

# **Appendix 3 - Transformation Proposal**

**Transformation  
reductions**



TRN-BR26-100

## **BUDGET DELIVERY PLAN 2026/27 & 2027/28**

### **Transformation Programme**

DATE COMPLETED: 13 January 2026

VERSION 1.0

## 1. Saving Proposal Title and Description

**Project Title:** Transformation Programme

**Reference Number:** TRN-BR26-100

**Directorate:** Council wide transformation programme

**Service:** Transformation

**Project Description:** Transformation programme focusing on how services are delivered to ensure financial sustainability whilst continuing to provide high-quality care and support to residents.

|   | 2026/27 - 2029-30 |
|---|-------------------|
| <b>Proposed Budget Reduction (£000)</b> | (18,300)          |
| <b>Workforce Impact (FTE)</b>           | 0                 |

## 2. Sponsor, Lead and Key Stakeholders

**Senior Accountable Officer:** Shelley Kipling, Chief Executive

**Delivery Lead:** Mike Barker, Executive Director Health and Care (Deputy Chief Executive)

**Cabinet Portfolio Holder:** Cllr Arooj Shah, Leader of the Council

**Finance Manager:** Lee Walsh, Director of Finance

**HR Business Partner:** Eleanor Devlin, Assistant Director of Workforce & Organisational Culture

**Other internal stakeholders:**

Executive Director Children and Young People

Director of Adult Social Care (DASS)

Executive Director Resources

**Key External Stakeholders:**

1. External Strategic Transformation Partner

## 3. Scope and Purpose

**Project Scope:**

Local government finances are under immense strain due to historical underfunding, rising inflation, and demographic pressures. Councils are required to deliver essential services within increasingly tight budgets while responding to growing demand. The key financial and service pressures facing the Council include:

- **Underfunding:** Oldham receives less funding per capita compared to other LAs and their level of demand, which requires careful financial management to sustain services.
- **High Needs:** The borough has some of the highest levels of deprivation in the country, impacting health, employment, and housing.
- **Limited Income Generation:** Oldham's ability to raise revenue through council tax and business rates is lower than other areas.

- **Rising Demand:** More children and adults need care, homelessness is increasing, and the cost of providing these services continues to rise.
- **Financial Sustainability:** The Council has used reserves and efficiency savings in the past to balance its budget which is not sustainable.

In response to these challenges, the Council undertook a structured discovery phase to understand the underlying drivers of demand, cost and outcomes across its most pressured, demand-led service areas. The purpose of this work was not to identify short-term savings in isolation, but to identify sustainable opportunities to improve outcomes and value for money while continuing to meet statutory duties and residents' needs.

The discovery phase was delivered through a series of evidence-based workshops and deep dives held across the organisation. These sessions brought together service leaders, frontline practitioners, finance, commissioning and corporate colleagues and were grounded in real-life case examples drawn from Children's Services, Adult Social Care and Housing / Homelessness. Case reviews were used to examine how residents move through services in practice, where demand escalates unnecessarily, where decision-making becomes risk-averse, and where cost and complexity are introduced into the system.

This work was complemented by analysis of management information, spend and demand data, workforce trends, and benchmarking against comparable local authorities. Together, this provided a clear and shared understanding of:

- The root causes of rising demand and cost
- Where current service models unintentionally drive dependency
- Where practice, process or market design could be improved
- Which opportunities have the greatest potential for sustainable impact

As a result of this discovery work, the Council has developed a coherent transformation programme focused on delivering change at system, service and practice level. The programme is not a single initiative, but a coordinated set of workstreams designed to address the drivers of demand and cost in a structured and sustainable way. It includes:

- Redesign of front-door decision-making and early intervention to prevent escalation
- Increased focus on prevention, safeguarding and domestic abuse responses
- Promoting independence through enablement, reablement and family-based approaches
- Workforce productivity, recruitment and retention improvements
- Place-based and district working models that strengthen partnership delivery
- Income maximisation and improved commercial approaches where appropriate
- Improved use of data, digital tools and AI to strengthen performance visibility, decision-making and early intervention

To support delivery, the programme groups these opportunities into six inter-related themes, recognising that no single intervention will deliver the required impact in isolation. These themes are:

- **Theme 1: Prevention and Domestic Abuse**
- **Theme 2: Promoting Independence and Enabling Residents and Families to Live Independently**
- **Theme 3: Workforce – Productivity, Recruitment and Retention**
- **Theme 4: District Models and Partnership Working**
- **Theme 5: Income Maximisation**
- **Theme 6: Data, AI and Performance Visibility**

This thematic structure provides a clear framework for delivery, governance and benefits realisation, while allowing flexibility to adapt as learning emerges during implementation.

The opportunities identified are the building blocks of the Council's refreshed Transformation Programme which will focus on delivering financial savings from across Adults and Children's Social Care from 2026/27 to 2029/30.

The Council is seeking to secure an external delivery partner to support the delivery of the proposed savings because the scale, pace and complexity of the required change cannot be delivered through existing internal capacity and capability alone without materially increasing delivery risk.

