

TRAFFORD COUNCIL

Summary

Report to: Executive
Date: 21 March 2016
Report for: Decision
Report of: Executive Members for Children's Services and Adult Social Services and Community Wellbeing

Report Title

Strategic Partnership Agreement for Integrated Provision of All Age Community Health and Social Care Services, between Trafford Council and Pennine Care Foundation Trust (PCFT).

Report Summary

This report outlines the arrangements to establish an all age, community health and social care service in Trafford, which builds on the existing partnership between Trafford Council and Pennine Care Foundation Trust.

It proposes the approval of a new Strategic Partnership Agreement between Trafford Council and Pennine Care Foundation Trust which will enable the establishment of a delegation of function and integrated provision under the flexibilities set out in Section 75 of the 2006 Health Act. Pennine Care will become lead partner for services with both organisations retaining responsibility for their statutory obligations and ambitions.

The Agreement is also being presented to the Pennine Care Board on 30 March 2016 for approval.

The agreement will run until 31st March 2018 when it is expected that it will be superseded by a new community provider arrangement, commissioned jointly by Trafford Council and Trafford CCG.

Recommendation(s)

1. That the establishment of a new S75 agreement between Trafford Council and Pennine Care Foundation Trust be agreed from 1st April 2016 to 31st March 2018 (with an option to extend the agreement for a further year) on terms to be agreed by the Director of Legal and Democratic Services in consultation with the Chief Financial Officer and the Interim Corporate Director of Children, Families and Well-being.
2. That the delegation to sign the agreement on behalf of the Council is conferred on the Chief Executive.

Contact person for access to background papers and further information:

Name: Richard Spearing, Integrated Network Director
 Extension: 4468 / 4063

Background Papers: None

Implications:

| | |
|---|---|
| Relationship to Policy Framework/Corporate Priorities | The Partnership Agreement will support the delivery of the following corporate priorities: <ul style="list-style-type: none"> • Low council tax and value for money • Services focused on the most vulnerable people • Excellence in education • Reshaping Trafford council |
| Financial | Partner Agencies will retain current budgetary responsibilities for core functions. Integration is evidenced to lead to more efficient use of resources. |
| Legal Implications: | Legal framework for the proposed agreement is set out in Section 5 of this report. |
| Equality/Diversity Implications | Equality and diversity implications are considered at individual service level with EIA's completed as appropriate. |
| Sustainability Implications | Not Applicable. |
| Resource Implications e.g. Staffing / ICT / Assets | Accommodation mapping is incorporated in the agreement. |
| Risk Management Implications | Revised governance arrangements are proposed to provide assurance that new service model risks are being effectively managed. |
| Health and Safety Implications | Not Applicable. |

1.0 Background

- 1.1 Pennine Care Foundation Trust (PCFT) was initially contracted by Trafford Clinical Commissioning Group (CCG) to deliver children's and adults community health services to March 2016. Trafford Council is an associate commissioner to this contract.
- 1.2 In 2015, Trafford CCG extended the contract by 2 years to 2018, to enable PCFT to pilot an all age health and social care integrated provider arrangement with Trafford Council.
- 1.3 A S75 Partnership Agreement has been in place between Trafford Council and PCFT since 1st November 2013. It sets out how Trafford Council would take the lead in managing children's health and social care services on a day to day basis and PCFT for adult health and social care services on a day to day basis. The agreement formally expires on 31st March 2016.
- 1.4 It is now appropriate to bring forward an updated set of arrangements for governing how the health service and local authority jointly work together to deliver community health and social care services. This is driven by a number of factors:
 - The Council is undergoing a significant transformation to establish a new organisational model and achieve its vision to be a commissioner of services, rather than provide services directly.
 - In April 2016, Greater Manchester will secure control for health and social care funding through a devolution agreement with central Government. Within the requirements of this agreement, all localities are expected to have integrated delivery models in place for health and social care by 2020; the specific details are articulated in Trafford's Locality Plan.
 - Public services are under increasing pressure financially and are experiencing greater demand on services. This is all happening whilst organisations need to retain quality and safety, meet the exacting standards of their regulators and deliver from an ever reducing financial envelope. The proposed partnership arrangement will provide a platform to manage these pressures collectively and create a more coordinated, streamlined and efficient system, which will ultimately improve service user and patient outcomes.
- 1.5 It is proposed to establish a new partnership agreement between Trafford Council and PCFT to 31 March 2018. PCFT will take on management responsibilities for the new service model on a day to day basis on the Council's behalf from April 2016.
- 1.6 This new agreement to establish an *all age* community health and social care model is the only one of its type in Greater Manchester and potentially nationally.
- 1.7 The agreement covers all community health services which PCFT are currently commissioned to provide in Trafford and also those Council services identified as in scope (listed in appendix 2). There will be no budgets transferring and TUPE

will not apply as staff will retain their existing employment arrangements. Both organisations will retain legal responsibility for fulfilling their statutory functions.

