to a large and diverse demographic meant we were well placed to secure this work as we were recognised as the local expert. The commissioners also liked the strong element of coproduction in our approach.

We were less consistent when it came to another focus, which was to achieve longer term security for our existing work. However, it could be argued that the situation that unfolded was out of our control.

This was to be the year that Birmingham Public Health retendered and secured a new Lifestyles Service. This had huge potential for us, and we had begun discussions with potential partners, however the tendering process was abandoned with Public Health's recognition of the cuts they would need to absorb. This same issue then led to the Birmingham Lighten Up service, our largest single contract, being decommissioned in April. This came as a significant blow as there was little forewarning of this decision; performance had always been strong and Commissioners were of the view the model was cost effective.

Organisationally, the focus shifted to stabilising ourselves. There followed a cost reduction exercise and subsequent restructure that was completed in June. The Board took the decision to retain a small level of additional staffing capacity (taking us slightly over the reduced financial envelope we now had) based on the assumption that once new work was secured we would need the ability of experienced staff to be able to deliver. For the later part of the financial year the focus of the Senior Management Team shifted to securing new business.

Our ability to operate with a lean management structure has been essential as there has been no opportunity to invest in additional infrastructure costs. However, we are recognising that this is leaving us with limited resource when it comes to areas like marketing and business development, which in turn is essential in our objective to secure new opportunities. Therefore, addressing this is a focus for the coming year.

There have been changes to our staff team with its overall size dropping by approximately 20%. However there were no significant changes to the Senior Management Team or the Board. We have 11 non-executive Board Members which includes the Chair. Many of these members have

been in place for considerable time, which offers valuable consistency, and their combined skills and knowledge gives us additional expertise.

The restructure, although not planned, was in many ways a useful opportunity to review, as it acted as a refocusing exercise. It culminated in what we feel is a clearer delivery structure, with our work being organised into two distinct departments, each focusing on a specific established area of work: Health and Wellbeing, and Supporting People.

Health and Wellbeing is where we see established services like Health Trainers and the Lighten Up model (now delivered in Solihull) but to this we have added Pre Diabetes work.

Supporting People was largely created to acknowledge the work we do that focuses on vulnerable people. Although this has always been a big part of what we do, we have never drawn it out before, and saw that there was a need to do this. It is an area of specialism and something that marks us apart, so we felt defining it in this way would be valuable. The Pregnancy Outreach Worker Service and Healthy Futures sit in this department, along with the small element of work we do facilitating the South Birmingham Long Term Conditions Group.

Three areas of work cut across these two departments: our Interpreting Agency, our food and essential items bank, and our course delivery.

3. Key drivers

In last year's Business Plan we talked about the need to reduce our dependency on one key Commissioner, recognising then that approx. 80% of our income came from Birmingham Public Health. We knew that not only the local but national Public Health purse was set to reduce, and that with Birmingham's additional financial pressures, reductions here were likely to be more savage. Also, we were keen to broaden our range of services/activity; notwithstanding our wish to take existing tried and tested approaches into new geographical areas, we were keen to try ideas that we had been considering for some time (for example piloting new Para Professional roles).

The year has shown us we were right in these assumptions. Birmingham Public Health has cut services drastically and have abandoned some of their commissioning intentions. However the re-commissioning of Early Years is the exception. The City Council have honoured their commitment to press on with this and it has become the largest commissioning exercise they have ever embarked upon. This is of major significance to us as the remit of the tender covers maternity through to 5 years and such our Pregnancy Outreach Worker (POW) provision is part of the bundle of services included.

In fact, Early Years provision has become a focus across the region. Most local authorities have embarked on similar tendering processes, or are set to do so. This is a potential opportunity for us, in terms of being able to extend a POW style service into a new area, which has been an organisational objective for considerable time. Equally, though, it is a challenge as these tendering opportunities, due to their scope, are financially large and all authorities are following a similar route of seeking a prime contractor rather than a Lot approach. This rules us out of bidding in our own right and means the relationship we need to establish is different; we need to convince the prime bidder, more so than the commissioner, of the value of POW style provision. Doing more to adjust to this way of working is a priority for the coming year as it will be important if we are to make the most of this opportunity.