The services in scope — including Children's Services and Adult Social Care — are among the most complex, high-risk and nationally challenged areas of local government. Delivering sustainable savings in these areas requires not only strategic intent, but deep operational expertise, disciplined benefits realisation and the ability to drive and embed practice change at scale.

The Council's leadership and operational teams are already managing significant in-year pressures and statutory responsibilities. While internal staff have strong local knowledge and professional commitment, there is limited spare capacity to design, mobilise and deliver a multi-year transformation programme of this scale alongside day-to-day service delivery.

Attempting to deliver this programme without additional capacity would risk:

- Dilution of focus
- Slippage in delivery timescales
- Increased pressure on already stretched teams
- Failure to embed change sustainably

An external partner provides additional, time-limited capacity to accelerate delivery without destabilising core services. This is not a substitute for internal ownership or accountability; rather, it is a deliberate risk mitigation measure designed to accelerate delivery, strengthen benefits realisation and build sustainable internal capability.

## 4. Objectives and Deliverables

### Objectives:

1. To reduce expenditure within key demand led service areas to support the Council's financial position
2. That residents services are delivered in a cost effective yet high performing way

### Deliverables:

1. Delivery of transformation programme savings from 2026/27 to 2029/30
2. Impact on residents is mitigated wherever possible

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## 5. Key Actions and Milestones

In the table below, include actions and steps required to deliver the saving, address findings from the EIA, address risks etc. Consider – resourcing and creation of project team, finalisation of project plans, consultation actions, providing notice to contractors/employees/stakeholders, date from when savings start accruing, re-procurement requirements, finalisation of EIA, training of internal resources.

### Overarching timeline:

| Week | Date                   | Delivery Milestone / Action   | Delivery Owner |
|------|------------------------|---|----------------|
| 1    | 28 Jan 2026            | Governance, Resources and Strategy Scrutiny Board review of budget papers                               | Lee Walsh      |
| 2    | 4 Mar 2026             | Council approval of transformation programme savings at Budget Council meeting                          | Lee Walsh      |
| 3    | March 2026             | Conclude procurement of external Strategic Transformation Partner                                       | Mike Barker    |
| 4    | April 2026             | Transformation Programme begins   | Mike Barker    |
| 5    | Monthly during 2026/27 | Transformation Programme tracked and reported to through internal governance systems, groups and Boards | Mike Barker    |
| 6    |                        |   |                |
| 7    |                        |   |                |

NB: For 2026/27 savings, the timetable above needs to start now to impress the need to progress actions from the earliest opportunity. Clearly for some savings they will include actions both leading up to and beyond year end.

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## 6. Budget and Financial Overview

### Budgets subject to saving:

- Savings to be achieved:** *Explain what will generate the saving, e.g. reducing staffing cost, by income/expense type*
- Controllable Base Budget:** *Set out the controllable base budgets from which the saving will be taken in the table below*

| Cost Centre | Cost Centre Description | Account Code | Account Description  | 2026/27 Saving £000 | 2027/28 Saving £000 | 2028/29 Saving £000 | 2029/30 Saving £000 |
|-------------|-------------------------|--------------|----------------------|---------------------|---------------------|---------------------|---------------------|
| 62903       | ASC                     | R5*          | Third Party Payments | 1,900               | 7,100               | 4,400               | 2,300               |
| 60500       | CSC                     | R5*          | Third Party Payments | 100                 | 700                 | 800                 | 1,000               |

**Cost of delivery:** *Set out any incremental direct costs which will be incurred, breakdown, calculations etc. Clarify whether one-off or ongoing. Include any grants that will be used to offset or fund these.*

The proposal includes a recurrent investment of £2–3m per annum to support the delivery and sustainability of the forecast savings. This reflects a deliberate decision to invest in ongoing delivery capability rather than relying on short-term, one-off intervention in service areas where the drivers of demand and cost are structural and persistent.

The scale of the challenge facing the Council's demand-led statutory services means that savings cannot be delivered or sustained through temporary activity alone. Without ongoing capacity to manage demand, support practice change, and maintain grip on performance, there is a high risk that any initial savings would erode over time, leading to a return to previous patterns of demand and spend.

The proposed recurrent investment represents a relatively small proportion of the total savings forecast over the medium term. The investment is intended to enable the delivery of significantly larger recurring savings and to protect those savings once achieved. In this context, the cost should be understood as a necessary enabler rather than a pressure.

The financial case is therefore not whether the Council can afford this investment, but whether it can afford **not** to make it, given the scale of the underlying financial challenge.

A recurrent investment is proposed because:

- The drivers of demand (complexity, risk, market pressures, workforce shortages) are ongoing, not time-limited
- Sustaining reduced demand requires continuous oversight, early intervention and performance management

- Without dedicated capability, services tend to revert to risk-averse and high-cost practices
- Regulatory and market conditions continue to evolve, requiring ongoing adaptation

A one-off intervention would be unlikely to deliver durable change in this context. The £2–3m recurrent investment will support:

- Ongoing embedded delivery and improvement capability
- Specialist expertise in demand management, market shaping and practice improvement
- Continuous benefits realisation and financial assurance
- Data, performance and early warning capability
- Coaching and support for leaders, managers and practitioners

This ensures that savings are both delivered and sustained.