- 1.8 PCFT will take on day to day responsibility for children's services and retain their responsibilities for adult services. This is the key difference to the current arrangements and to enable this, the new model will be supported by more robust management and governance arrangements.
- 1.9 It is the intention of Commissioners from CCG and Trafford Council that Trafford develops an integrated all age service and this is reflected in the Locality Plan; therefore, this proposal reflects this ambition.
- 1.10 There will be 2 iterations of the S75, to reflect the transformation process required in 2016 and transition to the new delivery model:
 - Stage 1 is likely to cover the first 9 months (1st April – 31st Dec 2016), and a programme approach will be in place to enable the transformation to take place.
 - Stage 2 will cover the remaining 15 months of the partnership (1st Jan 2017 to 31 March 2018). This phase will be the period where the model will be delivered as business as usual with new elements of any integrated services included.
- 1.11 This report outlines the current and proposed arrangements for the S75 to March 2018 between Trafford Council and PCFT. It will be updated as we progress to Stage 2.

2.0 Current position

2.1 Staffing

- 2.1.1 Children's Services (health and social care) have been working as an integrated structure for a number of years now and this provided the framework for Adult Services (health and social care) to follow. Adult Services began to integrate in 2013 and joint Heads of Service and Operational Managers were appointed in 2014. No staff have transferred under TUPE between Trafford Council and PCFT as staff from each organisation retain their employers terms and conditions.
- 2.1.2 Staff are operationally line managed by either a Council employee or a PCFT employee; line managers have access to and are required to follow either PCFT or Council HR and other policies/procedures as required for the staff they manage.
- 2.1.3 Clinical/professional supervision is provided by the same employer as the member of staff and from a senior member of staff qualified in the relevant professional/clinical discipline.
- 2.1.4 A staff consultation has recently concluded which has established a common and integrated clinical/professional governance approach across Trafford Council and PCFT staff.

2.2 Management arrangements

2.2.1 In preparation for the S75 being established, a new senior management team has been established, with joint roles responsible for health and social care:

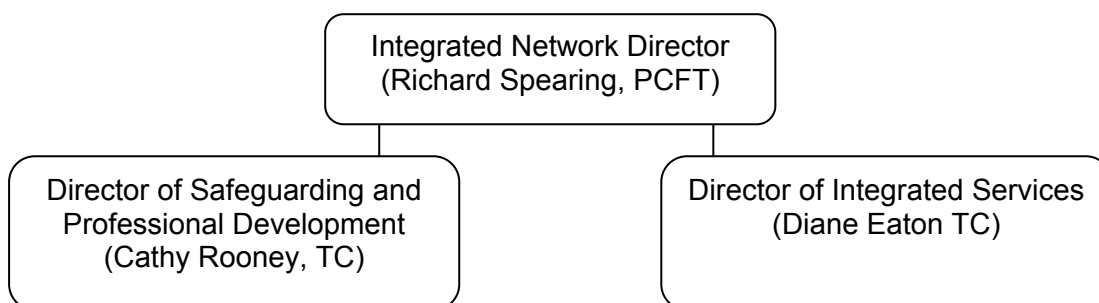


Figure 1

2.2.2 The approach has been developed jointly by the partner organisations and in dialogue with Commissioners from Trafford Council and CCG.

2.3 Governance

2.3.1 Adult services are currently managed through a partially integrated team with Pennine Care as the lead. Children's services are managed through an integrated team with Trafford Council as the lead. These arrangements have been partly moved on with the appointment of the new team highlighted above. The arrangements have proved to be robust however they have not been fully established yet or able to release the full potential of an all age model. The present arrangements are set out in the current Section 75 agreement.

2.3.2 The main vehicle for the establishment of the S75 agreement and oversight of the implementation of stage 1 of the agreement will be the Provider Integration Programme Board. This board will lead the transition to the delivery of the new service model as business as usual.

2.4 Financial Implications

2.4.1 At present, both the Council and PCFT are responsible for their budgets and delivery of savings. The integration of the services should provide opportunities for efficiency and other savings.

2.5 Scope of services

2.5.1 The range of services currently operating in CFW can be found at appendix 1.

2.6 Commissioning/contractual/legal considerations

- 2.6.1 Trafford Council is currently an 'associate' to the CCG contract with PCFT for the delivery of community health services in Trafford. PCFT are required to report to the CCG on a monthly basis regarding operational and financial performance.
- 2.6.2 Trafford Council also commissions some services directly from PCFT through e.g. the Public Health Grant.
- 2.6.3 The current S75 between Trafford Council and PCFT formally expired on 31/3/15 but was extended by 12 months within the terms of the agreement to 31/3/16. Therefore no further extension is possible.

3.0 Proposed New Agreement (stage 1)

3.1 Staffing

- 3.1.1 Service remodelling will take place across 2016 to establish all age health and social care integrated teams and delivery arrangements at the front line e.g. the 'Keeping Families Together' service proposal, the 'All Age Front Door' and 'All Age Learning Disability' services. These may have an impact on staffing levels. The details regarding these plans are in development and where any staffing changes are required, consultation with staff and Unions would be undertaken.
- 3.1.2 With regard to back office support services for Council related matters, these will continue to be provided at the same levels by the Transformation and Resources directorate, subject to budget constraints and the directorate will work with the new management team to explore how to better deliver/align services going forward. A final agreed arrangement will be developed for the stage 2 S75 agreement.

3.2 Management arrangements

- 3.2.1 A consultation to restructure the remaining senior management arrangements in community health and social care service is scheduled to start on 30th March 2016. This will affect Heads of Service and Operational Managers. There is a saving related to this restructure of £300k for Trafford Council, which was subject to approval at the Budget Council meeting in February 2016.