In terms of Local Authority commissioning, there are areas of work that still appear to be largely protected from cuts. Along with children's services there also remains a commitment to work that supports the vulnerable. Birmingham City Council, where budgets appear tightest, has still committed to spend in this area, suggesting that this is "protected" work. This is positive news for us, as an organisation that can demonstrate that close to 80% of the people we work with have some level of vulnerability. The creation of our Supporting People area of work, we hope, makes our commitment and level of focus even clearer to people looking externally at our organisation.

Another potential area we pursued was that of CCGs. Following Birmingham South Central CCG commissioning us to deliver an element of their Pre Diabetes Programme (as part of the National Diabetes Prevention Programme, for which they are a Demonstrator area) we have discussed further opportunities.

We are keen to investigate their appetite for picking up the work we have initiated through the Healthy Futures pilot (initially funded via My Healthcare and the funding they received from Prime Ministers Challenge Fund). This pilot is an example of Care Navigation/Social Prescribing with a primary aim of reducing time GPs may spend unnecessarily with patients focusing on social rather than medical issues. We were delighted to get the opportunity to trial this approach as it is something we have been developing for some time. We see this as an expansion of our Para Professional work; it is based on the intensive support model we have successfully used with other cohorts and the risk and protective factors process we have devised to reduce vulnerability.

The pilot has not yet completed but initial indications are promising and, if evaluation shows that this does reduce the need for GP intervention and, by such, provide a reduction in GP time, the CCG would be the natural body to discuss continuation and potential roll out. We are also developing with a group of GP practices that cover a geographical area; a Hub model. The primary focus would be to tackle isolation and, again, we would use a social prescribing approach, along with an element of intensive outreach and befriending. Funding for this work has already been committed to the practices by Birmingham South Central CCG.

We have also worked hard to raise our profile with the other two local CCGs. Progress has been made with Sandwell and West Birmingham CCG. We have attended a number of their Commissioning Intention and Partnership events, even being shortlisted for one of their Equality Awards, and now we are in discussion with them in relation to our POW approach. Sandwell has one of the highest rates of infant mortality nationally so reducing this is one of the CCG's four priority areas for the coming year. Commissioners have approached us to learn more about the POWS with a view to putting forward a business case to commission a similar service.

The imminent merging of CCGs is something we are keeping a close eye on. This has the potential to be an opportunity and a threat. There is already suggestion that budgets will reduce as a result, but this wider area of focus could also mean commissioning is streamlined and there is greater scope to deliver approaches over a wider area. Immediately, though, there is a threat to progress as it is likely progress will slow during this period of transition. More significantly it is possible that priorities may change and therefore commitments could alter.

In terms of rolling out existing work in new areas, winning the tender to deliver Solihull's adult weight management service has allowed us to extend our tried and tested Lighten Up provision into a surrounding borough. In fact, the model we designed for Solihull had some additions to the Birmingham model as there was a more generous budget available. We felt these additions made the model even more robust in its ability to achieve sustained weight loss results. The acquisition of this contract meant we were exposed to TUPE transfer, receiving staff transferred from the NHS. The process, although challenging at times, went smoothly and led to us gaining valuable experience.

The link between work and health appears to be strengthening. There is suggestion that the revised Work Programme (DWP) will make this link explicitly and, if so, this opens up opportunities for health and wellbeing organisations like us to play a more active part. With this in mind, we are investigating potential partnerships. Due to the likely size of the contracts it is unlikely that the bidding process will again be prime and sub-contractor. We would not be of a suitable size or level of experience to bid as prime, but we believe we could make an attractive sub-contractor offer.

We have already established a track record of work in this area with the Apprenticeship programme (in partnership with five regional PCTs), the Lottery Employability and Befriending work (Gateway to Employment) then, most recently, the Making Health Work project, which made a very clear link between having a healthy body and mind and being able to sustain employment. This was the work that RSPH were particularly impressed by and for which we won one of their top level awards.