The recurrent investment is a proactive risk management measure. It materially reduces the likelihood of:

- Savings slippage or erosion
- Increased use of high-cost placements or crisis responses
- Adverse inspection outcomes
- Unplanned in-year financial pressures

The cost of failure or reversion would significantly exceed the cost of the investment.

Finally, the proposed recurrent investment is built into the MTFS as part of a sustainable financial recovery plan. It reflects an explicit choice to invest in capacity and capability that underpins long-term financial stability, rather than continuing to absorb volatility and unmanaged demand growth.

### **Key assumptions in calculating the saving:**

The savings have been calculated using a set of explicit, transparent and conservative assumptions, agreed with Finance where possible and subject to ongoing validation as delivery progresses.

### **Timing and phasing of implementation**

Savings are phased, recognising that implementation will not deliver a full-year effect in the first year. Assumptions distinguish clearly between:

- Early, capacity-based savings (e.g. reduced agency usage, vacancy management)
- Later, structural savings (e.g. reduced demand, pathway redesign, market cost reduction)

Savings assumptions reflect realistic mobilisation periods for:

- Workforce change (including consultation where required)
- Practice change embedding
- Market and commissioning adjustments
- No saving is assumed to start before the relevant change is operational.

### **Workforce-related assumptions**

There are no planned reductions in FTE numbers, however, where workforce changes contribute to savings:

- Agency reductions are assumed from the point at which alternative capacity or changed practice is in place, not from programme start
- Vacancy savings are assumed only where posts are deliberately held vacant or removed, and only from the agreed effective date
- Permanent staffing changes would be assumed only once formal decisions and processes have been completed
- Savings are profiled on a pro-rata basis (e.g. months/12), not assumed as full-year effects.

### **Demand and package assumptions**

Where savings relate to reductions in demand or cost, assumptions are based on:

- Reduction in a defined number of packages / placements
- Multiplied by an agreed average unit cost
- Applied over a realistic delivery period
- Savings profiles assume gradual impact, not immediate step changes
- Sensitivity is recognised where outcomes depend on behaviour change or external factors

### **Income-related assumptions (where applicable)**

Where income growth contributes:

- Assumptions are explicit (e.g. x% price increase, y% volume change)
- Impact is tested against affordability and market tolerance
- Income assumptions are aligned to commissioning and legal advice

### **Financial Management and Measurement of Savings**

How will savings be measured and demonstrated? Savings will be evidenced through:

- Comparison of actual expenditure against agreed baselines
- Validation by Finance through routine budget monitoring

Separation of:

- Cashable savings
- Cost avoidance
- One-off versus recurring impacts

Savings will only be counted once they are demonstrably reflected in reduced expenditure or increased income, not merely forecast or planned.

### **Benefits tracking and reporting**

A formal benefits realisation framework will be established. Each saving line will have:

- An agreed baseline
- A clear calculation method
- A delivery owner
- A profile over time

Forecast, in-year and out-turn positions will be reported regularly through programme governance and Finance processes. This ensures transparency and avoids optimism bias.

### **Impact of Delays and Mitigation**

- Impact of delays (e.g. consultation or implementation slippage)

The Council recognises that delays (for example due to trade union consultation, recruitment or system changes) may impact the timing of savings delivery. A one-month delay would typically:

- Reduce in-year savings by approximately 1/12 of the annualised value for the affected element
- Not remove the saving entirely, but defer its realisation

Mitigation actions if delays occur would include:

- Re-profiling savings to later months in the financial year
- Accelerating delivery in other workstreams where possible
- Extending the delivery period to secure full-year impact in subsequent years
- Using short-term management actions (e.g. tighter spend controls) where appropriate
- Escalation through governance if cumulative delays threaten overall delivery
- No mitigation would compromise statutory duties or service quality.

### **Key Financial and Operational Controls**

To assure delivery of the savings, the following controls will be in place:

## **Financial controls**

- Agreed baselines and benefits methodology signed off by Finance
- Regular reconciliation between programme forecasts and budget monitoring
- Clear audit trail for savings claims
- Section 151 oversight of material changes

## **Operational controls**

- Clear accountability for each saving line
- Defined decision points and escalation thresholds
- Monitoring of service quality, demand and workforce indicators
- Ability to pause, adapt or re-sequence activity where delivery risk increases

The savings assumptions and financial management arrangements have been deliberately designed to be transparent, conservative and evidence-based. Savings are phased to reflect realistic implementation timelines, and no saving is assumed until the underlying change is operational. Delivery will be tracked through robust benefits realisation and financial monitoring, with clear controls, escalation routes and mitigation plans in place. This approach balances the need for financial grip with the reality of delivering change in complex statutory services.

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## **7. Communications/Engagement Plan**

A proportionate communications and engagement plan will be developed to support delivery of the programme.

This will focus on early and ongoing engagement with staff, Members, partners and key stakeholders to build understanding of the purpose of the programme, the changes being introduced and the benefits sought for residents.