3.3 Governance

- 3.3.1 Figure 2 presents the proposed service model, which has been designed in partnership with a range of key stakeholders, including staff, GPs, CCG and senior leaders across CFW and PCFT Trafford Division. It is underpinned by an agreed set of aims and design principles:

Aims

- To improve the health of the population overall
- To keep people safe and families together
- To improve the experience of services
- To develop a sustainable health and social care model in Trafford

Design Principles

- Quality services which are person and family centred.
- Aspirational services which keep people safe, promote independence, focus on building resilience and are accessible to all.
- A workforce that is highly skilled, valued, motivated, adaptive and effective and supported to make an effective contribution to service design and delivery arrangements.
- Services act with integrity, are transparent, accountable, operate to clear standards, are responsive and not bound by bureaucracy.
- At all levels, staff lead by example by championing change, listening to feedback, engaging others, managing expectations, learning from experience and celebrating success.
- Services deliver value for money; they are efficient, effective and economically sustainable and use technology to increase productivity.
- Partnerships are built which make a difference, are creative and dynamic.

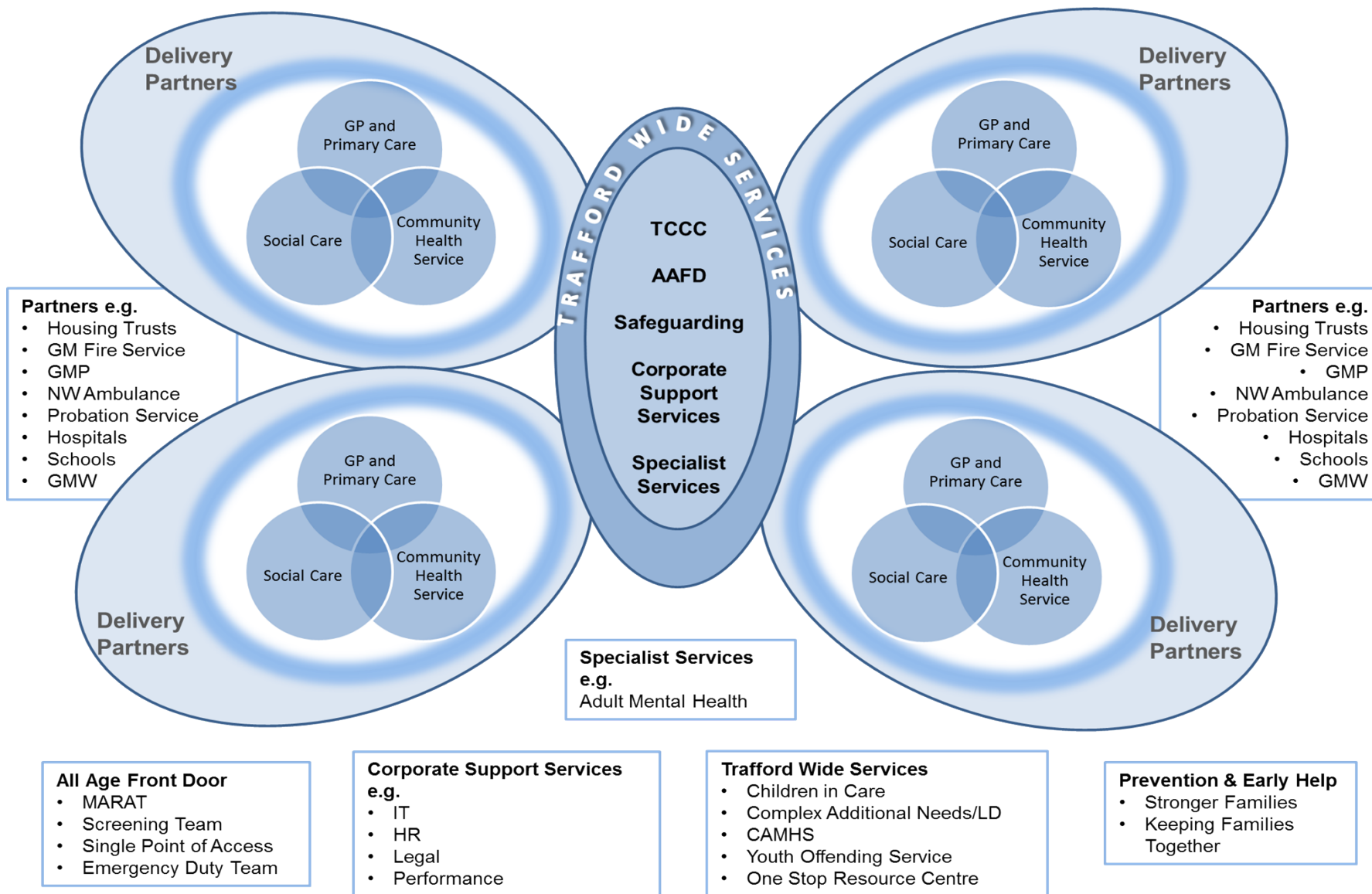


Figure 2

3.3.2 Figure 3 presents the proposed management arrangements for the new service model:

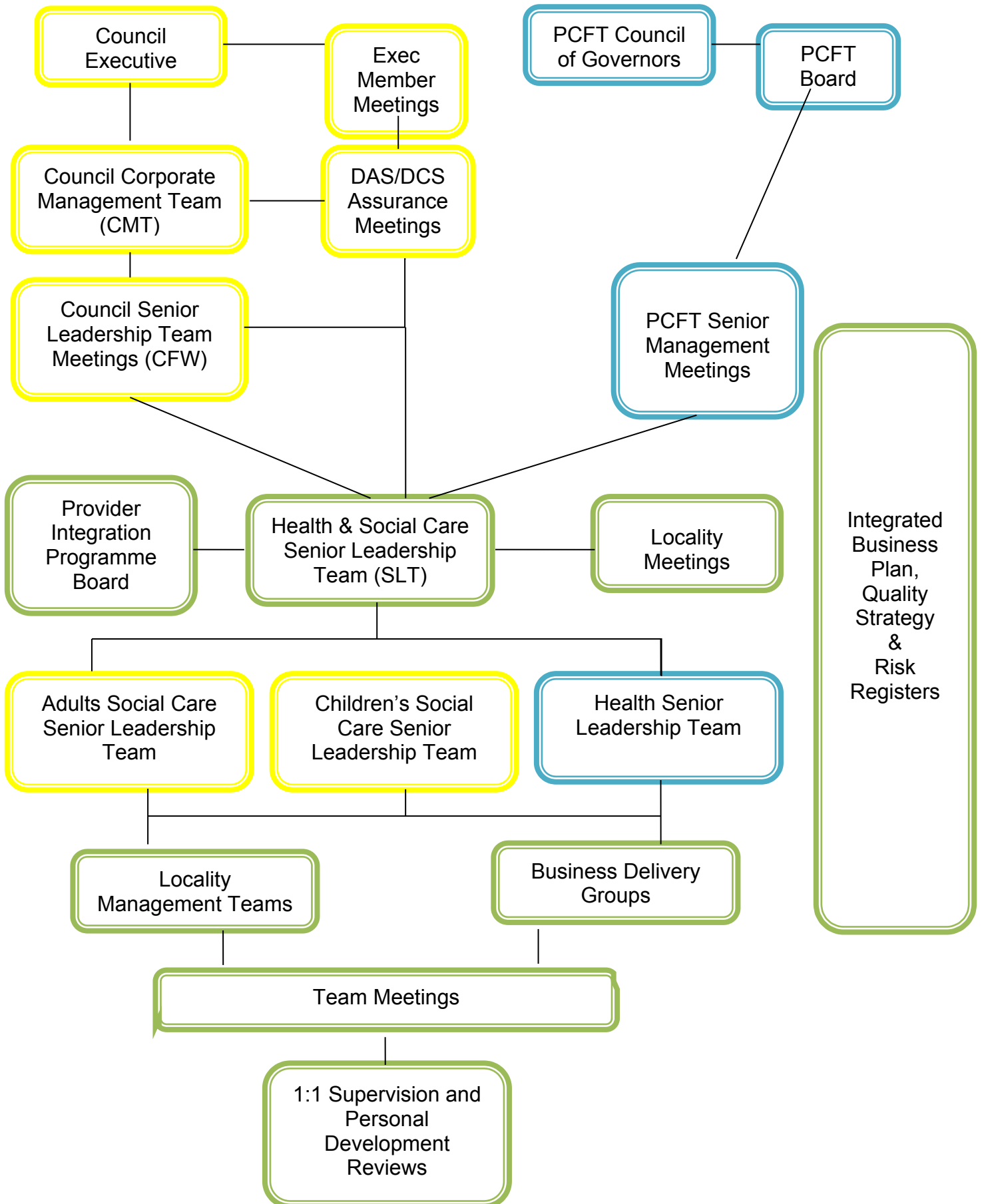


Figure 3

3.3.3 Proposed management groups:

- **Team meetings / 1:1 supervision and Personal Development Reviews:** All services whether integrated or not will continue to have established team meetings and regular supervision and personal development plans
- **Adults, Children's and Health Senior leadership Team meetings:** These are established weekly meetings which will continue to take place and ensure delivery of their respective elements of service. It is considered to be too soon to change these into a more integrated approach. Whilst it is expected that this will change as part of the next phase of developments