By the end of the year we had made progress towards our objective of having a broader spread of commissioners/funders, and therefore reducing the risks associated with being reliant on one main source of funding. Although the bulk of our income – 63%, an increased amount – continued to come from Birmingham Public Health, 37% came from elsewhere.

We cannot talk about key drivers and not mention the continued central government drive for austerity. We have now seen five years of cuts affecting the public sector which has destabilised the whole infrastructure around us. Many services have disappeared or drastically reduced due to budget restrictions, putting a greater strain on those who remain, as need increases at the same time. Running alongside is a continued drive for those remaining services to make savings and efficiencies and then achieve more for less. This situation has weakened the third sector, first and foremost by reducing its capacity to do what it does – fill the gaps – but also, due to so much attention going to organisational survival, there is less time/willingness to work closely, in collaboration, and more incentive to compete. This trend does not look set to change.

4. Summary of our work

Our work falls into two areas: **Health and Wellbeing** and **Supporting People**, with a couple of small cross-cutting activities.

Health and Wellbeing

Health Trainers, commissioned by Birmingham Public Health, concentrates on tackling four of the city's most stubborn issues, namely: obesity, lack of physical activity, smoking and alcohol consumption. Obesity and exercise are the most prevalent issues by far, accounting for 95% of the 2500 people entering the service. The service is successful, with 85% of those worked with reporting they achieve or at least part-achieve their goal. Our delivery is restricted to the south of the city (this remains from the previous commissioning structure, via PCTs), where we work extremely closely with GP surgeries. More than 80% of referrals into the service come from GPs or practice staff and in many cases our Health Trainers have outreach bases in surgeries from where they conduct appointments.

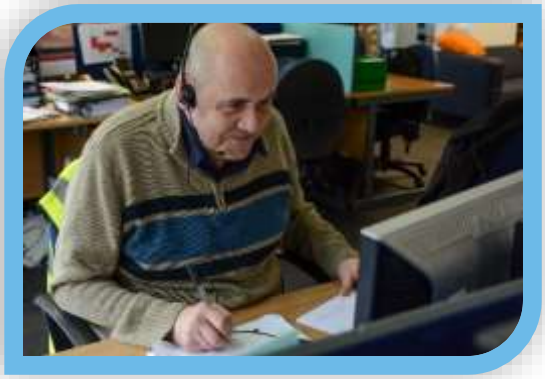
The model for this service is not ours; it is a nationally recognised approach that uses behaviour change and goal setting as a way of achieving results. Ultimately our results contribute to the city's targets on weight loss and activity.

The style of work has remained largely the same since we took on the contract eight years ago. However, there has been a growing focus on vulnerability, and a move away from universal provision to working with those who need the service most (although the service has always prioritised work in deprived areas). Last year we were issued with our first vulnerability target and this year, having comfortably achieved it, this was increased. About 45% of those we work with meet the definition of vulnerable, however this definition does not include learning or physical disability or long term conditions; if it did, we feel that the figure would be closer to 80%. Mental ill health is by far the most prevalent vulnerability. Since May we have been using WEMHWBS as a measurement tool and to date we can demonstrate that 50% of those we work with are seeing an improvement in their wellbeing score.

The Pre Diabetes service, commissioned by Birmingham South Central CCG, who in turn receive funding from the National Diabetes Prevention Programme, works with people who have a raised Hb1Ac reading. They are therefore deemed Pre Diabetic and at greater risk of developing Type 2 Diabetes.

We were delighted to secure this work, as the delivery method is via a course which lasts for nine months; intensive delivery to start with, then reducing to monthly catch-ups. Organisationally we have significant experience of course design and delivery so it has given us the opportunity to use these areas of expertise. Delivery began in late 2015 so to date we have little in completer information, however what we can see is that retention levels are strong and we are receiving excellent feedback from participants.

Solihull Lighten Up, commissioned by Solihull Public Health, is the latest addition to our Health and Wellbeing portfolio. The service focuses on weight loss and offers people a package of support that is tailored to individual needs. Much of the pathway is based on the Lighten Up model which we successfully delivered in Birmingham but this new service has a broader range of options and the ability to support people for longer. Again, it has a strong focus on vulnerability (target groups) and the expectation is that 70% of those engaged will meet these criteria. In recognition of work with this client group we offer extra specialist help and advice from a Behaviour Change Advisor or Dietitian.