Engagement will prioritise those most affected by change, including frontline teams and service managers, and will use existing forums wherever possible to avoid unnecessary complexity.

Communications will be transparent about the challenges involved and will provide regular updates on progress, learning and impact.

This approach is intended to support ownership, manage expectations and reduce the risk of resistance or misunderstanding undermining delivery.

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## **8. Risk Management Plan**

|   | Potential Risk  | Mitigation Strategy   | Risk Owner |
|---|---|---|------------|
| 1 | Benefits are largely modelled not proven                        | <p>Phase the programme around:</p> <ul style="list-style-type: none"> <li>• Discovery, Design, Pilot, Scale</li> <li>• Build contract around:</li> <li>• Milestone-based delivery</li> <li>• Benefits tracking with agreed baselines</li> <li>• Break clauses if impact not evidenced</li> <li>• Commit to external partner bringing benefits realisation methodology and independent validation</li> </ul>   | DEP CEO    |
| 2 | Heavy dependency on behaviour change and practice change        | <p>Specify partner must demonstrate:</p> <ul style="list-style-type: none"> <li>• Experience delivering frontline behaviour change in councils</li> <li>• Embedded coaching model, not just analysis</li> <li>• Named delivery leads with practitioner credibility</li> <li>• Establish internal:</li> <li>• Dedicated transformation capacity</li> <li>• Clear senior responsible owners (SROs)</li> <li>• Programme governance with grip on delivery</li> </ul> | DEP CEO    |
| 3 | Benefits depend on cross-system factors outside council control | <p>Partner scope must include:</p> <ul style="list-style-type: none"> <li>• Market shaping capability</li> <li>• Commissioning and provider negotiation expertise</li> <li>• Commercial modelling and contracting redesign</li> </ul> <p>Include joint work with:</p> <ul style="list-style-type: none"> <li>• Providers</li> <li>• Housing</li> <li>• Health partners</li> <li>• GM system where relevant</li> </ul>   | EXEC TEAM  |
| 4 | Workforce capacity is already stretched                         | <p>Explicitly procure partner to provide:</p> <ul style="list-style-type: none"> <li>• On-the-ground delivery support</li> <li>• Temporary capacity uplift</li> <li>• Practice improvement alongside doing the work</li> <li>• Sequence delivery to avoid “everything everywhere all at once”</li> </ul>  | EXEC TEAM  |
| 5 | Foster carer recruitment assumptions are ambitious              | <p>Require partner to evidence:</p> <ul style="list-style-type: none"> <li>• Track record increasing foster carer recruitment in comparable LAs</li> <li>• End-to-end recruitment funnel redesign</li> <li>• Marketing, assessment, support offer redesign</li> <li>• Build early pilots with clear metrics (conversion rates, drop-off points)</li> </ul>  | DCS        |

|    |  |  |         |
|----|--|--|---------|
| 6  | Residential diversion assumes sufficient alternative provision | <p>Link programmes explicitly:</p> <ul style="list-style-type: none"> <li>• Foster recruitment</li> <li>• Edge of care</li> <li>• Family help model</li> <li>• Design integrated placement strategy, not silo initiatives</li> </ul>   | DCS     |
| 7  | Market cost mitigation may be unrealistic                      | <p>Ensure partner has:</p> <ul style="list-style-type: none"> <li>• Proven commercial negotiation capability</li> <li>• Experience with dynamic purchasing systems / framework redesign</li> <li>• Evidence of influencing regional provider behaviour</li> <li>• Use benchmarking across GM / region as leverage</li> </ul>     | DEP CEO |
| 8  | Enablement throughput increase is extremely aggressive         | <ul style="list-style-type: none"> <li>• Map full pathway demand and constraints</li> <li>• Redesign operational model with frontline staff</li> <li>• Provide daily operational grip (huddles, flow management, performance loops)</li> <li>• Start with pilots in specific localities before scaling</li> </ul>                | DEP CEO |
| 9  | Prevention assumptions rely on behaviour change upstream       | <ul style="list-style-type: none"> <li>• Explicit practice model redesign</li> <li>• Leadership alignment workshops</li> <li>• Clear escalation routes and risk-sharing framework</li> <li>• Coaching for social workers and managers</li> </ul>   | DEP CEO |
| 10 | Reviews for LD cohort could increase costs rather than reduce  | <p>Tight eligibility criteria for targeted reviews</p> <p>Focus on:</p> <ul style="list-style-type: none"> <li>• Independence outcomes</li> <li>• Supported living alternatives</li> <li>• Assistive technology</li> <li>• Partner must bring expertise in strengths-based review models with evidence of net savings</li> </ul> | DEP CEO |

### **The risks will be identified and monitored as follows:**

Given the complexity and inherent risk of the programme, risk management will be embedded as a core delivery discipline. Risks will be identified through structured mobilisation workshops, ongoing engagement with frontline services, analysis of performance data and external intelligence. A live risk register will be maintained and reviewed routinely through programme governance, with clear ownership, mitigation actions and escalation thresholds. This approach is designed to ensure emerging risks are surfaced early, managed proactively and escalated appropriately, rather than identified retrospectively.