- **Health and Social Care Senior Leadership Team:** This is a new weekly meeting which will bring together the 3 very senior managers to ensure that they have oversight of the key objectives and delivery for each element of the service. The group will report into the Council Senior Leadership Team, Director Adults and Director of Children's Assurance meeting and Pennine Care's established management processes
- **Council Senior Leadership Team Meeting:** This is an established weekly meeting which has oversight for the delivery of council plans and responsibilities. Membership and responsibility of this will not change
- **DAS / DCS Assurance Meeting.** The DCS meeting is an established monthly meeting whereby the DCS is kept assured on delivery of statutory responsibilities. They are updated on immediate issues outside of this meeting and in a timely manner. The DAS meeting is a new meeting which will bring a renewed focus on adult social care and mirror the DCS meeting
- **PCFT Senior Management Meetings.** There are established programme of meetings which oversee the delivery and assurance of Pennine Care's responsibilities and form part of the sub board structure. Membership of these will not change.
- **Provider Integration Board:** This board meets monthly and is already in place. It holds responsibility for delivery of the integration programme
- **Locality Meetings:** These will not form part of the management structure but are part of moving services into the new integrated approach. Teams will start to meet in their new all age localities and develop shared approaches to new ways of working
- **Integrated business plan, quality strategy and joint approach to risk management.** From 1st April the service will develop and deliver a single business plan and quality strategy. There will be a shared approach to risk management with both organisations holding their own risk register but these being seen together so that any interdependencies are recognised and acted upon. These plans will be approved via the mechanisms presented above.