We do not provide all the activity; in fact, we sub-contract much of it to be delivered by other organisations, some commercial and some community sector. Our role is to provide the wraparound element of support, co-ordinate the service in its entirety and, ultimately, to ensure the approach is working.

Supporting People

The Pregnancy Outreach Worker Service (POWS), commissioned by Birmingham Public Health, focuses on tackling infant mortality (which remains one of the key focuses for the city in the current Health and Wellbeing strategy) by eradicating or at least reducing social risks that stand in the way of a healthy pregnancy. This service's target is to work with 400 women citywide.

The ultimate objective is to evidence a reduction in the woman's areas of risk – a challenge with a cohort with such intensive needs – but we still achieve this in 40% of cases. Three areas where we particularly excel are improvement in mental ill health (mental ill health being one of the most common issues women are referred for), reducing instances of domestic abuse, and getting women out of emergency temporary accommodation into sustainable housing (and managing their tenancies).

The model used is our own; it was devised by Gateway and as far as our research has shown it is the only service of its like, nationally.

This service has settled into its new way of working following significant change last year when we moved to working with only the most vulnerable women (previously to this we had the ability to work with varying degrees of vulnerability, categorised A-C). At the same time it absorbed a reduction in funding.

Healthy Futures is commissioned by My Healthcare, a consortium of GPs in South Birmingham, with funding provided by the Prime Minister's Challenge Fund.

Healthy Futures is a 12-month pilot programme designed to achieve outcomes for both patients and GPs. GPs refer patients who present with risks including social isolation, low reported wellbeing, ongoing mental health conditions, alcohol or substance misuse, and financial hardship, and the Healthy Futures Practice Navigators provide them with practical support, reassurance and a point of contact. A specific aim is to see if this approach can reduce the number of unnecessary GP visits by providing patients with a non-clinical alternative.

5. Main focus of this year (2016-17)

The purpose of this Business Plan is to provide a framework for the work of Senior Management Team (SMT) for the coming year. This gives the Board and the Chief Executive Officer (CEO) clear indicators to measure progress against the priority objectives and it also allows us to communicate our intentions to relevant stakeholders.

We have made a conscious decision to keep our focus for the coming year tight and targeted, first and foremost addressing the immediate issues:

- **To gain new work and secure existing work**
- **To expand the range of services we provide** by responding to opportunities to replicate existing services and designing new roles (Para Professional) to meet priority agendas
- **To improve our external marketing ability**
- **To identify ways to increase capacity** so that we retain the ability to look ahead and "scan the horizon"

To gain new work and secure existing work

It feels clear that the main thrust of activity needs to fall into two areas: to continue to provide the business we currently deliver, and to develop new services that are either externally commissioned, paid for by funders or launched as our own ventures.

Our intentions have largely been outlined in section 3. Key drivers, where we outline the opportunities in relation to our work and areas of expertise. For the year ahead, this feels like Early Years tendering, work that can demonstrate it reduces the need for GP time, work that focuses on the most vulnerable, and the additional benefits our experience and way of working could bring to the new Work and Health programme.

This does not limit us from looking at tendering opportunities and new grant regimes as they come out and we know that some in the pipeline are of interest to us, e.g. Pause Pilot, Birmingham's Universal Prevention service, along with funding via Big Potential and Reaching Communities (Big Lottery). However, we have grown to be more discerning, knowing how much time can be spent (and potentially wasted) on bidding. We now start by looking initially at how realistic the financial envelope is against what is expected by way of outcomes.

In terms of securing existing work, we have commitment that two of our services will "roll over" into our next financial year, these being Solihull Lighten Up (funded initially for two years) and POWS (although the outcome of the Birmingham Early Years tendering process is expected very soon after this, in September). We also expect Health Trainers to be secure for a further year from April 2017. This is based on discussions we had with commissioners at the start of the year when they verbally committed to a further two years of funding. However, we know that it is unlikely Birmingham Public Health will be in a position to fund beyond this period, so a challenge

for the year ahead is to put together a funding plan for this service. Initial discussions have taken place internally and we plan to have discussions with CCGs, and with workplaces; then there's a possibility that the approach could be integrated into the new Work and Health programme.