## 9. Deliverability Rating and conclusion:

**Deliverability rating out of 10: 5/10**

**RAG rating (1-3 green, 4-6 amber, 7+ red): 5/10**

Rationale for the rating given:

This is a large-scale, system-wide transformation programme attempting to:

- Change frontline practice
- Shift culture
- Reduce demand
- Influence markets
- Deliver financial benefit
- Build new analytical and performance disciplines
- Deliver across three high-pressure statutory services simultaneously

The work we undertook through a diagnostic and discovery phase of work highlights:

- Most workstreams require capability not currently present locally
- There is a need and indeed a heavy reliance on behavioural change rather than structural change
- Benefits are largely untested and modelled
- Limited internal track record of delivering benefits-led transformation

**This does not mean it is undeliverable. It means it is high risk without significant additional support and discipline.**

**What needs to happen to turn this rating to low risk / green?**

The scale of change required to deliver these opportunities is significant and represents a fundamental shift in practice, culture and operational discipline across some of the most complex statutory services the Council delivers.

These are nationally recognised as areas where demand reduction and transformation is challenging to achieve and where many organisations struggle to deliver sustained impact.

An honest assessment is that, in the current state, the deliverability risk is high. The Council does not yet consistently have the embedded capability, capacity or delivery infrastructure required to implement this scale of change at pace.

However, evidence from comparable authorities demonstrates that with the right delivery partnership, governance, and operational discipline, these outcomes are achievable.

Procuring a partner is therefore not about outsourcing accountability, but about materially reducing delivery risk, accelerating impact, and ensuring the Council builds sustainable internal capability over time.

What specifically needs to happen to move to minimise the risk and turn it to 'Green' is:

The appointment of a credible, experienced delivery partner with:

- Proven delivery in comparable councils
- Experience in frontline practice change
- Benefits realisation track record

Strong internal governance:

- Named SROs
- Clear programme architecture
- Delivery cadence (not just reporting)

Explicit phasing:

- Three phases: Pilot, Prove, Scale
- Joint ownership with Finance of baselines and benefits
- Dedicated internal capacity (not "on top of day job")

With these in place, this becomes a challenging but deliverable programme.

**On balance, how do you justify and support the deliverability of this proposal if amber/red?**

This programme is inherently challenging and carries a high degree of complexity and risk. That reflects the reality of attempting to shift demand, change practice and deliver financial impact in some of the most pressured statutory services in local government.

However, the status quo also carries significant and increasing risk, including financial unsustainability and worsening outcomes for residents. Doing nothing, or attempting to deliver this scale of change using existing capacity alone, is unlikely to succeed.

The proposed approach — including the procurement of an experienced delivery partner, strengthened governance, phased implementation, and robust benefits realisation — does not eliminate risk, but it materially reduces it. It represents the most credible and responsible route available to the Council to improve outcomes and secure long-term sustainability.

On that basis, while the programme remains high challenge, it is justifiable, necessary, and proportionate to proceed.

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## 10. Dependencies and Impacts

The following issues are key dependencies for the success of the saving proposal.

### Internal Dependencies

#### 1. Leadership alignment and sponsorship

Sustained commitment from Cabinet, Corporate Leadership Team and Directorate leadership to support practice change, tolerate short-term disruption, and maintain focus on long-term outcomes.

How this will be actively managed:

- Named Senior Responsible Owner (SRO) for the programme
- Formal governance structure with regular reporting to CLT and Members
- Agreed programme principles (e.g. outcomes-led practice, prevention-first)
- Explicit leadership sponsorship of practice change (including reinforcing expectations with managers)

#### 2. Workforce engagement and practice change

Frontline staff and managers must adopt new ways of working, particularly in decision-making, thresholds, reviews and prevention activity.

How this will be actively managed:

- Early and continuous engagement with practitioners and unions
- Co-design of new ways of working rather than top-down imposition
- Training, coaching and reflective practice built into delivery model
- Clear escalation routes where staff feel unsure or risk-averse
- Ongoing feedback loops so learning is embedded, not episodic

#### 3. Availability of internal capacity

Transformation activity requires dedicated time, not delivery “on top of day jobs”.

How this will be actively managed:

- Explicit identification of internal roles contributing to delivery
- Backfill or prioritisation decisions agreed by Directors
- External partner expected to provide capacity uplift alongside skills transfer
- Programme sequencing to avoid overloading services

#### 4. Quality of data, baselines and benefits tracking

Credible delivery relies on agreed baselines and transparent tracking of impact.

How this will be actively managed:

- Agreement with Finance on baselines and benefits definitions before delivery
- Routine benefits reporting embedded into programme governance

- Use of operational dashboards (not just retrospective reports)
- Independent validation of progress at key milestones

## 5. Corporate alignment across services

Many opportunities rely on coordination across Children's, Adults, Housing, Finance, HR and Commissioning.