All the meetings above have established or new terms of reference and these will be updated for 1st April 2016 to account for any agreed changes.

3.3.4 Figure 4 presents the proposed governance arrangements for the new service model and the services included to ensure delivery of safe services:

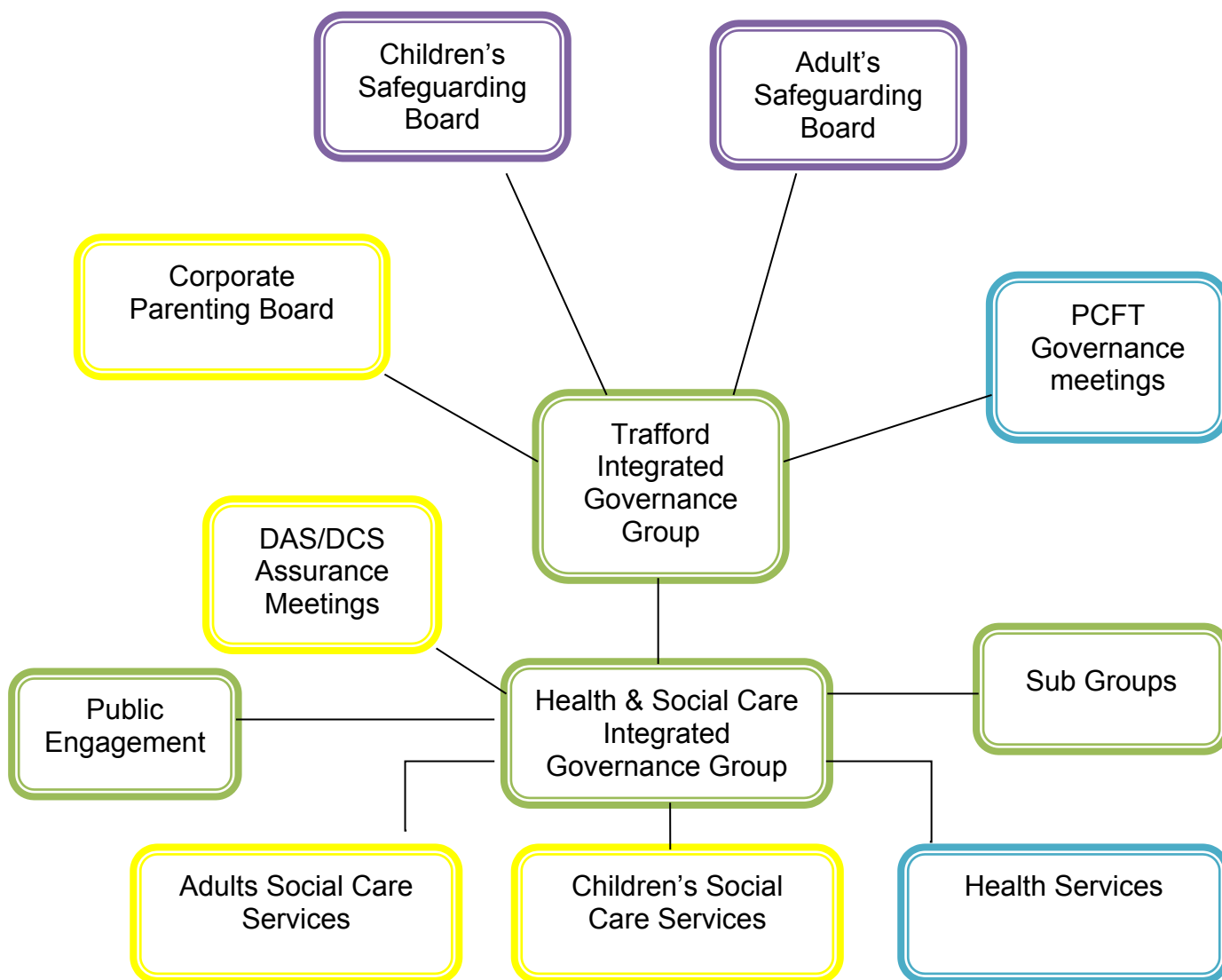


Figure 4

3.3.5 Proposed Governance Groups:

- Health and Social Care Integrated Governance Group:** There is currently an established 3 monthly health meeting which oversees the governance of health services. It is proposed that adult health and social care is integrated into this group with each service area each now having a monthly meeting to oversee the delivery of safe and effective services. This meeting will be chaired by the Trafford Integrated Network Director (Richard Spearing) and will be attended by all the senior management team. A term of reference will be updated for this and it will start from 1st April 2016. Much of the social care business will be a reflection of the reporting that will take place to the DAS/DCS Assurance meeting but it will start to bring the governance of services into a single place. By its nature the agenda will be granular. It also includes sign off of health quality reports which go into the CCG contractual monitoring processes