The two pilots we are currently delivering also have potential to continue. Pre Diabetes has already been extended for a further six months and, as this is part of a long term programme, there is scope for this to be extended further. Funding for Healthy Futures will cease at the end of September but if we can prove that the approach does work, in that it does reduce the amount of time GPs are spending with patients, then this is something that we should be able to sell. To do this we need evidence and therefore we will look at evaluating the service, potentially extending the service for a few months to accommodate this at our own cost.

To expand the range of services we provide

… by responding to opportunities to replicate existing services, and designing new roles (Para Professional) to meet priority agendas

We have already identified a number of opportunities, largely through tendering, that would allow us to extend current provision (discussions with Sandwell and West Birmingham CCG re infant mortality, Early Years tendering, Universal prevention services) and we will continue to pursue these and seek out others.

Designing then training and managing outreach staff working in a Para Professional style is one of our areas of specialism. We are known for this type of work and have a strong track record in achieving results through this style of support. Our Para Professional roles are also well regarded by other professionals; over the years, our established roles of POWs and Health Trainers have developed credibility, and have carved out an essential role for themselves by providing the social support that others (midwives, GPs, practice staff) do not have the time or skills to provide.

It is therefore a natural step for us to develop more roles to plug other gaps and the Practice Navigators (Care Coordinators/Social Prescribers) attached to the Healthy Futures Service are the latest, their priority agenda being to free up GP time.

We recognise that the only area where there is likely to be possibilities and potential growth is in supporting vulnerable people, but this is helpful as this is where we are most expert. We have had initial discussions about two further roles; one dedicated to supporting care leavers, the other working alongside women who have recently had a baby removed from their care (an extension of the current POW role). These new roles would follow the same way of working, providing tailored and, when necessary, intensive support. Each role, as we know, would need specific areas of knowledge and expertise and therefore bespoke elements of training.

To improve our external marketing ability

This is an area that we anticipate we will always need to keep a close eye on. Large steps were taken last year to improve internal communication, something that staff remarked upon when they were interviewed for the IIP award, and the subsequent report drew this out as a key success. Now we wish to concentrate on external communications as we feel this is an area where we are weaker.

The Marketing and Communications Group (a group made up of staff and Board members) helped to identify the key areas of focus: to make greater use of social media, modernise the web site, overhaul marketing materials and generally present a more polished and professional image. In addition, Board and SMT identify the need to increase our profile locally and nationally.

To be able to make these changes, we have identified the need for additional capacity. We feel there are two roles. The first is of specialist support, so we have engaged a Marketing expert to assist us and we intend to draw in others with the necessary skills on an “as and when” basis. There is also a gap in-house. We feel there is a need to create a dedicated role to take responsibility for social media coaching, press relations, and identifying and then building links with local activities and networks, and to this end we are working with a local university to recruit an intern. Progress has also already been made with the website refresh, which is largely completed.

To identify ways to increase capacity

…so that we retain the ability to look ahead and "scan the horizon"

There are advantages to having a lean management structure – largely cost efficiency – but there are also disadvantages. Our current structure allows very little opportunity for looking ahead, the default position being to concentrate on the here and now, which has been unavoidable in a year of significant change. However, this is not a position that can continue, as it leaves us vulnerable to missing opportunities and less able to pick up useful trends or pursue helpful relationships. Practical steps have been to put in place a more robust process for checking tendering sites and bidding opportunities, and investigating these opportunities more fully now takes up a slot on every SMT agenda.

We are developing a pool of expertise (from external providers) we can draw on for support as and when required, e.g. to assist with editing and checking of bids, drawing together information, and evaluation. There is capacity building funding available for organisational development from a range of sources and we are investigating a bid to the Big Potential Advance Fund (Social Investment Business), funded via the Big Lottery.

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