How this will be actively managed:

- Cross-directorate programme board
- Clear ownership for cross-cutting workstreams
- Explicit dependencies mapped and monitored
- Regular escalation where organisational barriers emerge

### External Dependencies

#### 1. Provider markets (care, placements, housing, support services)

Market behaviour influences cost, capacity and availability (e.g. residential placements, foster carers, TA supply).

How this will be actively managed:

- Active market engagement and communication
- Strengthened commissioning and contract management approach
- Use of benchmarking and regional collaboration to strengthen negotiating position
- Clear market-shaping strategy aligned to demand reduction objectives

#### 2. Partner agencies (NHS, police, schools, housing providers)

Prevention, early help and demand reduction depend on system-wide behaviours.

How this will be actively managed:

- Alignment with existing partnership boards (e.g. safeguarding partnerships, health integration)
- Shared data and risk discussions where appropriate
- Clear articulation of shared benefits (e.g. reduced demand, better outcomes)
- Escalation routes where system misalignment creates risk

#### 3. Regulatory environment

Ofsted, CQC and statutory guidance shape acceptable practice and thresholds.

How this will be actively managed:

- Ensuring all changes are consistent with statutory duties
- Involving principal social workers and professional leads in design
- Maintaining clear audit trails for decision-making
- Proactive communication with regulators where necessary

## **Key Impacts and How They Will Be Managed**

### **Internal Impacts**

#### **Impact on staff roles, workload and ways of working**

- Changes to thresholds, decision-making and case management
- Increased use of reviews, enablement and prevention activity
- Potential anxiety about accountability and risk
- What has been / will be done to manage this:
- Early engagement with managers and staff networks
- Trade union engagement where workforce impacts arise
- Clear articulation that this is about better outcomes, not just savings
- Support structures (coaching, supervision, leadership visibility)
- Ongoing feedback mechanisms to identify unintended consequences

#### **Impact on corporate resources (Finance, HR, ICT, Commissioning)**

- Increased demand for analytical support
- HR involvement in recruitment or role changes
- Commissioning workload changes
- Management actions:
- Explicit identification of corporate contributions in programme planning
- Prioritisation agreed through CLT
- Avoiding informal, unplanned reliance on already stretched teams

### **External Impacts**

- Impact on providers and markets
- Potential reduction in volume of high-cost placements
- Greater scrutiny of quality and price
- Changes to commissioning expectations

#### **How this will be managed:**

- Clear communication with providers about direction of travel
- Fair and transparent commissioning processes
- Phased implementation to avoid destabilising the market
- Monitoring for unintended consequences (e.g. market withdrawal)

### **Can stakeholders impede progress?**

Providers can resist change, withdraw capacity, or increase prices.

Mitigation: strong commissioning grip, regional collaboration, diversified supply, and early engagement.

### **Impact on partners (health, housing, voluntary sector)**

- Increased expectations of early support and prevention
- Greater coordination around complex cases
- Potential shift in demand patterns

How this will be managed:

- Engagement through existing partnership governance
- Clear articulation of mutual benefit
- Escalation where dependencies are not being met

## **Resident Impacts**

Likely resident consequences

- Positive intended impacts:
- More people supported earlier, before crisis
- More children growing up in family environments
- Greater independence for adults
- Fewer households entering temporary accommodation
- More stable long-term outcomes

Potential risks:

- Residents may perceive reduced access to services
- Fear that decisions are financially driven
- Risk that some groups feel excluded or unheard
- How resident impacts will be actively managed

Engagement and involvement:

- Use of existing resident forums (e.g. care leaver groups, parent forums, disability reference groups)
- Engagement with advocacy organisations
- Involving lived experience in design where possible

Safeguards:

- Clear eligibility and decision-making frameworks
- Monitoring of equality impacts
- Formal complaints routes and learning loops
- Ongoing evaluation of outcomes, not just costs

The intention of this programme is not to reduce support, but to improve outcomes by intervening earlier, supporting independence, and avoiding crisis wherever possible.

Where changes affect access to services, these will be carefully monitored to ensure that statutory duties are met and that vulnerable residents are not adversely impacted.

In summary, this programme involves significant change and therefore carries real impacts for staff, partners and residents. These impacts are recognised and will be actively managed rather than underestimated. The approach places strong emphasis on engagement, transparency, phased implementation and continuous feedback.

The Council recognises that delivering savings in high-risk statutory services must be done carefully, ethically and with clear oversight. The programme governance, delivery model and engagement approach are designed to ensure that impacts are understood, mitigated and monitored throughout delivery.