- **Trafford Integrated Governance Group:** This group will be updated to bring together more focused information which is currently held in PCFT quality and governance assurance meetings and DAS/DCS meetings. In doing so it will be able to bring a more robust approach to governance. To do this and meet established responsibilities the meeting will need to be chaired by the Interim Corporate Director of Children, Families and Well-being, Trafford Council (Jill Colbert) and Executive Director of Operations, Pennine Care (Keith Walker). Because some of the information being discussed will be commercially confidential it is proposed that the meeting is only attended by Pennine Care and Trafford Council senior managers, elected members and governors
 - **Other Governance Meetings:** These will all remain as established
- 3.3.6 Terms of Reference will be included in the S75 agreement schedules and for new boards, draft terms of reference will be proposed and agreed as appropriate.
- 3.3.7 The new management team will proactively work with key stakeholders to develop a more integrated and robust approach to public involvement.
- 3.3.8 The governance processes will align the complaints and compliments processes together so we can understand shared service issues.
- 3.3.9 The S75 Agreement and the governance structures outlined therein will enable three levels of decision making:
- Decisions that statutorily can only be made by one of the partner organisations for decisions that each of the bodies wish to reserve to themselves;
 - Decisions that can be made 'jointly' through 'joint governance bodies' whereby the representatives of each of the partner agencies are delegated to make such decisions, which will need to be made by consensus between the representatives of each agency; and
 - Decisions delegated to the Integrated Network Director to enable the efficient day to day management of the service.
- 3.3.10 There are a number of schedules which underpin the S75 partnership agreement. They have been determined in consideration of the Monitor 'Well Led Framework'¹, to provide assurance to PCFT in particular as the recipient of management responsibilities under the new agreement. The framework sets out the following questions:
- a) Does the service model provide a credible strategy to provide high quality, sustainable services to patients/service users and is there a robust plan to deliver it?
 - b) What are the potential risks and planned mitigating actions to the quality, sustainability and delivery of current and future services?
 - c) What are the leadership and management arrangements of the new provider arrangement and does this provide the skills and capacity required?
 - d) What is the vision for and what are the values/principles and expected outcomes of the new service?
 - e) What are the future organisational development plans for the workforce to support staff through change and into the new model, so it becomes sustainable and thrives once implemented?

¹ Monitor Well-led framework for governance reviews: guidance for NHS foundation trusts; Updated April 2015

- f) What are the strategic and operational governance requirements?
- g) What are the mechanisms for managing risks, issues and performance issues?
- h) What are the service user/patient feedback mechanisms and how do these inform operational and financial performance and quality?
- i) What are the governance, reporting and monitoring arrangements for analysing and challenging performance and which KPIs will be of greatest relevance?
- j) How do we know the KPIs and other information provided is the right information: accurate, valid and reliable?

3.3.11 In response, the following schedules are being collated for inclusion in the S75 partnership agreement document (each organisation will provide the same/equivalent information as necessary):

- a) Service descriptions for those services in scope (see appendix 2), including high level budget summary, workforce data and performance metrics
- b) Information sharing protocol
- c) Strategic risk management strategies
- d) Operational risk registers
- e) Scheme of Delegation/Constitution
- f) Relevant strategic plans
- g) Strategic governance structures and terms of reference
- h) Policies and procedures and an explanation which describes the change control and related communication process
- i) Draft Service model, vision and design principles
- j) Senior management structure chart and description
- k) Holding statement of intent for workforce development/organisational development
- l) Trafford Council back office support statement.

3.3.12 A RAG rated status has been assigned to each schedule in the stage 1 S75, in relation to how it delivers against the 'Well Led Framework' and this will form the basis of the development plan for the Stage 2 S75 Partnership Agreement.

3.4 *Financial implications*

3.4.1 There will be no transfer of budgets or employees between the organisations during stage 1 or stage 2. Established mechanisms will be used to oversee these.

3.4.2 Given the scale of the budgets, it is important to state that the care budgets for Trafford clients will remain with the Council as a commissioning body. Governance and operational arrangements will be reviewed and revised to manage this.

3.5 *Scope of services*

3.5.1 The services in scope for Stage 1 of the S75 agreement can be found at Appendix 2.

3.6 *Commissioning/contractual/legal considerations*

3.6.1 PCFT will continue to be contractually managed by Trafford CCG.

3.6.2 Some community health services are delivered by other health providers (e.g. GM West Mental Health Trust, Cheshire-Wirral Partnership and CMFT). It is expected that whilst these arrangements continue, PCFT will build constructive working relationships with these organisations to ensure ongoing quality service delivery.

3.6.3 The statutory duties of the Director of Children's Services (DCS), Director of Adult Services (DAS) and Lead Member roles for Children and Adult services are critically important in governing the delivery of safe and effective service outcomes. The governance proposed for the section 75 agreement respects and observes these duties and presents a model for the first phase of development of All Age Integrated Services, taking an incremental approach to the organisational design. As part of the design process and in order to test the governance arrangements, the Corporate Director will commission an Assurance Test, which is an independent test of our arrangements to secure an objective and expert opinion as to the ability of the developing arrangements to protect the statutory duties of the Council. The outcome of that test will be reported to the Lead Member, the Chief Executive and key recommendations shared with the Chair of the Trafford Children's Trust Board.

4.0 Proposed New Agreement (Stage 2)

4.1 *Staffing*

4.1.1 The next phase of service remodelling which will have taken place across 2016 should be concluded by Dec 2016. There may be 2017/18 savings proposals developed in the coming months which could impact on the stage 2 delivery of services and these will be carefully considered and then consulted upon if progressed.

4.2 *Management arrangements*

4.2.1 During stage 2 it is unlikely that the management arrangements will change, as this stage is critical for embedding the changes from stage 1 and establishing them as business as usual.

4.3 *Governance*

4.3.1 Going forward, a more integrated governance approach is needed to reflect the changed management arrangements. This is an 'ideal future state' for operational governance and is proposed in figure 5.

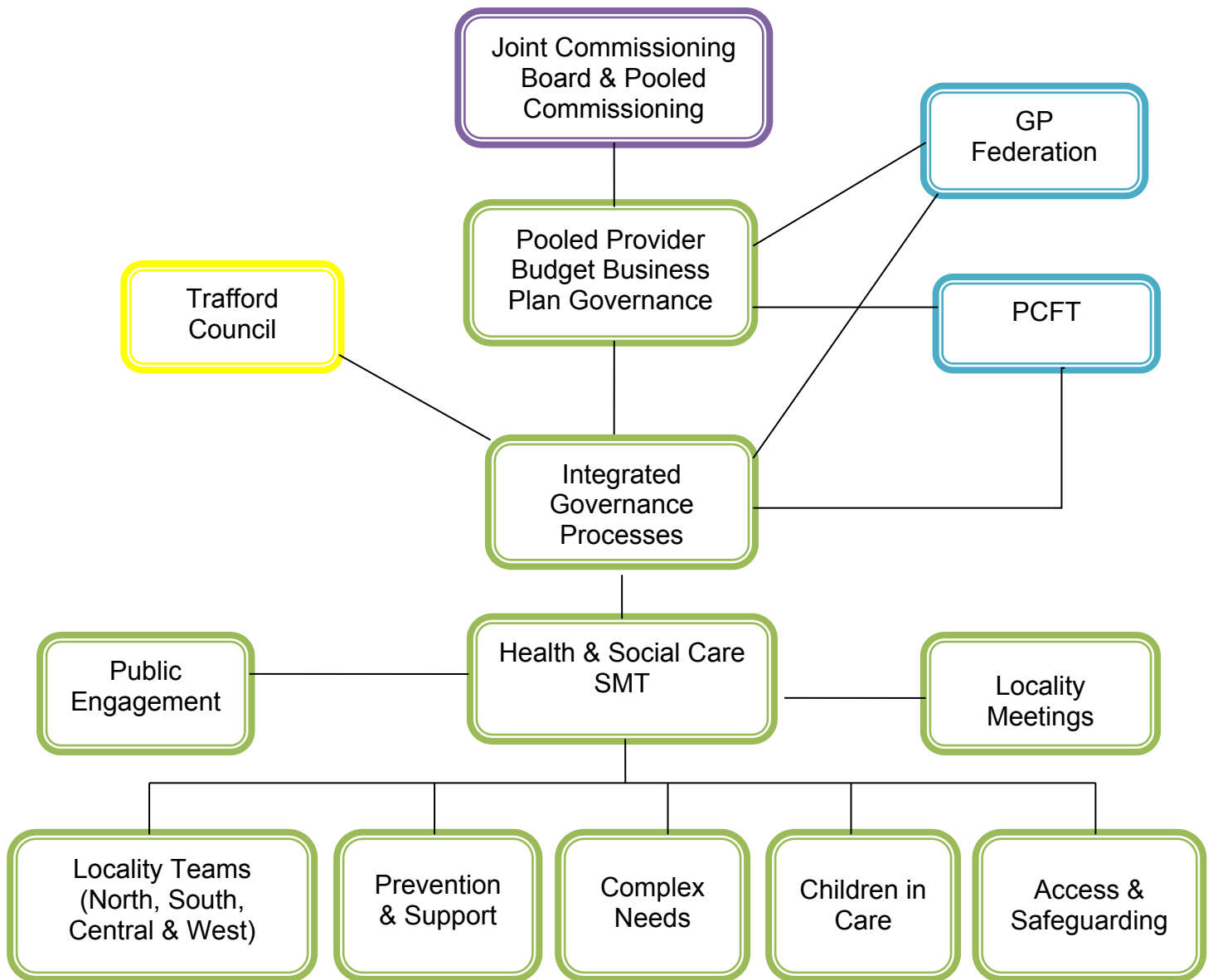


Figure 5

4.3.3 It is unlikely that this will be achieved during 2016. It is expected that the governance arrangements will remain as proposed for stage 1 with any agreed improvements going in to the future stage 2 agreement.

4.4 *Financial Implications*

4.4.1 It is expected that both organisations will retain responsibility for their respective budgets though if it is possible to develop pooled budgets around any areas of integrated services then these will be proposed in the new stage 2 agreement.

4.5 *Scope of Services*

4.5.1 The scope of services for stage 2 will be confirmed by November 2016, once all the service remodelling work is complete.

4.6 *Commissioning/contractual/legal considerations*

- 4.6.1 The extended contract between Trafford CCG and PCFT will expire on 31/3/18. It is expected that the current contract will be superseded by a new community provider arrangement, commissioned jointly by Trafford Council and Trafford CCG.