## 11. Resource Requirements (non-finance related):

### Resources

| Resource Area                                     | Specific Requirement  | Purpose / Contribution to Delivery  | How Managed  |
|---|---|---|--|
| <b>Internal – Leadership &amp; Accountability</b> | SRO (Director-level), Directorate Leads (Children's, Adults, Housing), Heads of Service                   | Clear ownership, decision-making authority, prioritisation of delivery activity   | Formal governance, named accountability, reporting through Programme Board and CLT |
| <b>Internal – Operational Leads</b>               | Workstream leads (e.g. Front Door, Enablement, Sufficiency, Prevention), Practice Leads, Service Managers | Translate programme into operational practice, embed change in teams, manage risk | Built into role expectations, supported through programme structure                |
| <b>Internal – Programme Capacity</b>              | Programme Manager, Project/Delivery Managers, Benefits & Performance Lead, Business Support               | Grip on delivery, sequencing, risk management, benefits tracking and reporting    | Dedicated programme structure with clear milestones and reporting cycles           |
| <b>Internal – Frontline Engagement</b>            | Practitioner involvement, champions, participation in pilots  | Ensures solutions are realistic, owned by staff, and sustainable                  | Planned engagement, protected time for key contributors                            |
| <b>Corporate – Finance</b>                        | Baseline agreement, benefits validation, financial modelling  | Ensures credibility of savings and avoids optimism bias                           | Formal role in governance, routine validation of progress                          |
| <b>Corporate – HR</b>                             | Workforce planning, recruitment support, union engagement, role redesign                                  | Manages workforce impacts and supports cultural change                            | Planned involvement aligned to delivery phases                                     |

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| <b>Corporate – Legal</b>                       | Statutory compliance, commissioning advice, contract assurance               | Protects Council from legal and regulatory risk                       | Early involvement in design and decision points                          |
| <b>Corporate – Commissioning / Procurement</b> | Market engagement, contract redesign, partner procurement                    | Enables market-shaping and cost control                               | Integrated into workstreams and programme governance                     |
| <b>Corporate – ICT / Data</b>                  | Data access, dashboards, system improvements                                 | Provides insight, performance management and early warning            | Prioritised through corporate planning and governance                    |
| <b>Corporate Transformation Team</b>           | Programme assurance, benefits framework, risk discipline, change methodology | Ensures consistency, quality and challenge across the programme       | Defined role in governance, not replacing service ownership              |
| <b>External – Delivery Partner</b>             | Specialist transformation expertise, embedded capacity, coaching, modelling  | Reduces delivery risk, accelerates impact, builds internal capability | Procured contract with clear outcomes, milestones and knowledge transfer |

The resources outlined above reflect the reality that this programme cannot be delivered through goodwill alone. It requires dedicated leadership, structured programme capacity, coordinated corporate support and specialist external expertise. This resource model has been designed deliberately to balance accountability remaining within the Council with sufficient additional capacity and capability to make delivery credible. Without this level of resourcing, the likelihood of successfully delivering the proposed savings would be materially reduced.

## 12. Legal and Compliance Considerations:

The classification of this programme has been deemed as OTHER (Discretionary transformation programme delivered in the context of statutory services)

The proposal relates to the procurement of a delivery partner and implementation of a transformation programme to support delivery of financial savings across statutory service areas (e.g. Children's Services, Adult Social Care, Homelessness).

The decision to pursue this programme, and to procure external support, is discretionary. However, the services affected are governed by extensive statutory duties, and therefore while the programme itself is discretionary, its design and delivery must at all times comply with statutory obligations, regulatory requirements and public law duties.

This distinction is important and intentional:

- The Council is not reducing statutory duties
- The Council is changing how services are delivered to better meet duties and improve sustainability

All delivery must remain lawful, proportionate and compliant

## **Applicable Laws and Regulations**

Delivery of the programme must operate within the framework of existing legal and regulatory duties, including (but not limited to):

### **Children's Services**

- Children Act 1989
- Children Act 2004
- Working Together to Safeguard Children (statutory guidance)
- Care Planning, Placement and Case Review Regulations 2010
- Adoption and Children Act 2002
- Ofsted inspection framework (ILACS / JTAI)

### **Adult Social Care**

- Care Act 2014
- Care and Support Statutory Guidance
- Mental Capacity Act 2005
- Deprivation of Liberty Safeguards / Liberty Protection Safeguards (where applicable)
- CQC assurance framework for local authorities

### **Corporate and Cross-Cutting Duties**

- Local Government Act 1999 (Best Value Duty)
- Equality Act 2010 (PSED)
- Human Rights Act 1998
- Data Protection Act 2018 / UK GDPR
- Public Contracts Regulations 2015 (for procurement of partner)
- Local authority financial governance requirements (e.g. Section 151 responsibilities)

## **Measures to Ensure Compliance in Delivering the Saving**

The programme will be explicitly designed to strengthen compliance, not weaken it. Compliance will be actively managed through the following measures:

### **1. Legal and statutory oversight built into design**

- Legal Services involved in reviewing programme proposals where thresholds, eligibility or service models are affected
- Principal Social Worker (Children's) and Principal Social Worker / Professional Lead (Adults) embedded in design

- Assurance that all proposed changes are consistent with statutory guidance
- This ensures practice changes are professionally led, not financially driven.

## **2. Clear separation between financial objectives and individual decision-making**

- Savings targets will not be applied to individual case decisions
- Practitioners will continue to make decisions based on assessed need, risk and professional judgement
- Financial impact will be achieved through system design, not case-level rationing
- This is a critical safeguard and worth stating explicitly.