5.0 **Legal Framework**

- 5.1 The Health Act (2006) provides a framework for establishing, managing and governing partnerships and provides the basis on which partnership arrangements across health and local authorities should be determined. The Act contains three flexibilities which healthcare organisations and local authorities are able to use when organising joint working arrangements. These are as follows:

- *Delegation of Functions - Lead Commissioning*: Here the partners may agree that one partner will be assigned to act as the 'host' and to commission care services for the both of them (i.e. utilising the NHS budget and the LA budget alongside each other under single organisation management and according to a jointly agreed set of aims). The budgets would not be used to cross subsidise each other in any way but would be managed within a coordinated pattern of spend.
- *Delegation of Functions - Integrated Provision*: Here the partners would agree that one partner will be assigned to act as the 'host' to manage services on behalf of both partners (directing the NHS service and the LA service alongside each other) as two teams say, under single overall management of the 'host' for a single agreed set of purposes confirmed by the partners.
- *Pooled Budget (Lead Commissioning or Integrated Provision)*: Here the partners choose to simply delegate the functions of one to the other for them to undertake on the other's behalf and to create a pooled budget to be operated by one of them for both. This means that they may create a discrete fund for the purposes of the functions of both being met from the one single budget (made up of contributions from both), with the budget to be under the management of one of the partners.

- 5.2 For the stage 1 and 2 new agreements, the 'Delegations of Functions – Integrated Provision' is proposed.

6.0 **Other Options**

- 6.1 The following other options have been considered:

- 6.2.1 Renew current arrangement or do nothing: This would inhibit the development of an all age model to the extent that it has been consulted upon and agreed.

- 6.2.2 Establishing a 'Pooled Budget' arrangement: It is more likely that this will be considered as part of the 2018 arrangements. Any proposal to do so earlier would be developed and agreed through the established mechanisms.

- 6.2.3 Re-tendering: The decision to re-tender for community health services lies primarily with Trafford CCG as the contractor; any tendering process for a contract of this

scale would require a significant lead in time so would be more appropriate to consider for 2018.

- 6.2.4 Setting up a new delivery vehicle e.g. Trust, mutual or community interest company: This would require time to establish and income and sustainability would be dependent on future contracts being secured.

7.0 Consultation

- 7.1 The proposed all age health and social care delivery model has been subject to public consultation in 2015 and 2016 as part of the Council's budget consultation process. This year's consultation process introduced proposals to reconfigure management arrangements in line with the new service model.
- 7.2 Feedback from the consultation process was very positive with 71% agreeing and only 10% disagreeing.
- 7.3 The proposal also attracted a large number of comments. Positive comments were expressed regarding customer experience, single point of contact, reducing duplication and breaking down barriers.

8.0 Reason for Recommendation

- 8.1 Integrated service delivery has developed well in Trafford; it has been acknowledged by Ofsted in Children's Services² and Adult services have been setting up the equivalent approach since 2014. It has validated sound governance structures and processes that provide significant assurance to the partners, however, there remain further opportunities to strengthen the arrangements.
- 8.2 The public sector as a whole faces unprecedented and significant challenges in the future years ahead and Trafford must deliver its part of the GM Devolution agreement as set out in the (currently draft) Locality Plan; this describes our intention to develop an integrated all age, health and social care service.

² Ofsted Inspection Report 2015

Key Decision

Yes

If Key Decision, has 28-day notice been given?

Yes

Finance Officer Clearance

GB

Legal Officer Clearance

MRJ

CORPORATE DIRECTOR'S SIGNATURE

Jill Colbert, Interim Corporate Director for Children, Families & Wellbeing



To confirm that the Financial and Legal Implications have been considered and the Executive Member has cleared the report.

Appendix 1 – Current Services in CFW

The list of services currently in operation in CFW is the same as in Appendix 2 with the addition of those below which sit within the Commissioning & Development Service:

- Behaviour & Attendance
- Children's Rights
- Compliance & Governance
- Early Years & Childcare
- Education Psychology
- Integrated Commissioning
- Parent Partnership
- Personalisation Brokerage
- School Admissions
- School Bus Passes (mainstream school)
- School Improvement Advisors
- SEN Advisory Service (SENAS)
- SEN Assessment Team
- SEN Mediation
- Transport for Sick Children (TFSC)
- Home to School Transport (Other than Bus Passes above)
- School's Support
- Sale West Conference Centre
- Trafford Safeguarding Children's Board

Appendix 2 – Stage 2 Services in Scope

Adult's Services

- Welfare Advice
- Business Support
- Community Learning Disability Team (CDLT)
- Community SW Teams
- Direct Payments (Personal Budgets)
- Deprivation of Liberty Service (DOLs)
- Emergency Duty Team (EDT)
- Hospital Social Work Teams:
 - Salford Royal Foundation Trust
 - Trafford General Hospital
 - University Hospitals South Manchester
- Screening Teams

Children's Services:

- Adoption (until a regional adoption agency is established)
- Business Support
- Children's Rights Service
- Complex and Additional Needs Service:
 - Children's Community Nursing Team
 - Children's Intensive Behavioural Service
 - Community Paediatric Service
 - Palliative Care
 - Physio and Occupational Therapy
 - Speech & Language Therapy (SALT)
 - Social Care
- Contact Centre
- Early Help Hubs (0-11)
- Early Help Hubs (11-18)
- Family Placements
- Family Support Teams - combined
- Internal Children's Homes
- Multi-Agency Referral & Assessment Team (MARAT)
- Multi-Dimensional Treatment Foster Care (ME2)
- Multi Systemic Therapy
- Permanence and Transition
- Stronger Families
- Support lodgings
- Youth Offending Service (YOS) & Youth Justice

The following services are not included in scope for stage 1 of the S75, as they are under review by Commissioners as part of the 2016/17 budget process, but operational management will remain with the new model until the revised service models are in place:

- Supported Living
- Adaptations
- Ascot House
- Pathways
- Rapid Response
- Reablement