## **3. Equality and impact considerations**

- Equality Impact Assessments (EqIAs) undertaken where changes affect access or service design
- Monitoring of outcomes for protected groups
- Engagement with relevant community and resident groups

## **4. Governance and assurance**

- Formal governance with senior professional oversight
- Risk escalation where statutory compliance concerns arise
- Internal Audit / Monitoring Officer involvement where appropriate
- Transparent documentation of decisions and rationale

## **5. Regulatory alignment**

- Alignment with Ofsted / CQC expectations on quality, oversight and outcomes
- Use of inspection frameworks as a benchmark for good practice
- Proactive management of regulatory risk rather than retrospective defence

While this proposal is discretionary in nature, it operates within highly regulated statutory service environments. The Council will ensure that all elements of design and delivery remain fully compliant with relevant legislation, statutory guidance and regulatory expectations. Legal, professional and corporate oversight will be embedded within the programme to ensure that financial objectives do not override statutory duties, professional judgement or residents' rights. The intention of the programme is to strengthen the Council's ability to meet its duties sustainably, not to dilute them.

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## 13. Project Closure Criteria:

Success will be defined through a combination of financial, operational and quality measures, agreed upfront with Finance and monitored throughout delivery.

### Financial confirmation

The saving will be considered delivered when:

- The agreed cashable saving is reflected in the Council's budget position
- Finance confirms that expenditure has reduced against the agreed baseline
- The reduction is sustained over a defined period (e.g. two consecutive quarters) rather than a one-off variance
- This avoids reliance on forecasted or assumed benefits.

### Operational evidence

Financial impact must be underpinned by real operational change, such as:

- Sustained reduction in high-cost placements
- Reduction in average unit cost of care packages
- Reduced length of stay in temporary accommodation
- Increased proportion of step-downs / reablement outcomes
- Improved throughput in key pathways

### Quality and outcomes assurance

The saving will not be considered successfully delivered if achieved at the expense of service quality or statutory compliance. Therefore, success also includes:

- No material deterioration in safeguarding indicators
- No increase in complaints, escalations or legal challenge
- Maintenance or improvement in inspection outcomes
- Stable or improving workforce indicators

This ensures financial delivery aligns with resident outcomes.

### Is there a clear end point for implementation?

Yes as the programme distinguishes between implementation and business-as-usual operation. Implementation phase ends when:

- All agreed service model changes are in place
- New ways of working are embedded in practice guidance and supervision
- New governance and performance arrangements are operational
- Benefits tracking demonstrates sustained impact
- Ownership for ongoing delivery has transferred fully to line management

At this point, the programme transitions from a "change project" to "business as usual"

The programme will define formal exit criteria for each workstream and for the overall programme.

## **What is required post-delivery to ensure savings are sustained?**

Sustainability is treated as a design requirement, not an afterthought.

1. Embedding into normal management practice
  - New expectations built into role profiles and supervision
  - Performance indicators embedded into routine dashboards
  - Ongoing monitoring owned by service leadership, not the programme team
2. Continued benefits monitoring
  - Savings tracked through normal financial monitoring
  - Early warning triggers agreed where performance starts to drift
  - Clear accountability if performance deteriorates
  - This avoids the common failure mode where savings erode quietly over time.
3. Ongoing capability and culture
  - Continued use of practice frameworks introduced during the programme
  - Internal champions and trained leads retained in services
  - Leadership reinforcing the new ways of working consistently
4. Governance and assurance
  - Periodic internal audit or deep-dive reviews
  - Continued reporting through directorate and corporate performance frameworks
  - Use of inspection frameworks (Ofsted/CQC) as ongoing benchmarks
5. Clear “no reversion” expectations
  - An explicit organisational stance that:
  - The previous model was financially unsustainable
  - Reversion to old practices is not acceptable
  - Drift will be challenged and addressed through management routes

In summary, this is cultural as much as technical. Successful delivery will be confirmed when Finance validates that the agreed cashable saving has been achieved and sustained, and when operational data demonstrates that this has been delivered through genuine changes in practice and service delivery rather than one-off variances. The programme will define clear exit criteria for implementation, at which point ownership will transfer fully to line management. Post-delivery, sustainability will be ensured through embedding new practices into supervision, performance management and governance arrangements, ongoing financial and operational monitoring, and clear accountability for maintaining performance. This approach is designed to prevent drift and avoid reversion to previous ways of working.

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## 14. Appendices:

**List and attach/provide any additional documentation or workings in support of this proposal:**

1. Appendix A – N/A
2. Appendix B – N/A

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## 15. Approval and Sign-off:

**Review and Approval:** This Project Initiation Document has been reviewed and approved by the Project Sponsor.

**Sign-off:**

- Senior Accountable Officer (Strategic Director): Mike Barker, Executive Director Health and Care (Deputy Chief Executive)



- Date: \_\_\_20 January 2026\_\_\_\_\_

**Review and Approval:** This Project Initiation Document has been reviewed and approved by the Cabinet Member.

**Sign-off:**

- Cabinet Member: Cllr Arooj Shah, Cabinet Member for Growth



- Date: 20<sup>th</sup> January 2026